



PATIENT PRESENTING CLINICAL SIGNS

Kobe Crowder

P was neuter a week and a half ago as there were concerns however it is healing well. Yesterday P was admitted as he has been lethargic, pale mm, hypothermic, mild distending feeling abdomen, aspirated orange like fluid from abdomen, dull mentation Current Medications Ampicillin, Famotidine, KCL supplement

SPECIES

Canine

BREED

Mastiff X

Abnormal PE/Chem/CBC/UA Results: CREA and UREA elevated, NA and K and Cl slightly decreased abd fluid analysis showed sepsis

SEX

Neutered Male

Urinary System

AGE

2 Years

Urinary bladder is adequately distended. It has a normal uniform wall thickness. Contents include primarily anechoic fluid with occasional echogenic non-shadowing debris, most consistent with exfoliated cells, mucous and/or small blood clots. Both sterile inflammation as well as urinary tract infection can also present with echogenic debris. No masses or cystoliths are observed. The trigone and visible pelvic urethra are normal in thickness with a smooth mucosal surface.

WEIGHT

47.9 kg

The prostate is unable to be fully visualized in these images, but the area is examined without evident prostatic pathology.

INTERPRETED BY

Beth Johnson, DVM
DACVIM

The right kidney is normal in size (8.9 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.

The left kidney is normal in size (9.46 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.

IMAGING PERFORMED BY

Kelly Reschny

Adrenal Glands

HOSPITAL NAME

BPH Stoney Creek

The right adrenal gland is normal in size (2.74 cm long x 2.16 cm at the cranial pole and 0.68 cm at the caudal pole), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.

The left adrenal gland is normal in size (3.0 cm long x 0.75 cm at the cranial pole and 0.88 cm at the caudal pole), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.

REFERRING VET

Dr. Mellish

Spleen

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The 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.

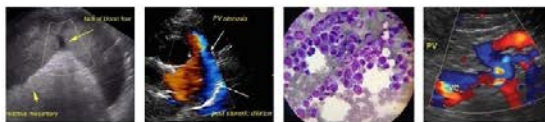
DATE

1/30/23

Liver

The 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.

The 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.



PATIENT *Gastrointestinal*

Kobe Crowder

The visible stomach wall is normal in thickness and layering. The lumen of the stomach is mildly distended with mild fluid and echogenic non-shadowing luminal contents and gas consistent with normal ingesta. There is no evidence of obstruction, foreign material or infiltrative disease. Pyloric outflow tract appears patent.

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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 largely empty with no evidence of obstruction, foreign material or infiltrative disease. However, in the mid abdomen, there is a mildly fluid distended loop of small bowel with no luminal contents appreciated.

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

AGE

2 Years

Pancreas

The pancreatic parenchyma is appropriately isoechoic to surrounding tissue. Visible capsule is smooth and normal in contour. There is no visible pancreatic duct dilation. There is no evidence of active peripancreatic inflammation.

WEIGHT

47.9 kg

Free Abdomen

INTERPRETED BY

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DACVIM

A large amount of very echogenic free fluid is noted throughout the abdomen, as well as markedly enhanced mesenteric fat, especially around the mildly dilated bowel loop described above.

The medial iliac lymph nodes are prominent in size with swollen capsular contour. Normal elongated shape (length to width ratio) is maintained. There is no loss of parenchymal detail.

IMAGING PERFORMED BY

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PRIMARY FINDINGS

- **Large amount of very echogenic free fluid and hyperechoic enhanced mesenteric fat** – consistent with a large amount of abdominal inflammation secondary to the reported septic abdomen.
- The mildly fluid distended stomach and mildly fluid distended focal loop of small bowel is of unknown clinical significance, and gastritis, gastroenteritis, or even normal appearance on based on prandial state are possible. However, given the reported septic abdomen, potential obstruction and rupture/perforation cannot be ruled out. There is no visible foreign material or infiltrative disease noted, but this can't be ruled out.
- **Reactive medial lymph nodes** – infiltrative neoplastic disease cannot be ruled out but is considered less likely.

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SECONDARY FINDINGS

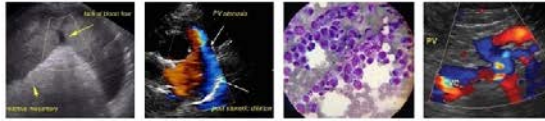
- Urinary bladder debris

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The cause of this patient's reported septic abdomen is unknown. A retracted spermatic cord following a neuter can result in hemorrhage. However, it is difficult to explain the septic abdomen. Other differentials are potentially if this patient received a nonsteroidal, the bowel ulcerated and perforated, or, given the mild fluid distention, there is a partial or full obstruction that resulted in bowel perforation unrelated to the neuter. Regardless, given the presence of a septic abdomen, an emergency exploratory laparotomy is recommended. If more definitive information is elected prior to surgery, a pre-surgical



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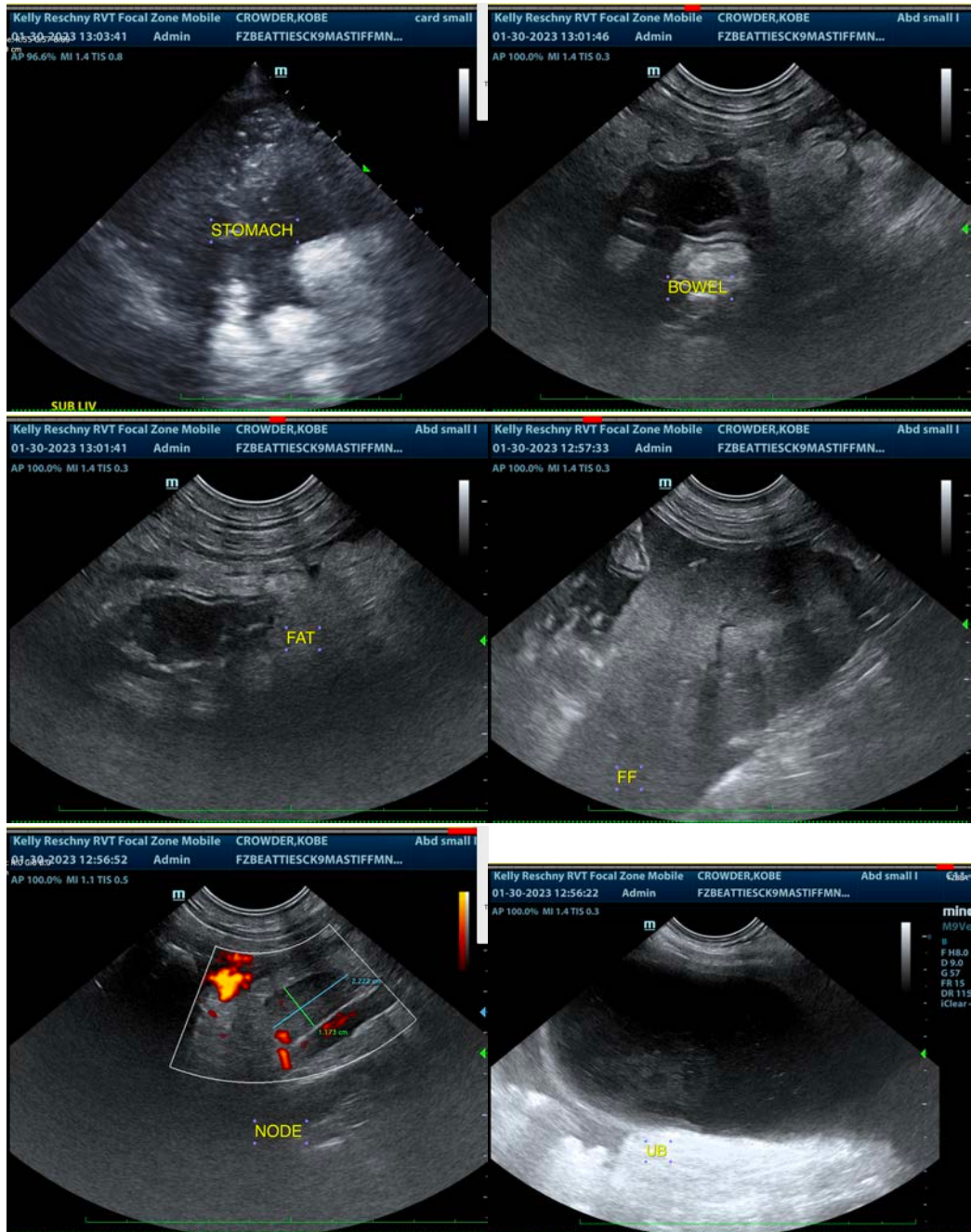
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planning abdominal CT scan could be considered. However, it is unlikely to change the end result/recommendation of surgery.





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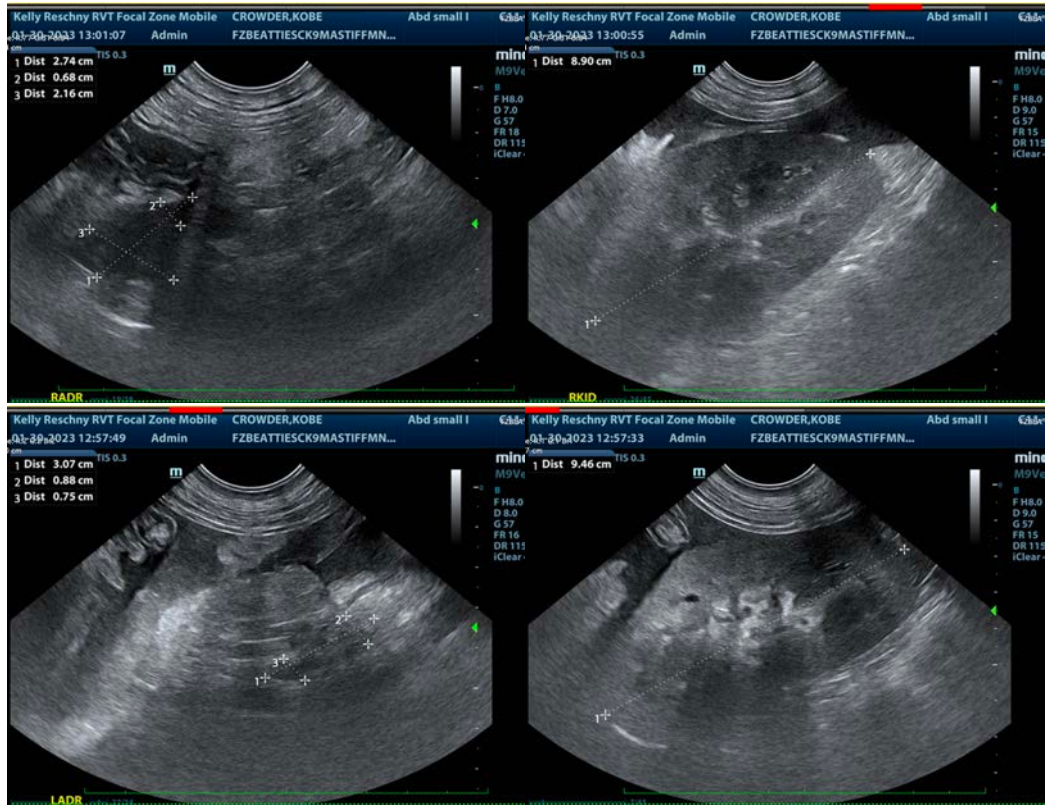
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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