**PATIENT**

Butter Contreras
50688A

SPECIES

Canine

BREED

Shih Tzu Mix

SEX

Neutered Male

AGE

1 year

WEIGHT

7.6 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Tom McNeill

HOSPITAL NAME

SVS Imaging CT

REFERRING VET

Madison Vet. Spec.
Dr. Daggett

INVOICE

11720

DATE

9.28.22

PRESENTING CLINICAL SIGNS

History: Acute onset of vomiting 5 days ago. Owners tried a bland diet which improved his symptoms for 2 days. Yesterday he began to vomit again. Presented to pDVM where Cerenia was administered at 8:30pm. Butter continued to vomit overnight and through the day today. Previous history of an enterotomy performed in May secondary to a foreign body. Per the surgical report the enterotomy was performed in the mid 1/3 of the jejunum.

Abnormal PE/Chem/CBC/UA Results:

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**Urinary System**

The **urinary bladder** is normal in thickness and the mucosal surface is smooth. The bladder lumen is moderately distended with 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.

The **prostate** is normal in size (1.18 cm in width) and shape. Parenchyma is homogenous. The prostatic urethra appears normal without evidence of dilation or obstruction.

The **left kidney** is normal size (3.86 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 hydronephrosis.

The **right kidney** is normal size (4.40 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 hydronephrosis.

Adrenal Glands

The **left adrenal gland** is normal size (0.36 cm at cranial pole) (0.41 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 (0.57 cm at cranial pole) (0.43 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 (0.96 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.

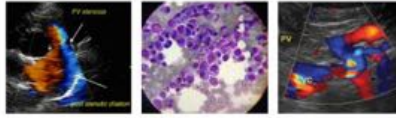
Liver

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 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 mildly fluid-distended. The gastric wall and pylorus are normal in thickness with a normal layering pattern. The pyloric outflow tract appears patent. An approximately 1.10 segment of

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jejunal lumen is narrowed. The wall in this region is irregular, with questionable retention of the normal layering pattern. The mesentery effacing the serosal surface in this region is hyperechoic. Oral to this narrowing, the jejunal lumen is moderately distended with chyme and is hypomotile. Small, hyperechoic shadowing structures are observed within the distended segments. Aboral to the narrowing, the small intestinal lumen is mostly emptied. The colonic wall is normal.

Pancreas

The **pancreas** is prominent in size with normal peripheral contours. The base and limbs of the pancreas are mildly hypoechoic relative to surrounding omental fat. No focal lesions are observed. The pancreatic duct is not overtly dilated. There is no evidence of peripancreatic inflammation or effusion.

Free Abdomen

The mesentery throughout the midabdominal region is hyperechoic. A small amount of free fluid is observed. The medial iliac **lymph nodes** are visualized (the left measures 1.43 x 0.49); (the right measures 1.09 x 0.43 cm). The nodes are normal in shape and echogenicity. A few prominent mesenteric lymph nodes are also seen, the largest measuring 4.52 cm in length.

ULTRASONOGRAPHIC FINDINGS**Primary Findings**

- Segmental jejunal narrowing/suspected obstruction. Differentials include stricture, adhesions (i.e., from previous foreign body surgery), neoplasia, other. The shadowing structures within the dilated segments of jejunum likely represent small pieces of foreign material.
- Peritonitis is present, likely secondary to bowel pathology.

Secondary Findings

- The pancreatic changes are suggestive of mild to moderate pancreatitis.

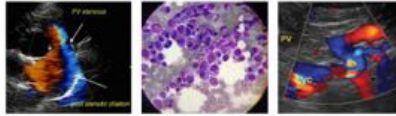
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

An abdominal exploratory with assessment of the jejunum for possible obstruction +/- resection anastomosis is recommended. Three-view thoracic radiographs should be considered prior to surgery to assess for occult aspiration pneumonia.



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svsimagingqc.net 309-737-3070



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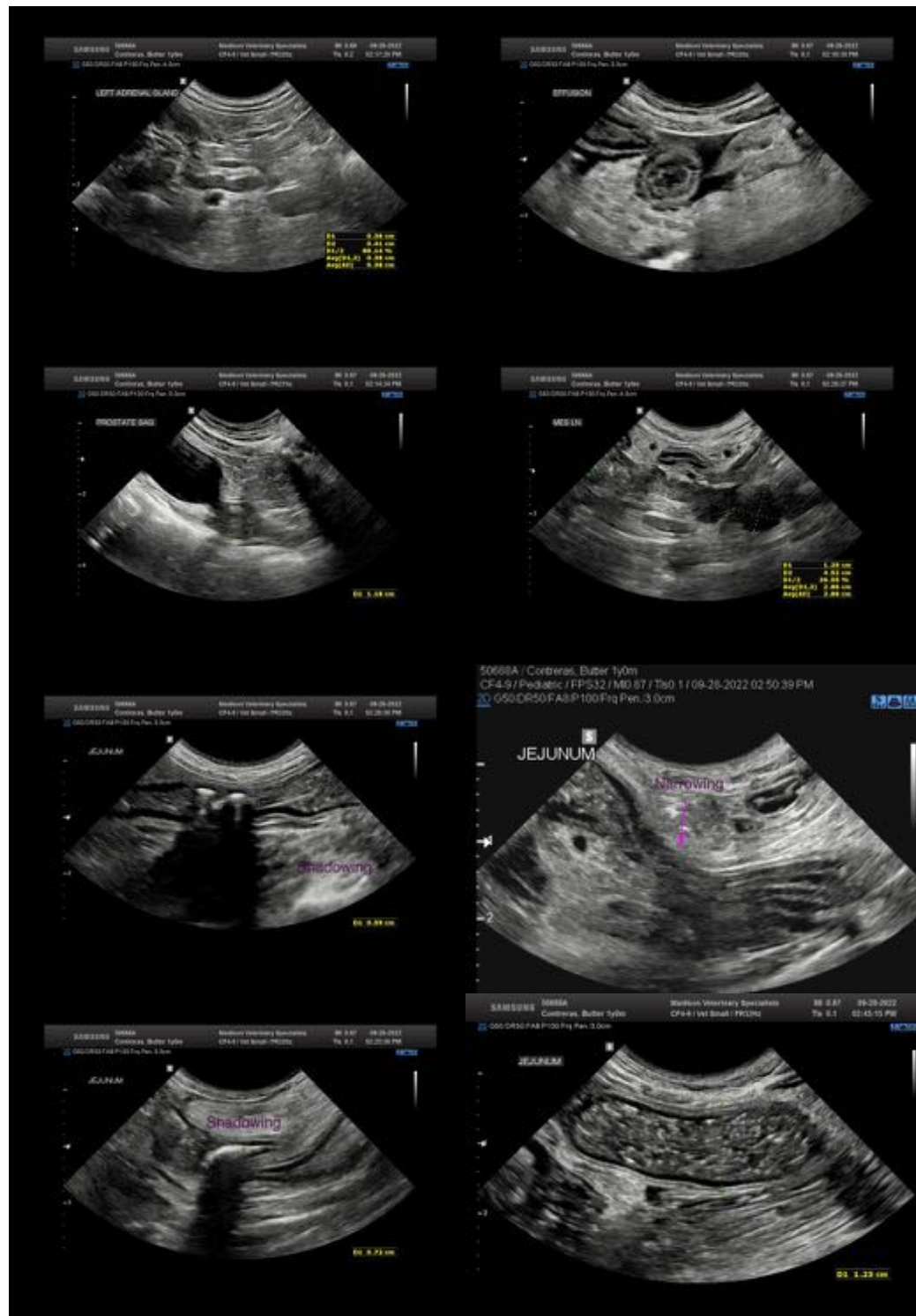
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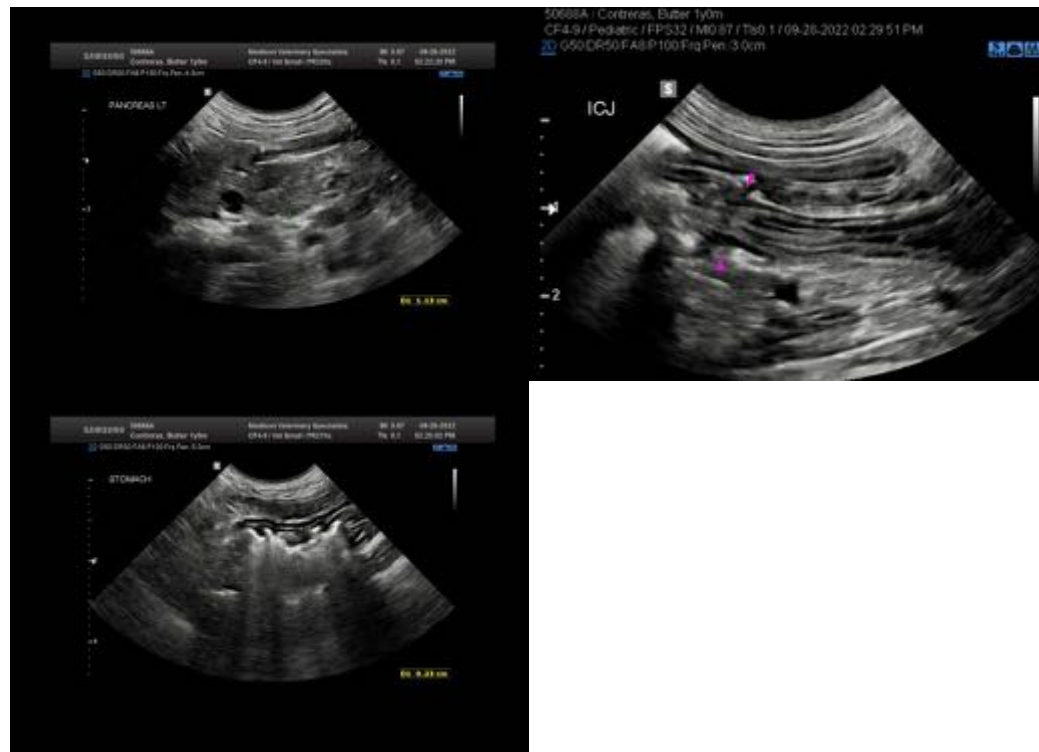
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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