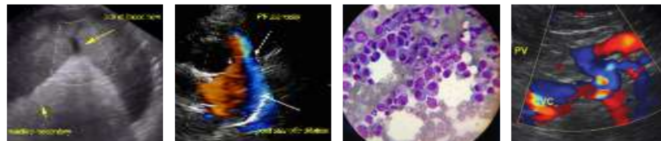
SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™



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

PATIENT

Lila Pamias

SPECIES

Canine

BREED

Saint Bernard Mix

SEX

SF

AGE

18 Months

WEIGHT

62.8 lbs

INTERPRETED BY

Sebastian Jawinski, German Board Certified Vet Specialist in Diagnostic Imaging

IMAGING PERFORMED BY

Dr. G. Ferrer, DVM

HOSPITAL NAME

Paseos Veterinary Center

REFERRING VET

Dr. Javier Rodriguez DVM

INVOICE

47359

DATE

9-14-21

PRESENTING CLINICAL SIGNS

Presented for evaluation of vomiting. This patient has a history of ingesting anything around the house (indiscriminate eater). Got into trash and ate a chicken skewer 2 weeks ago. Pt was not as active and QAR. Was diagnosed with UTI at another clinic and treated accordingly. No improvement was seen in patient and went back to the clinic to evaluate the hematuria. BW, U/A were done as well as radiographs. Pt did not improved and O took to another clinic. The new clinic's doctor was suspicious of GI obstruction yesterday Sept 13 and was discharge after rads and BW were wnl. On the way home pt vomited a piece of black cloth. O then decided taking the pt to a EC clinic and pt was hospitalized with IV fluids, Cerenia3cc IV SID, Protonix 5cc IV SID, Unasyn 14cc IV BID, Metronidazole 55.5cc IV BID and as NPO. The pt was then brought for abdominal ultrasound.
Abnormal PE/Chem/CBC/UA Results: Exam: BAR BCS 3/5 PK MM and moist MM Mild tense abdomen, Rest PE wnl CBC was wnl Chemistry was wnl just mild elevation of Cholesterol 342 (110-320) CPL: Normal

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary system

The urinary bladder, trigone und pelvic urethra present normal findings.

Left kidney measures 6.48 cm length, right kidney 5.52 cm. Both show a mildly fuzzy corticomedullary transition with a hyperechoic medullary rim. Renal pelvis and exit to the ureters are unremarkable.

Adrenal glands

Both adrenal glands appear normal.

Spleen

The spleen is inconspicuous in terms of size, surface and echotexture and shows diameters of 2.26 cm. Splenic vasculature presents normal course of vessels and unremarkable perfusion of the splenic veins. There are no signs of nodular/focal changes are noted.

Liver/Gallbladder

Liver images are inconspicuous. Echotexture, size and vasculature appear regular. Evidence of nodular or focal changes are not visible. Gallbladder is unremarkable without signs of relevant sludge, a florid process or cholestasis.

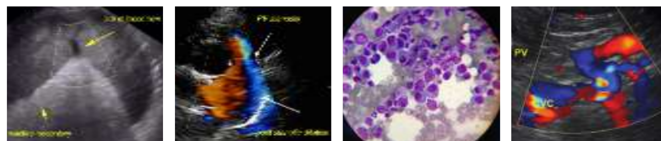
Gastrointestinal

The stomach is mildly filled with fluid and gas. The gastric wall measures up to 5.2 mm, layering is inconspicuous. The pylorus and duodenum are unremarkable. Gastric/pyloric and duodenal periphery are inconspicuous. The small intestine and colon present intact wall layers being normal in width and echogenicity. Adjacent mesentery and fat tissue are of normal appearance. No overt evidence of ileus and again, no signs of a florid or neoplastic process. Mesenteric lymph nodes appear prominent but are considered as normal.

Pancreas

All pancreatic parts displayed show isoechoic to mildly hyperechoic echogenicity to the surrounding omental fat. Signs of inflammatory changes or focal lesions are missing.

Free Abdomen



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No peritoneal or retroperitoneal effusion. Abdominal fat and great vessels show no pathological findings.

ULTRASONOGRAPHIC FINDINGS

Primary

- Mild thickening of the gastric wall

Secondary

- Bilateral ill-defined corticomedullary transition with a medullary rim sign

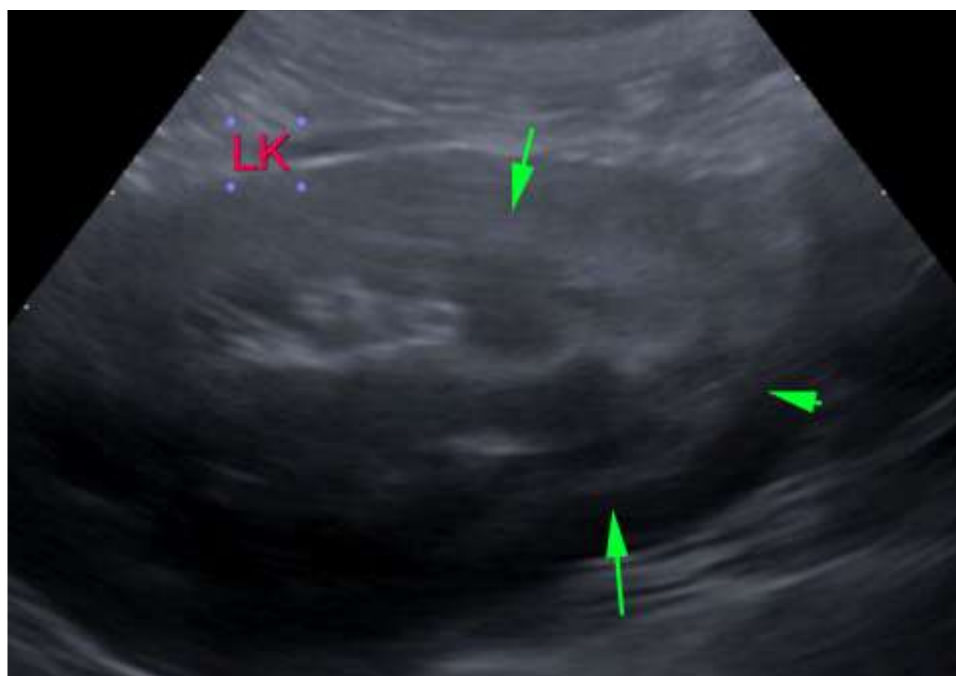
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

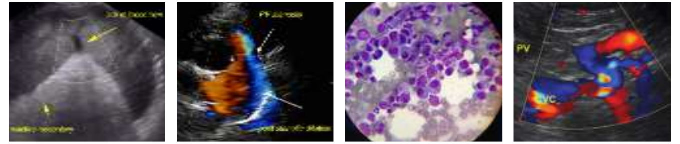
Ultrasonographic findings show mild thickening of the gastric wall which could be due to gastritis and/or mechanical obstruction. Foreign material is not detected, and the pylorus and duodenum are inconspicuous. I do not suspect gastric obstruction/ileus and would exclude perforating foreign material. Migrating intestinal material is still possible.

I usually recheck the abdomen sonographically after 24 hours. Complementary survey radiographs are recommended since ultrasound can miss foreign bodies. If empiric therapy of a gastritis is not successful gastrointestinal endoscopy or barium contrast study may be beneficial.

Changes of the kidneys are bilateral and may represent a normal variant. However, glomerular disease is a potential differential diagnosis. I therefore would recommend additional urine (sediment evaluation/UPC) and blood testing (SDMA). With subject to the results urine culture could be performed to detect occult infections.

Mild enlargement of mesentery lymph nodes is common and normal finding in young dogs. Clinical relevance is questionable.





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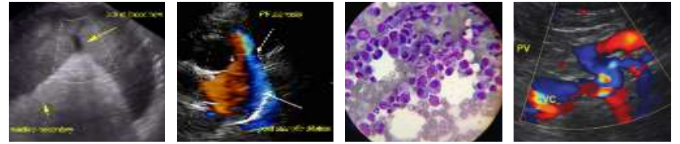

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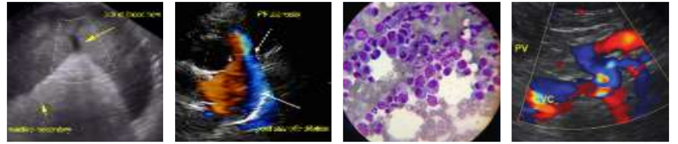

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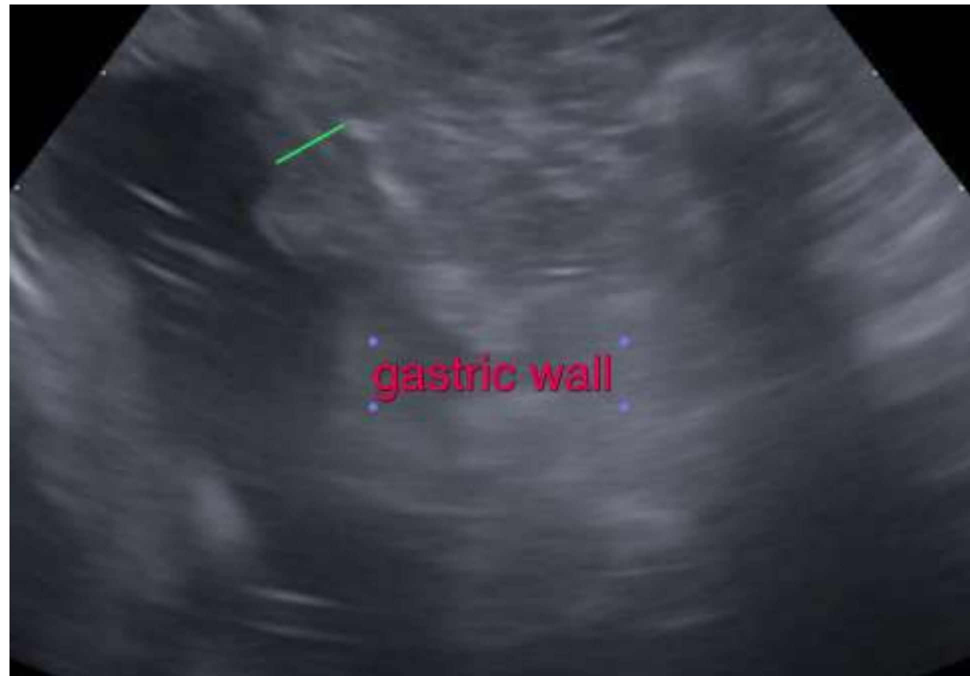

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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