



**PATIENT**

Bunker Bain-Donofrio

**SPECIES**

Canine

**BREED**

Golden Retriever

**SEX**

Neutered Male

**AGE**

11 Years

**WEIGHT**

27.9 kg

**INTERPRETED BY**

Beth Johnson, DVM  
DACVIM

**IMAGING PERFORMED BY**

Crystal Hill

**HOSPITAL NAME**

East Credit VH

**REFERRING VET**

Dr. Webster

**INVOICE**

17653

**DATE**

10/11/22

**PRESENTING CLINICAL SIGNS**

History: Went to VEC for emergency sx on Oct 7th - had stomach perforation and colonic foreign body. Had partial gastrectomy but colonic foreign body was left as was believed that it would pass. Discharged yesterday and today has fever, nausea, diarrhea and no appetite. Has been on Clavaspetin, Gabapentin, Omeprazole and started Ampicillin/Metronidazole, Famotidine and Cerenia today. Abnormal PE/Chem/CBC/UA Results: Please see attached radiographs. CBC M1 low RBCs, Hemoglobin, Eosinophils, Lymphs, Elevated WBCs, Neuts, Mono, MPV. SDMA elevated 15, Low BUN, T. Protein, Albumin.

The exam is limited by reported severe abdominal pain due to an inflamed recent abdominal incision, therefore limiting prob contact, etc.

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

Urinary bladder is adequately 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.

The area of the prostate is examined without evident pathology.

Left kidney is normal is size (6.65 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.

Right kidney is normal is size (6.32 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**

Left adrenal gland is normal in size (2.8 cm long x 0.8 cm at cranial pole and 0.8 cm at caudal pole), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.

Right adrenal gland is normal in size (1.6 cm long x 1.2 cm at cranial pole and 0.7 cm at caudal pole), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.

**Spleen**

Spleen is unable to be visualized in these images.

**Liver**

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 unable to be visualized in these images.

**Gastrointestinal**



<b>PATIENT</b>	The visible stomach wall appears normal. The lumen of the stomach is mildly distended with fluid and echogenic nonshadowing contents, however, there is a large amount of echogenic appearing free fluid around the stomach, as well as enhanced hyperechoic clumped mesentery adhering to the outside of the gastric wall.
Bunker Bain-Donofrio	
<b>SPECIES</b>	The visible small intestines are normal in wall thickness and layering. 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.
Canine	
<b>BREED</b>	The visible colon is normal in wall thickness and layering. Contents are consistent with normal formed feces and gas.
Golden Retriever	
<b>SEX</b>	<b>Pancreas</b> The observed pancreas appears appropriately isoechoic to surrounding omental fat. Visible capsule is smooth and normal in contour. Visible pancreatic parenchyma is homogenous and unremarkable. There is no visible pancreatic duct dilation. There is no evidence of active peripancreatic inflammation.
Neutered Male	
<b>AGE</b>	<b>Free Abdomen</b> A large amount of echogenic appearing free fluid around the stomach with omentum and mesentery adhered to the gastric wall, as well as a scant amount of anechoic free fluid and echogenic fat noted ventral to the urinary bladder.
11 Years	
<b>WEIGHT</b>	<b>ULTRASONOGRAPHIC FINDINGS</b>
27.9 kg	<ul style="list-style-type: none"> <li>A large amount of echogenic free fluid and enhanced fat and mesentery around the stomach, as well as omentum and mesentery adhered to the gastric wall, suggestive of a focal peritonitis and potentially indicative of dehiscence from the previous incision. Given the recent nature of surgery, normal post op peritonitis and/or suture reaction, etc. can't be definitively ruled out, however.</li> <li>Enhanced fat and free fluid ventral to the urinary bladder, consistent with a suture reaction or inflammation associated with recent abdominal incision.</li> </ul>
<b>INTERPRETED BY</b>	<b>INTERPRETATION OF THE FINDINGS &amp; FURTHER RECOMMENDATIONS</b>
Beth Johnson, DVM DACVIM	Recommendations to try to definitively rule in/out gastrotomy dehiscence include sampling of the free abdominal fluid to look for intracellular bacteria and/or other signs of potential septic abdomen +/- a contrast study to help determine leakage of gastric contents.
<b>IMAGING PERFORMED BY</b>	
Crystal Hill	
<b>HOSPITAL NAME</b>	
East Credit VH	
<b>REFERRING VET</b>	In the meantime, patient care depends on the level of aggressiveness elected combined with patients clinical status with options being either supportive/symptomatic medical management of the reported severe pain, as well as gastrointestinal signs with antiemetics, gastroprotectants, fluid therapy, etc., and monitoring versus directly proceeding to a re-exploratory laparotomy for examination of the gastric wall and repair is dehiscence is discovered.
Dr. Webster	
<b>INVOICE</b>	
17653	
<b>DATE</b>	
10/11/22	



**PATIENT**

Bunker Bain-Donofrio

**SPECIES**

Canine

**BREED**

Golden Retriever

**SEX**

Neutered Male

**AGE**

11 Years

**WEIGHT**

27.9 kg

**INTERPRETED BY**

Beth Johnson, DVM  
DACVIM

**IMAGING  
PERFORMED BY**

Crystal Hill

**HOSPITAL NAME**

East Credit VH

**REFERRING VET**

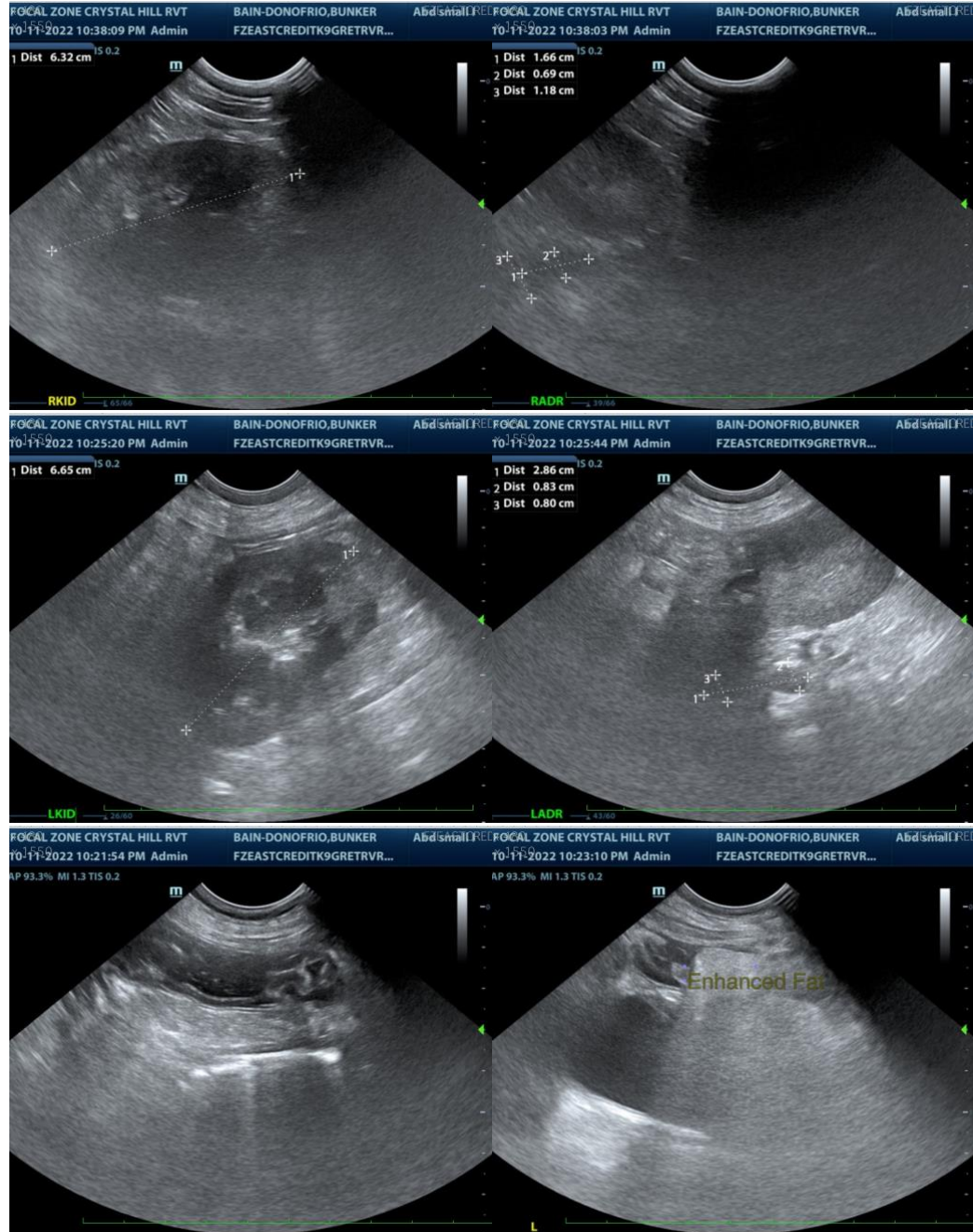
Dr. Webster

**INVOICE**

17653

**DATE**

10/11/22





**PATIENT**

Bunker Bain-Donofrio

**SPECIES**

Canine

**BREED**

Golden Retriever

**SEX**

Neutered Male

**AGE**

11 Years

**WEIGHT**

27.9 kg

**INTERPRETED BY**

Beth Johnson, DVM  
DACVIM

**IMAGING PERFORMED BY**

Crystal Hill

**HOSPITAL NAME**

East Credit VH

**REFERRING VET**

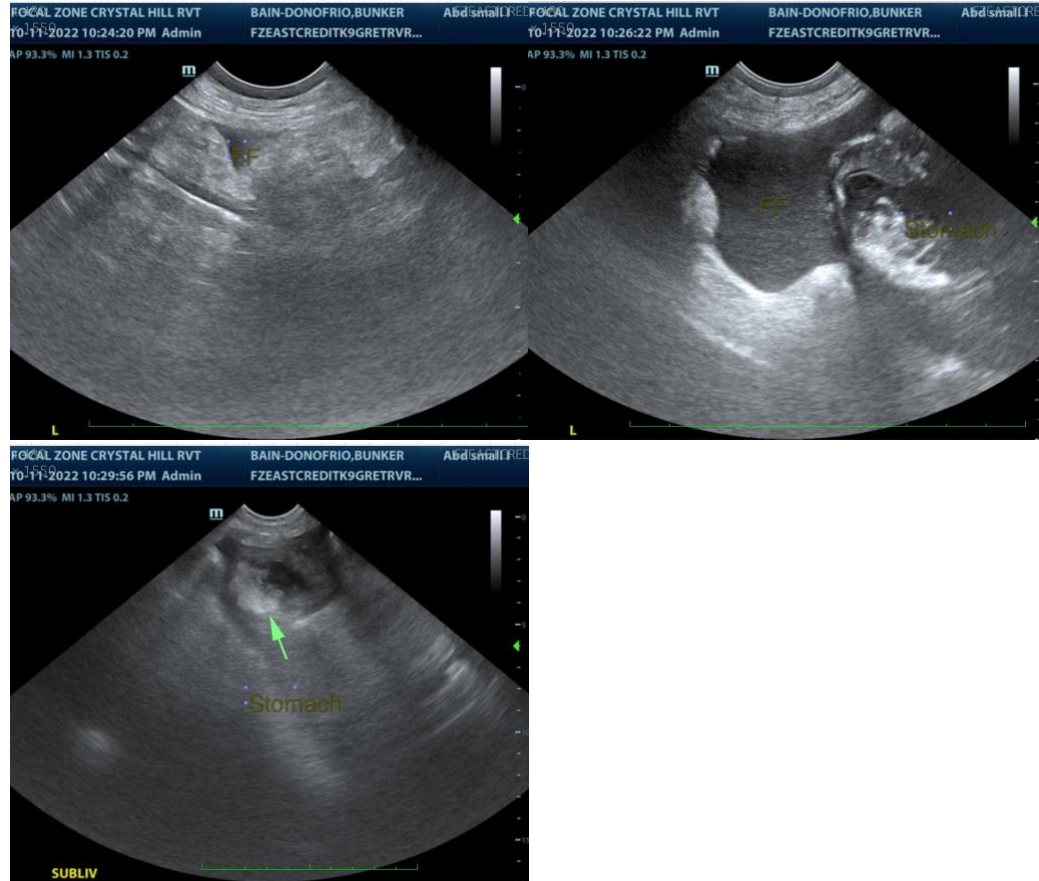
Dr. Webster

**INVOICE**

17653

**DATE**

10/11/22



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.

**Beth Johnson, DVM DACVIM**

Beth.Johnson@SonoPath.com