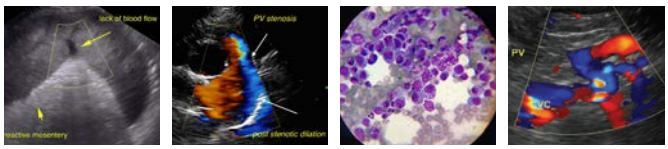
SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™



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

PATIENT
Stitch Hemlinger

SPECIES
Canine

BREED
Chihuahua

SEX
Neutered Male

AGE
11 Years

WEIGHT
12.7 Pounds

INTERPRETED BY
Beth Johnson, DVM DACVIM

IMAGING PERFORMED BY
Diane McFadden

HOSPITAL NAME
Newton Vet Hospital

REFERRING VET
Dr. Barron

INVOICE
42389

DATE
10/27/22

PRESENTING CLINICAL SIGNS

Presented on 10/23 with anorexia and vomiting. Enterotomy and R & A of necrotic areas of distal jejunum and proximal ileum 4 days ago on 10/23/22. No perforation. FB material removed- fabric and hair. heart murmur developed post op, still very uncomfortable, increased ALKP, lethargy,. decreased appetite

Abnormal PE/Chem/CBC/UA Results: ALKP 987 (was 261 on admit)

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The 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 is normal in size, echotexture and echogenicity for a neutered male.

The right kidney is normal in size (4.88 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 (4.34 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

The right adrenal gland is normal in size (1.76 cm x 1.1 cm at the cranial pole and 0.52 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 (1.6 cm long x 0.52 cm at the cranial pole and 0.63 cm at the caudal pole), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.

Spleen

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.

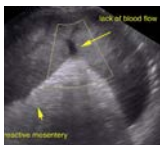
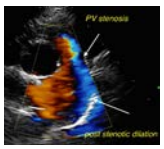
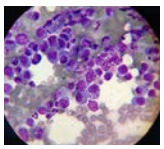
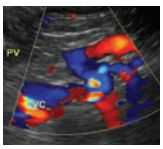
Liver

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.

Gastrointestinal

The visible stomach wall is normal in thickness and layering. The lumen of the stomach is mildly distended with echogenic non-shadowing luminal contents and gas consistent with normal ingesta.

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There is no evidence of obstruction, foreign material or infiltrative disease. Pyloric outflow tract appears patent.

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), except for in the mid abdomen, where there is a loop of very corrugated/hyperperistaltic bowel that appears to have a loss of normal wall integrity in a spot where there is markedly enhanced, clumped mesentery and free fluid. 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.

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

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.

Free Abdomen

There is a large amount of hyperechoic enhanced mesentery and mesenteric fat throughout the entire abdomen. However, it is most appreciated adhered to the corrugated loop of small bowel that appears to have some loss in normal wall integrity.

There is a small to moderate amount of very anechoic free fluid, primarily appreciated in the caudal abdomen around the bladder.

There is no apparent lymphadenopathy noted in these images.

ULTRASONOGRAPHIC FINDINGS

- Reactive mesentery/mesenteric fat and some free fluid – All expected as a normal post-op finding.
- The lack of normal bowel wall integrity may also be secondary to sutures from the reported resection and anastomosis. However, given the lack of well integrity and the focally more significant clumped mesentery and free fluid, bowel dehiscence is suspected.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Bowel dehiscence cannot be definitively diagnosed but is suspected based on lack of wall integrity and focally clumped mesentery/focal peritonitis around the area in question.

Given the development of a new heart murmur, an echocardiogram is recommended, if possible, but surgery should not be delayed to wait for an echocardiogram in my opinion.

Recommendations include sampling of the free fluid for further evaluation of intracellular bacteria, etc. that indicate a septic abdomen, at which time, if diagnosed, re-exploratory would be recommended.

If a repeat surgery is not an option, and the free fluid is not suggestive of a septic abdomen, then a more conservative approach could include aggressive supportive/symptomatic medical management of pain, nausea, inappetence, etc. with close monitoring of laboratory changes and abdominal contents, etc. for progression, because again while suspected, dehiscence cannot be definitively determined.

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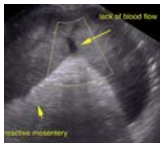
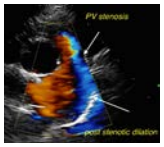
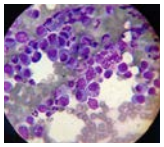
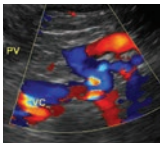

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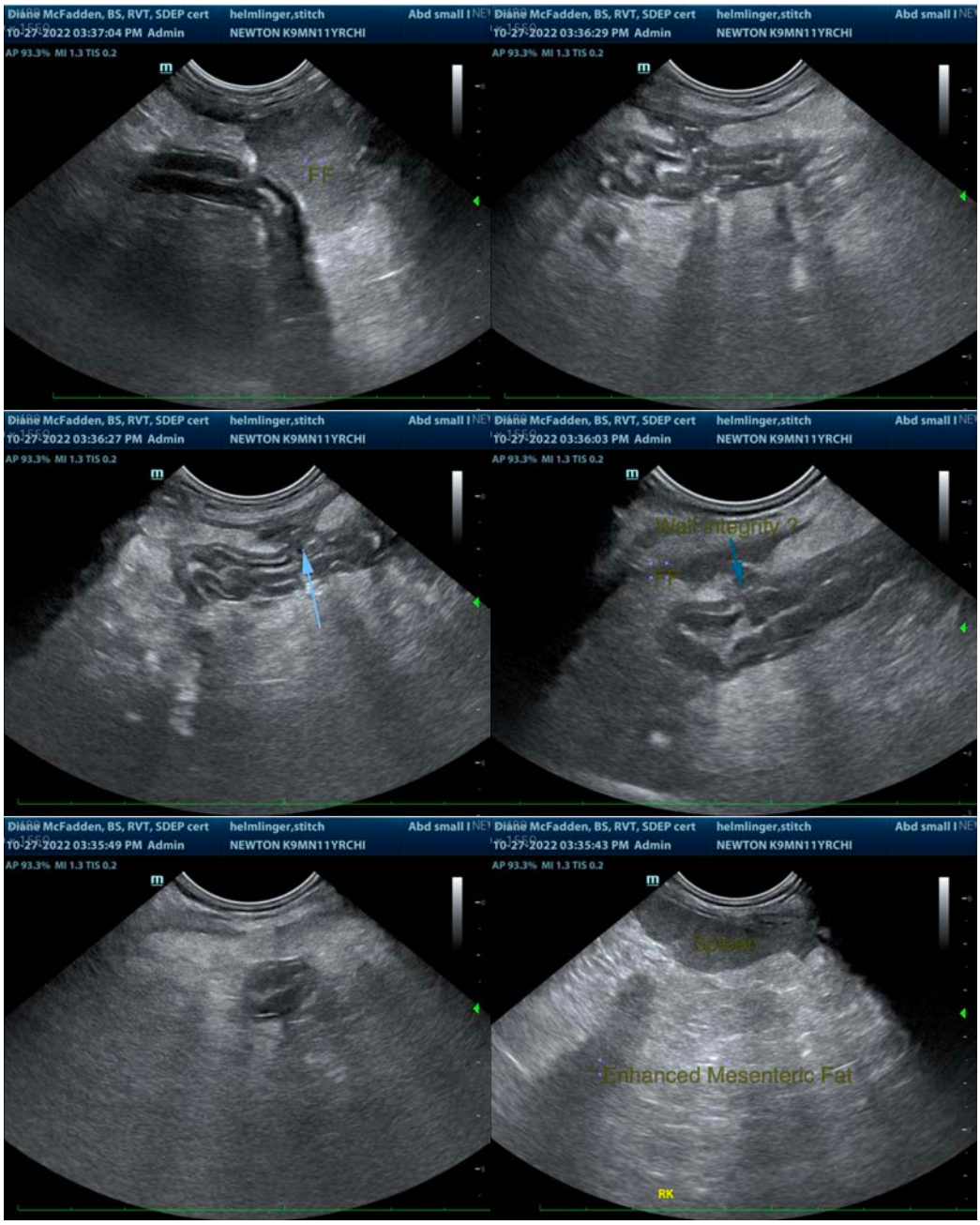

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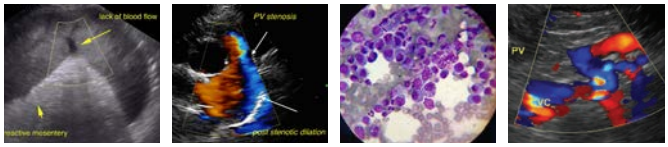

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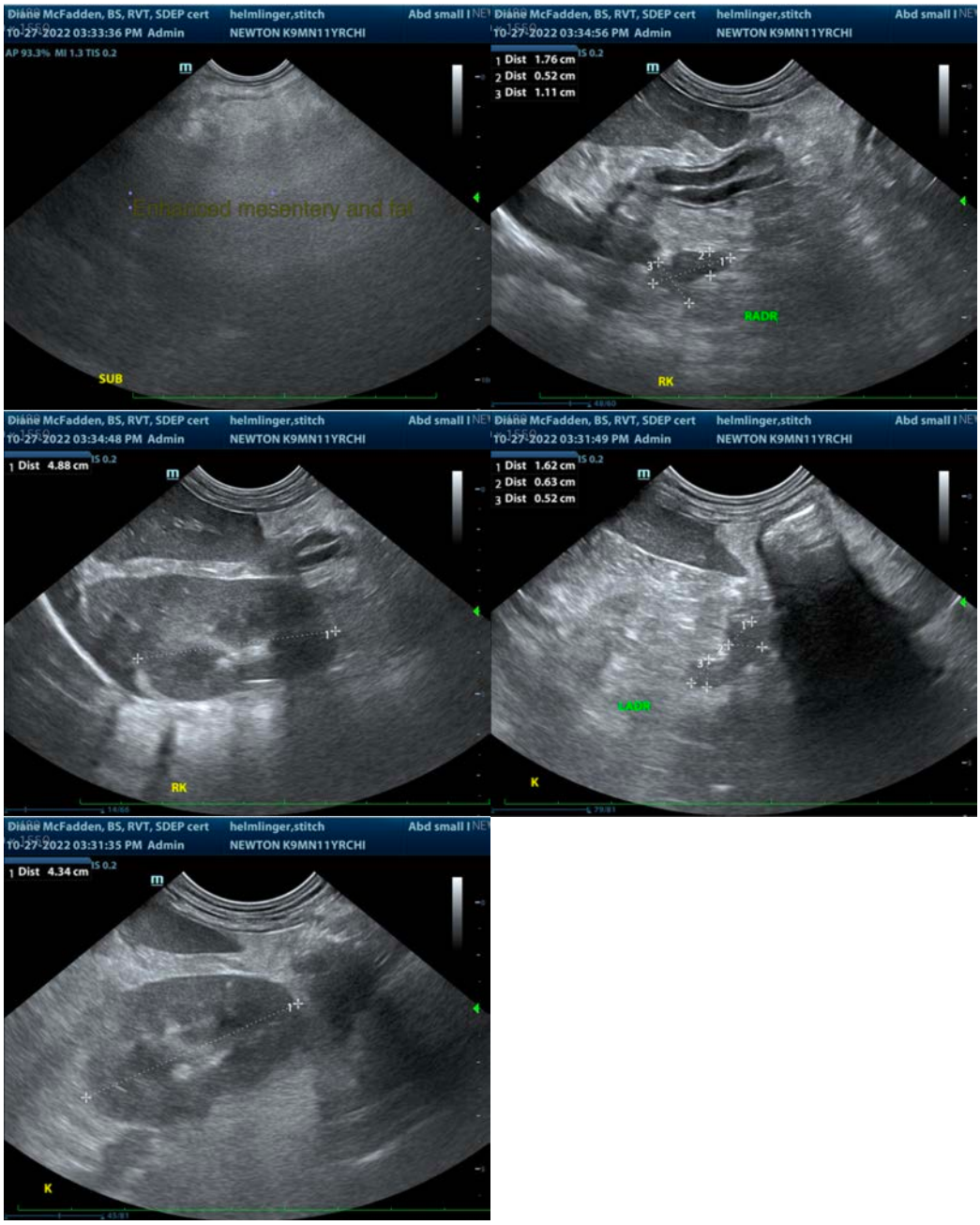

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Beth Johnson, DVM, DACVIM
Beth.Johnson@sonopath.com