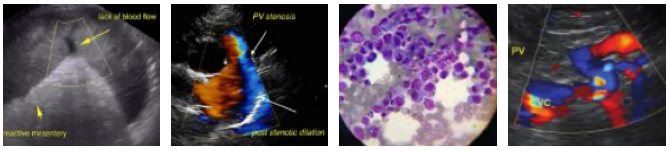
SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™



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

PATIENT
Simon Mommaerts

SPECIES
Canine

BREED
English Cocker Spaniel

SEX
Male, intact

AGE
1 Yr. 10 months

WEIGHT
13.1 kg.

INTERPRETED BY
Andrea Nicastro, DVM, Diplomate ACVIM (*Small Animal Internal Medicine*)

IMAGING PERFORMED BY
Tom McNeill

HOSPITAL NAME
Madison VS

REFERRING VET
Dr. McKelvey

INVOICE
13796

DATE
8/2/22

PRESENTING CLINICAL SIGNS

History: At 3:30am this morning, Simon vomited undigested food, and continuously vomited every 15 min for about 12-20x. He would eventually vomit phlegm. He was drooling excessively and became tachycardic. Breeder's wonder if he ingested a soft chew toy. Has been around other dogs. Simon is currently training for bird hunting with breeder's, and has been with them for one week. He was eating/drinking/voiding normally yesterday. No diarrhea has been noted. Breeder's believe he is a healthy dog, with no medical history.
Abnormal PE/Chem/CBC/UA Results: PCV - 65% (35-55) TS - 10 (5.2-8.2) RBC - 11.00 (5.65-8.87) HCT - 67.2 (37.3-61.7) WBC - 20.52 (5.05-16.76) NEU- 12.87 (2.95-11.64) LYM - 5.29 (1.05-5.10) Mono- 2.34 (0.16-1.12)

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder wall is normal in thickness and the mucosal surface is smooth. The bladder lumen is moderately distended with mostly anechoic urine. No masses, inflammatory changes or calculi are observed. The region of the trigone and the visible portion of the proximal urethra are normal.

In the visualized portion of the prostate, it is enlarged (2.71 cm in width) with a slightly irregular shape. The parenchyma is hyperechoic relative to surrounding omental fat and subtly heterogeneous in appearance. No distinct focal lesions are observed. The prostatic urethra is not overtly dilated.

The left kidney is normal size (6.00 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with normal corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter.

The right kidney is normal size (6.14 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with normal corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter.

Adrenal Glands

The left adrenal gland is normal size (0.56 cm at cranial pole) (0.69 cm at caudal pole); normal shape; homogenous parenchyma. The glandular echogenicity and detail are unremarkable. Capsule, cortex, and medullary definition are normal. The phrenicoabdominal vein and surrounding vasculature are normal.

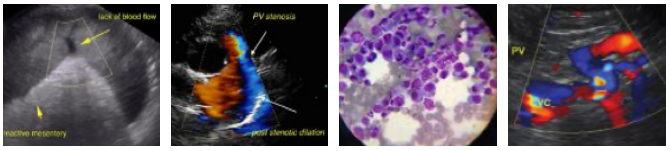
The right adrenal gland is normal size (0.99 cm at cranial pole) (0.58 cm at caudal pole); normal shape; homogenous parenchyma. The glandular echogenicity and detail are unremarkable. Capsule, cortex, and medullary definition are normal. The phrenicoabdominal vein and surrounding vasculature are normal.

Spleen

The spleen is normal in size (1.37 cm in width at the level of the hilus) with a normal capsular contour. There is appropriate echogenicity and echotexture. No focal lesions are observed. Splenic vasculature is normal.

Liver

The liver is subjectively normal in size with normal contours and structure. There is appropriate echogenicity and echotexture. No overt structural evidence of inflammatory, infiltrative or



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regenerative pathology is evident. Vascular and biliary tracts are of normal volume with no evidence of congestion. No pathological hepatic lymphadenopathy observed. The gall bladder lumen is moderately distended. The wall is thin and smooth. Luminal contents are anechoic. The cystic and common bile ducts are normal/not seen.

Gastrointestinal

The gastric lumen is severely fluid distended and hypomotile. The gastric wall is normal in thickness with a normal layering pattern. The pyloric outflow tract appears to be patent. The duodenal and proximal jejunal lumen is diffusely fluid distended with increased motility. A 2.69 cm soft shadowing structure is observed within the jejunal lumen. The mesentery effacing the serosal surface in the region of the shadowing structure is mildly hyperechoic. Distal to this structure, the intestinal lumen is empty. In the remaining small intestinal segments, the wall is normal in thickness with a normal layering pattern and appropriate mural detail. The colonic wall is normal.

Pancreas

The pancreas is partially obscured by the gastric distention. In the visualized portions, no obvious pathology is seen.

Free Abdomen

Trace free fluid is observed. Several prominent lymph nodes are visualized including the periportal, mesenteric, medial iliac and sublumbar nodes, the largest measuring 3.96 cm in length (mesenteric). The nodes are normal in shape and echogenicity.

Other

The testicles are subjectively normal in size (left testicle 3.14 x 1.56 cm; right testicle 2.86 x 1.58cm) with a normal shape and homogeneous parenchyma. No obvious pathology is seen.

ULTRASONOGRAPHIC FINDINGS

Primary Findings:

- Suspected jejunal foreign body/obstruction with adjacent peritonitis.
- The prominent abdominal lymph nodes are most consistent with reactive lymphadenitis or lymphoid hyperplasia. Neoplastic infiltration is considered less likely.

Secondary Findings:

- The prostate changes are consistent with what would be expected for a young, intact male dog.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- An abdominal exploratory is recommended to assess for and remove any intestinal foreign material. If a foreign body is not found, gastrointestinal biopsies should be obtained.
- Thoracic radiographs are recommended prior to anesthesia to assess for occult aspiration pneumonia.

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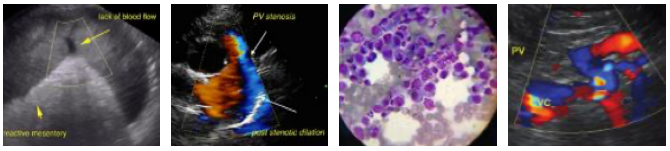

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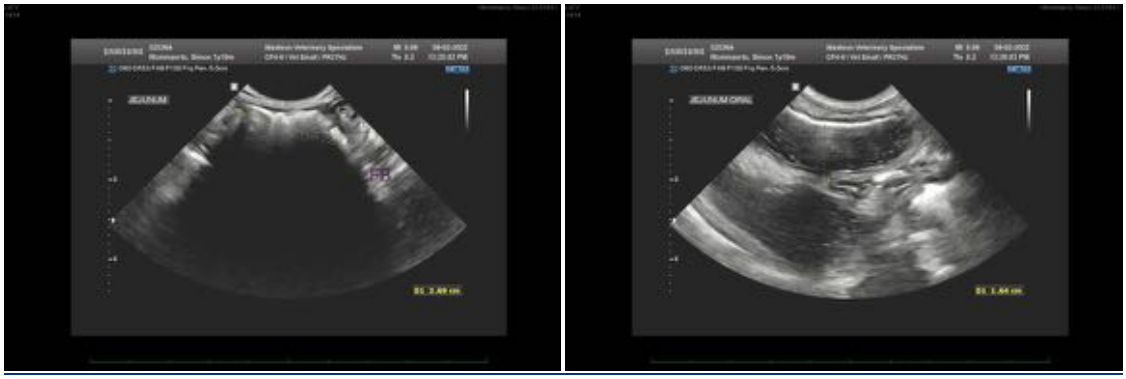

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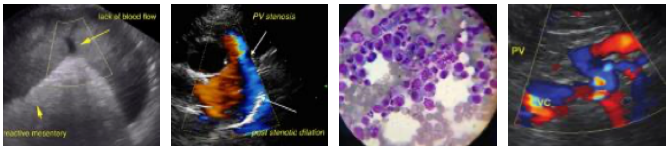

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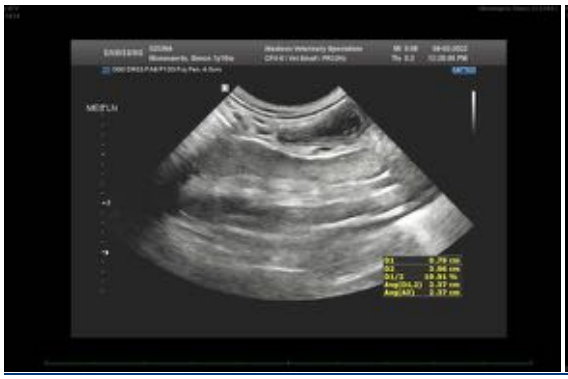

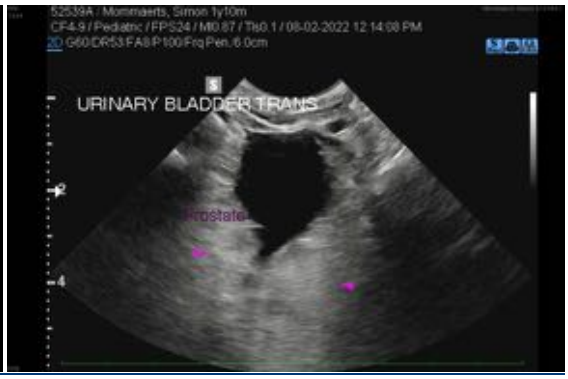

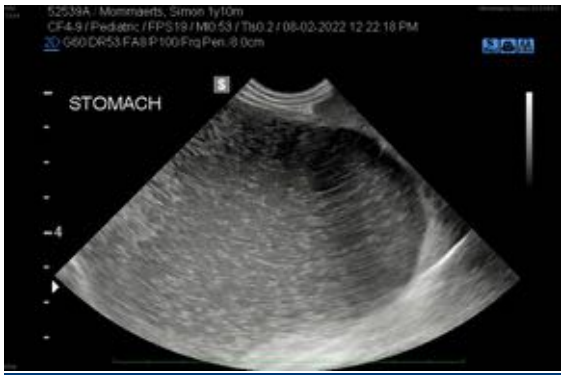

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Andrea Nicastro, MPH, DVM, Diplomate DACVIM (Small Animal Internal Medicine)
info@SonoPath.com