

PATIENT PRESENTING CLINICAL SIGNS

Brann Wentz
Enterotomy 1/8, discharged 1/10 despite low appetite, slight improvement until 1/12 when he stopped eating, started coughing, had one BM that was loose. abdominal pain, free abdominal fluid. Current Medications FS Entyce 3 mg/kg PO SID prn inappetence - start this AM FS oral potassium gluconate through NG tube q8 Radiographic Findings chest radiographs - suspicious area left middle lung lobe, per rad report no pneumonia but mild pleural effusion abd radiographs with iohexal - focal peritonitis or pancreatitis, no obstruction Primary Question/Differential to Be Answered in This Exam Is there a mechanical obstruction requiring another surgery, or is it septic abdomen versus non surgical pancreatitis and secondary EHBO

Canine
Abnormal PE/Chem/CBC/UA Results: TS < 1.0, cytology: predominantly RBCs, non-degenerate neutrophils, no bacteria- updated 1/13 degenerate neutrophils but still no bacteria CBC - Monocytosis 2.99k (bands), rest wnl Chem17 - Elevated liver values ALP 1748, GGT 15, TBili 1.5, rest wnl EPOC - Hypokalemia 2.9, rest wnl

SEX ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Neutered Male
Urinary System

AGE
6 Years
Urinary bladder is moderately distended with anechoic contents. No masses, inflammatory changes, echogenic sediment or cystoliths are observed. The urinary bladder, trigone and visible pelvic urethra are normal in thickness with a smooth mucosal surface.

Prostate (neutered) is normal in size, echotexture and echogenicity for a neutered male.

WEIGHT
27 kg
Right kidney is normal in size (7.1 cm), shape and echogenicity. It has smooth peripheral margination. There is a normal 1:3 cortex to medulla ratio with appropriate corticomedullary distinction. There is no evidence of pyelectasia, mineral or infarcts observed.

INTERPRETED BY
Beth Johnson, DVM
DACVIM
Left kidney is normal in size (6.8 cm), shape and echogenicity. It has smooth peripheral margination. There is a normal 1:3 cortex to medulla ratio with appropriate corticomedullary distinction. There is no evidence of pyelectasia, mineral or infarcts observed.

Adrenal Glands

Right adrenal gland is unable to be well visualized due to the peritonitis and the pathology in the area.

Left adrenal gland is normal in size (2.0 cm long x 0.58 cm at cranial pole and 0.62 cm at caudal pole), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.

HOSPITAL NAME
Spleen

Wilvet Salem
Spleen is subjectively normal in size with a normal smooth capsular contour. Parenchyma is appropriately finely textured and homogenous with normal echogenicity relative to surrounding tissue (hyperechoic to liver). No focal nodules or masses are observed. Splenic vasculature appears normal.

Liver

DATE
1/13/22
Liver is subjectively normal in size with normal smooth curvilinear peripheral contour. Parenchyma is appropriately hypoechoic to the spleen in echogenicity and appropriately mildly coarse and homogenous in echotexture. No focal lesions are observed. Visible vasculature and biliary tree appear normal without distension or congestion.

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PATIENT

Brann Wentz Gallbladder is non-distended in size. The wall is smooth without visible thickening. Luminal contents are primarily anechoic. There is no evidence of cystic or common bile duct dilation.

SPECIES

Gastrointestinal

Canine

The stomach wall is normal in thickness (canine < 0.5 cm and feline < 0.4 cm) and layering. The stomach is moderately fluid distended, consistent with ileus or gastric stasis possibly secondary to pancreatitis.

BREED

Heeler

The visible small intestines are normal in wall thickness and layering (canine duodenum < 0.5 cm and feline duodenum < 0.4 cm; other < 0.3 cm). Small intestinal motility appears adequate (1-3 contractions per min). The lumen of the small intestine is empty with no evidence of obstruction, foreign material or infiltrative disease. In the mid abdomen, there is a loop of bowel focally surrounded by markedly hyperechoic fat and mesentery, adhesions, and cellular appearing free fluid, concerning for a dehiscence causing focal peritonitis around that particular bowel loop.

SEX

Neutered Male

The visible colon is normal in wall thickness (< 0.2 cm) and layering. Contents are consistent with normal formed feces and gas.

AGE

6 Years

Pancreas

The pancreas is markedly prominent and hypoechoic with a coarse heterogeneous echotexture. Hyperreactive mesentery and fat surrounds the pancreas.

WEIGHT

27 kg

Free Abdomen

There is no evidence of peritoneal effusion. There is no apparent lymphadenopathy.

ULTRASONOGRAPHIC FINDINGS

INTERPRETED BY

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DACVIM

- Focal peritonitis with adhesions and cellular appearing free fluid surrounding a focal small bowel loop – concerning for dehiscence and peritonitis secondary to dehiscence.
- Severe acute pancreatitis. Pancreatic necrosis cannot be ruled out. Doppler over the pancreas would be helpful to determine blood flow to the pancreas.
- Gastric ileus

IMAGING PERFORMED BY

Jenna Walsh, CVT

HOSPITAL NAME

Wilvet Salem

REFERRING VET

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Given the concern for dehiscence, recommendations include stabilization and re-explore to assess the bowel, reclose or resect the bowel, and flush the abdomen. There is some concern that if the bowel is dehisced, it is unhealthy or possibly even containing infiltrative neoplasia. Therefore, full thickness bowel biopsies at the time of the second surgery are also recommended if not previously obtained. Recommend post-op care should include routine post-op management with fluids, pain medication, antibiotics, GI support, etc., but a fresh frozen plasma transfusion is also warranted given the degree of pancreatitis.

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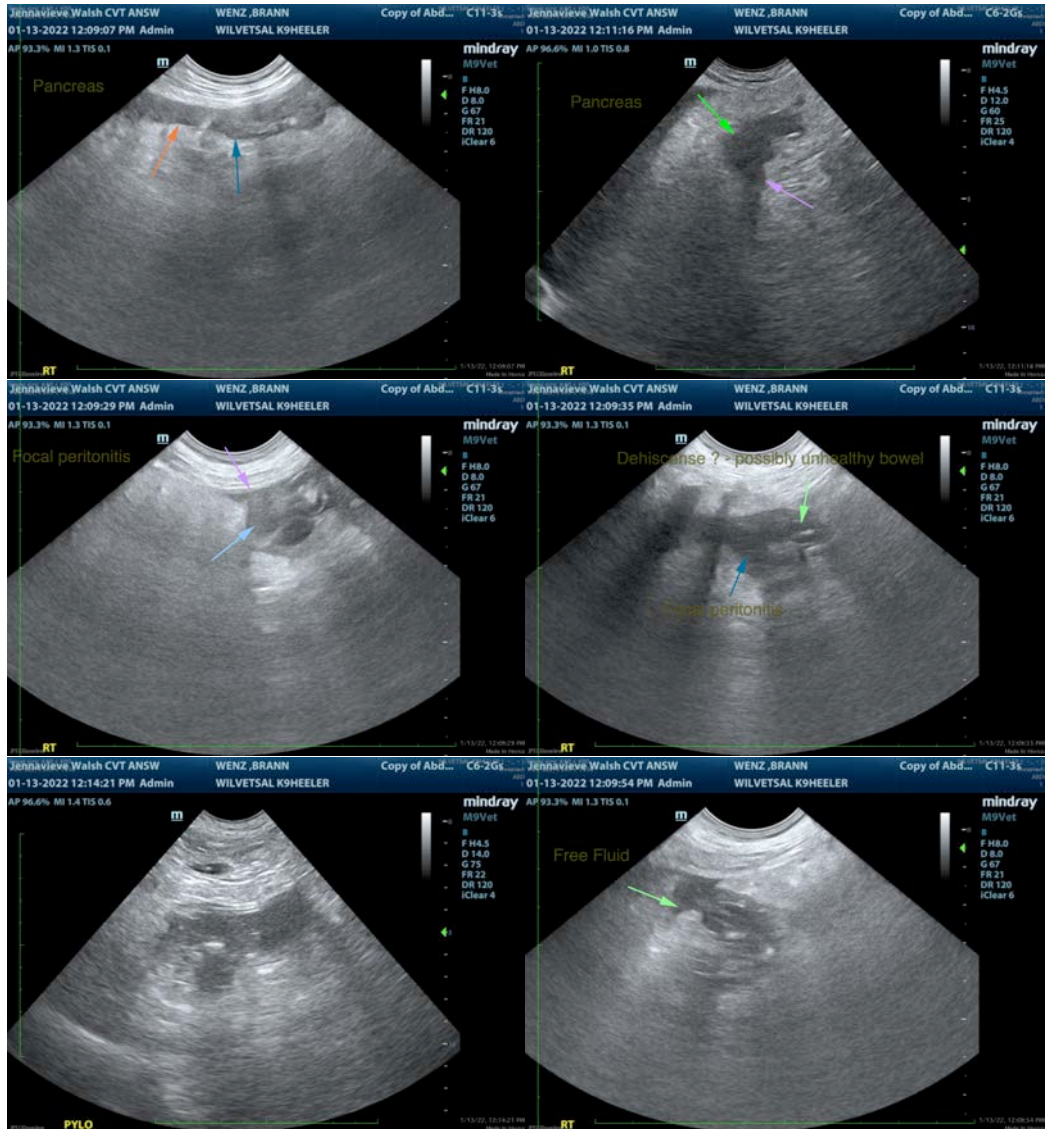
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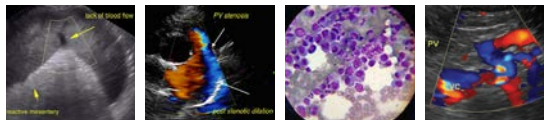
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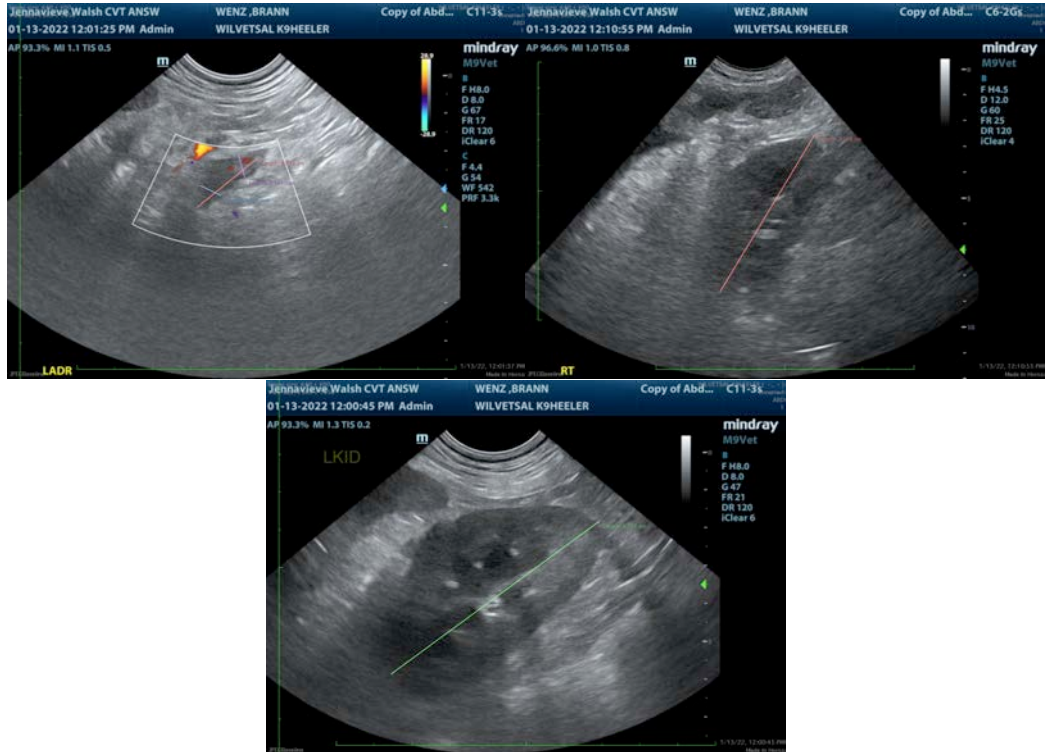
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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