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Clinical Sonography & Telecytology
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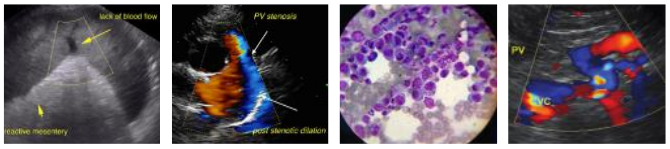


SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Tiger Lily Venable

SPECIES

Canine

BREED

Lab/Great Dane

SEX

Female

AGE

1 Year

WEIGHT

56 Pounds

INTERPRETED BY

R. McKenzie Daniel, DVM, DABVP (Canine and Feline)

IMAGING PERFORMED BY

Harold Mike Beard

HOSPITAL NAME

West Prince AH

REFERRING VET

Harold Mike Beard

INVOICE

12954

DATE

9/8/21

PRESENTING CLINICAL SIGNS

History: Chronic intermittent vomiting. Started on Cerenia at first visit 8/27/21 after owner deferred diagnostics. While on Cerenia, no vomiting reported.

Abnormal PE/Chem/CBC/UA Results: Thin dog, missing left foreleg, pale mm. CBC, Chemistry and UA pending.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 3.0 cm exhibited normal thickness and tone. Anechoic urine was present in the lumen with no uroliths or sediment. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes were noted. Aortic trifurcation was normal.

No overt pathology in the area of the uterus or bilateral ovaries if the patient is intact.

Normal size and margination were present in the kidneys. A normal 1:3 cortex / medulla ratio and normal corticomedullary definition were maintained. The echogenicity of the cortex was similar to or slightly less than normal liver parenchyma while the medulla echogenicity was hypoechoic to the cortex with no evidence of pelvic dilation. Both kidneys measured 6.5 cm.

Adrenal Glands

No overt pathology in the areas of the left and right adrenal glands.

Spleen

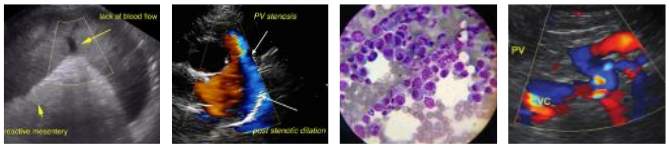
The spleen exhibited primarily finely textured parenchyma which was hyperechoic to the liver and renal cortical parenchyma. Mild generalized parenchyma heterogeneity was present without evidence of nodular changes. The capsule was smooth and regular without apparent expansion. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis. The parenchymal heterogeneity is likely consistent with benign changes such as extramedullary hematopoiesis or age-related remodeling with minor potential for inflammatory or neoplastic disease.

Liver

The liver exhibited potential for mild generalized enlargement.The parenchyma of the liver was subjectively normal in echogenicity compared to the spleen and renal cortices. The liver parenchyma was uniform with a mildly coarse echotexture. The capsule of the liver was symmetrically rounded to mildly swollen in margination. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non distended in size with echogenic, nonmineralized biliary sludge, likely owing to decreased food intake, fasting or potential non-clinical cholestasis. The cystic duct and common bile ducts were normal without evidence of dilation.

Gastrointestinal

The stomach presented moderate to marked gastric mural thickening with subjective Intact wall layering primarily noted in the area of the gastric fundus and body. The ventral gastric body wall measured 1.7 cm in diameter. A mild amount of retained fluid and echogenic ingesta along with strongly shadowing mild asymmetrical to potentially ovoid luminal echo measuring 4.0-5.0 cm in



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diameter was present. Echogenic chyme was present in the area of the pylorus. No overt evidence of mechanical pyloric outflow obstruction.

The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. Segmental echogenic digesta/chyme was present without overt evidence of small bowel mechanical obstruction or foreign material. The duodenum wall measured 0.51 cm The jejunum wall measured 0.40 cm.

Normal visible colon wall layers were present with apparent formed feces in lumen.

Pancreas

The parenchyma of the left limb, body and right limb of the pancreas presented isoechoic to the adjacent omental fat. A normal curvilinear capsule contour of the pancreas was present. The visible pancreatic duct was normal. No signs of active inflammation or neoplastic disease was evident.

Free Abdomen

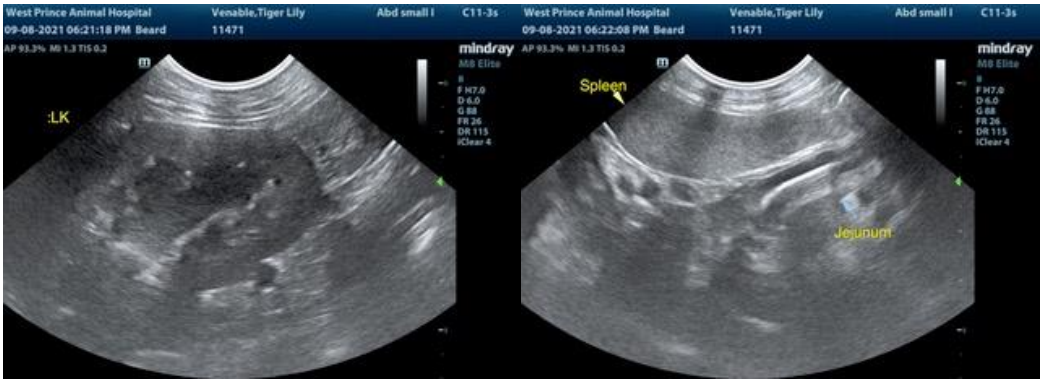
Regional perigastric reactive to potentially inflamed mesentery along with a small amount of scant perigastric to perihepatic fluid was present. Intermittent probable mildly prominent mildly hypoechoic perigastric lymph nodes were present, an example measured 1.0 cm in diameter.

ULTRASONOGRAPHIC FINDINGS

- Moderate to marked chronic gastritis with strongly shadowing gastric luminal echo-strongly suspicious for gastric foreign body
- Perigastric reactive to inflamed mesentery and mild free fluid- potential for perigastric peritonitis
- Suspect reactive to mild vacuolar hepatopathy
- Minor gallbladder debris

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Minor potential for gastric mural neoplastic process cannot be excluded yet thought less likely given the subjective intact wall layering and age of the patient. Exploratory laparotomy with expectation towards gastrotomy. Gastric mural biopsies for histopathology +/- culture and sensitivity as well as possible abdominal flush given the potential for perigastric peritonitis recommended.



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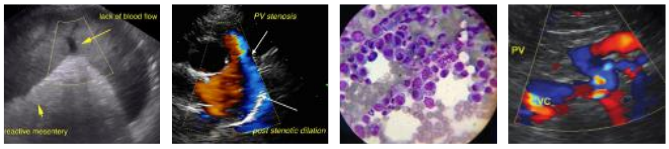

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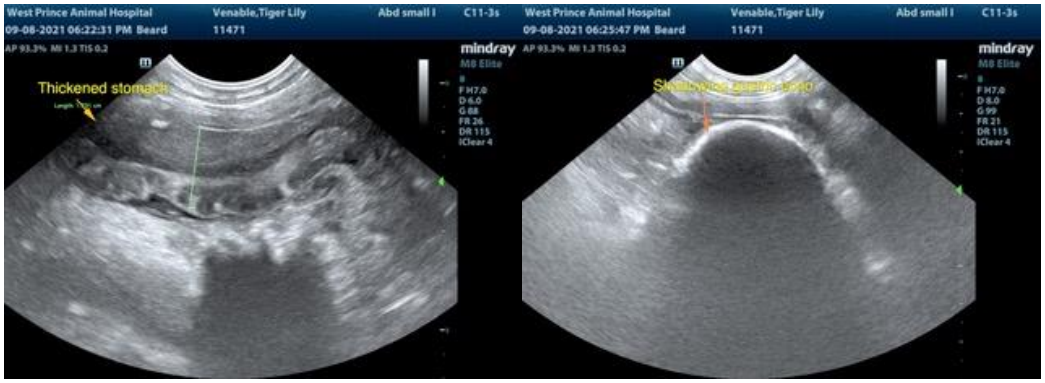

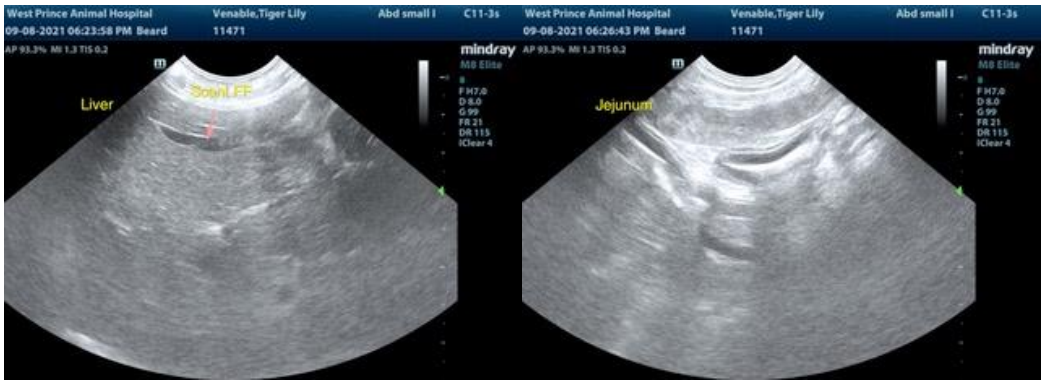

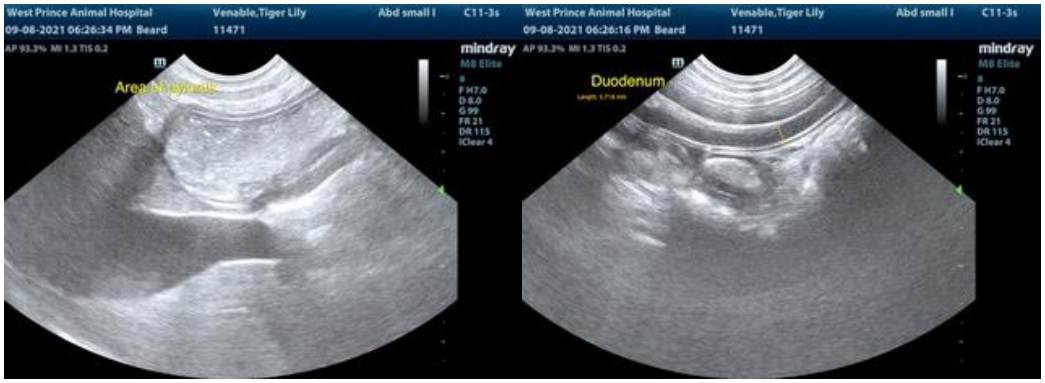

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

Thank you for this referral. If the clinical or image interpretation does not parallel your findings or if I can be of any further assistance please contact me.

R. McKenzie Daniel, DVM, DABVP (Canine / Feline Practice)
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