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Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™
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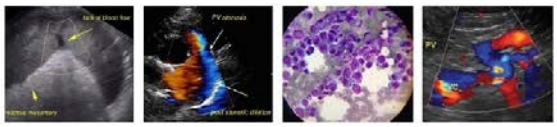


THE FOCAL ZONE
IMAGING PERFORMED BY
289-808-2608 info@thefocalzone.com

PATIENT

Bentley VanNetten

SPECIES

Canine

BREED

Bichon/Poodle

SEX

Neutered Male

AGE

2 Years

WEIGHT

8.7 kg

INTERPRETED BY

Tam Mengine, DVM, DABVP (canine/feline practice)

IMAGING PERFORMED BY

Crystal Hill

HOSPITAL NAME

Simcoe AH

REFERRING VET

Dr. Aliaga-Leyton

INVOICE

40407

DATE

8/12/22

PRESENTING CLINICAL SIGNS

Hx of chronic vomiting and low appetite. Hx of licking paws and itchy perianal area O: - Tartar starting on teeth - Abdomen gassy; relaxed and nonpainful P: changed to HP food. Started vomiting 2X day Need to R/o others. No current meds.

Abnormal PE/Chem/CBC/UA Results: May 26 2022 slight lymphocytosis 5.29 (1.05 - 5.10 X 10^9/L) Rads: Done on May 26 2022 Some gas on ascendant portion on the right side. Rest with some heterogenous material (fecal content). Liver is pointing and pass the rib area. Smaller bladder. Stomach small with some heterogenous content

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is minimally distended with anechoic urine, and no luminal sediment is present. The ureteral papillae, trigone and pelvic urethra (visualized to 1.0 cm) are of normal appearance, and the ureters are not visible (normal). No masses, calculi or mucosal irregularities are noted.

The prostate is of appropriate size for patient age and neutering status, with a homogenous parenchyma and smooth capsule. The prostatic urethra is non-dilated with normal margins).

The kidneys are of normal size and shape and exhibit appropriate corticomedullary differentiation with a normal 1:3 cortex to medulla ratio. There is no evidence of nephrolithiasis, mineralization, pyelectasia, cystic change or hydronephrosis. The proximal ureter is not visible (normal). The left kidney measures 4.3 cm in length. The right kidney measures 4.3 cm in length.

Adrenal Glands

The adrenal glands are both identified in their normal locations. They are normal in size and shape with appropriate parenchymal echogenicity and normal phrenic vasculature. The left adrenal gland measures 3.7 mm at the caudal pole and 3.2 mm at the cranial pole. The right adrenal gland measures 3.4 mm at the caudal pole and 5.8 mm at the cranial pole.

Spleen

The spleen is of appropriate size and has a normal, homogenous parenchyma with a smooth, continuous capsular surface. The splenic vasculature is normal with no evidence of congestion or thrombosis, and blood flow through the splenic hilus appears normal.

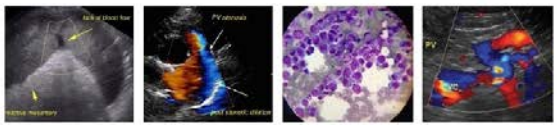
Liver

The liver is of appropriate size and shape, with sharp borders and a mildly coarse parenchymal echotexture that is hypoechoic to the spleen. The portal and hepatic vasculature are of normal size and appearance with no evidence of congestion or thrombosis.

The gallbladder is moderately distended with anechoic contents. The wall was thin and continuous with no focal lesions. The cystic and common bile ducts are normal / not visible.

Gastrointestinal

The stomach is empty. The gastric wall is normal (4.8 mm) with deviations due to rugal folds, and exhibits appropriate wall layering. The pylorus is of normal appearance.



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The visualized portions of the duodenum, jejunum, and ileum are of normal thickness with intact wall layering that exhibits the appropriate 1:3 muscularis to mucosa ratio. Intestinal motility appears normal. Duodenum wall measures 3.8 mm. Jejunum wall measures 3.0 mm.

The visible portions of the colon are of normal thickness (1.7 mm) with intact wall layering. The ileocecal junction is visualized and appears normal.

Pancreas

The areas of the limbs and body of the pancreas are isoechoic to the surrounding mesenteric fat, with normal capsular appearance. There is no evidence of peripancreatic inflammation. The pancreatic duct appears normal.

Free Abdomen

There is no evidence of free fluid within the peritoneal cavity. The omentum and intra-abdominal fat are of appropriate echogenicity. Enlarged abdominal lymph nodes are not observed. The aortic trifurcation has normal blood flow with no evidence of thrombosis.

ULTRASONOGRAPHIC FINDINGS

PRIMARY FINDINGS:

- Unremarkable canine abdomen

SECONDARY FINDINGS:

- Pseudo thickening of the bladder wall due to lack of distention

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There is no apparent cause for the vomiting with the abdominal ultrasound. Recommendations for further workup include fecal parasite testing and empiric Fenbendazole treatment, probiotic therapy, continuation of the recently started hydrolyzed protein diet trial. If the vomiting began immediately after the trial began, then a slower transition from the original diet to the hydrolyzed diet could be attempted. If signs persist, then a resting cortisol level and a GI panel would be recommended.

Despite the normal appearance of the stomach and intestinal tract, the possibility of inflammatory bowel disease cannot always be ruled out with ultrasound alone. Biopsies may be necessary if symptoms persist.

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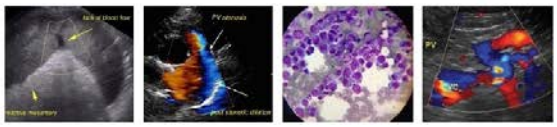

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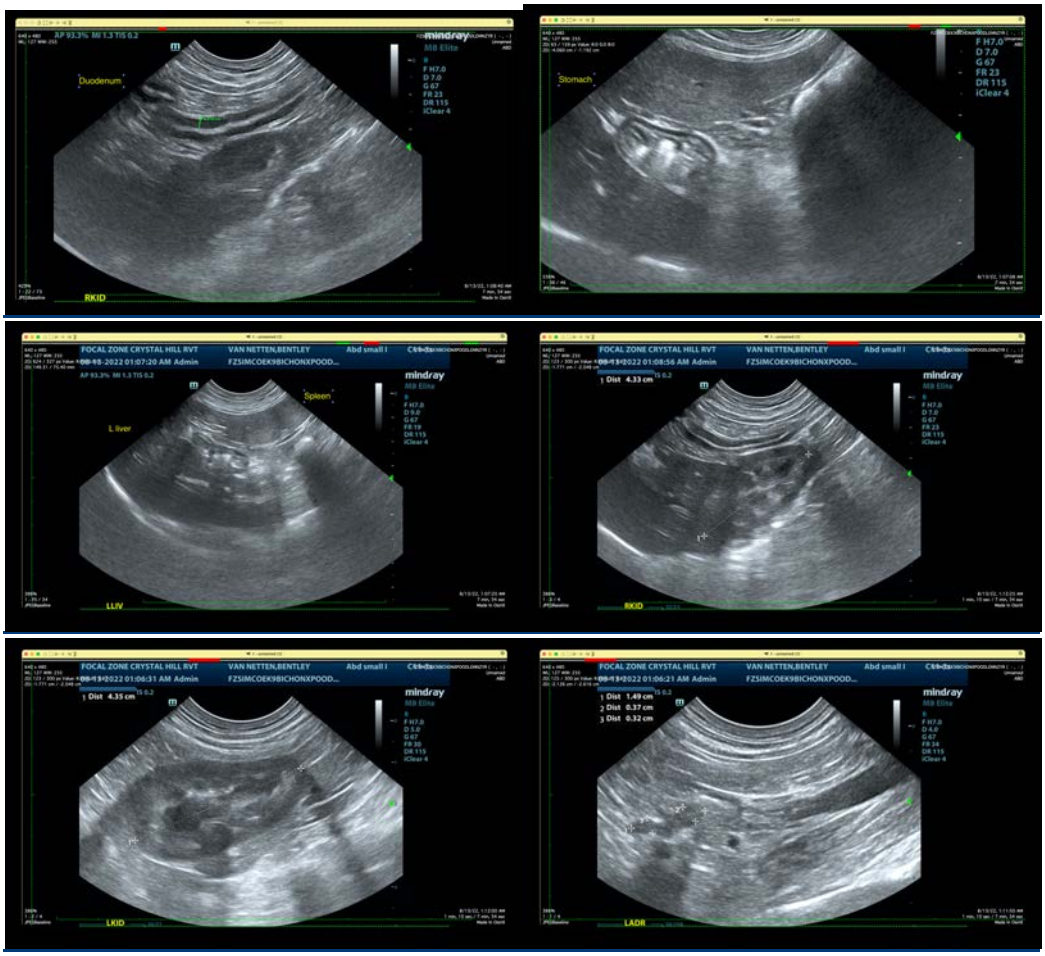

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Tam Mengine, DVM, DABVP (canine/feline practice)

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