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Clinical Sonography & Telecytology
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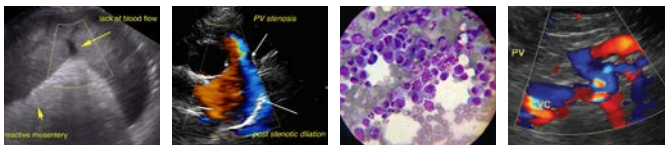

SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT
Kerry Wilson

SPECIES
Canine

BREED
Wheaton

SEX
Neutered Male

AGE
11 Years

WEIGHT
18.8 kg

INTERPRETED BY
Beth Johnson, DVM
DACVIM

IMAGING PERFORMED BY
Kelly Reschny

HOSPITAL NAME
East Plains AH

REFERRING VET
Dr. Cumming

INVOICE
45613

DATE
3/1/23

PRESENTING CLINICAL SIGNS

Kerry presented Monday afternoon Feb 27 after a weekend of vomiting and lethargy. Has a history of known foreign material ingestion at 2 points last week - last tuesday Feb 21 ate a large ball of saran wrap on a walk, and Friday Feb 24 ingested a portion of a wedge of cheese (with waxy plastic covering on it). Radiographs monday night were suggested of a possible FB obstruction and was booked for surgery Tuesday. On arrival tuesday morning pre-op, owner let us know that Kerry passed about 12 inch of saran wrap in stool and was seemingly brighter. Re-radiographed and appeared to be improvement of gas patterns so we called off the surgery. Monitored overnight last night and was able to keep food down with no vomiting, but abdomen still feels tender. Concerned there is still foreign material left.. Current Medications Famotidine 10mg BID, Cerenia 48mg SID, Gabapentin 175mg BID

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 (4.99 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 (5.65 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.

Adrenal Glands

The right adrenal gland is normal in size (1.5 cm long x 1.58 cm at the cranial pole and 0.57 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 (1.74 cm long x 0.76 cm at the cranial pole and 0.79 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.

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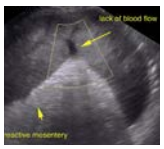
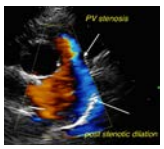
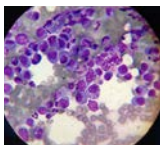
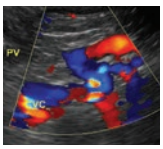

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Gastrointestinal

The stomach wall is normal in thickness (canine < 0.5 cm and feline < 0.4 cm) and layering. The lumen of the stomach is empty with 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). 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. It is subjectively mildly dilated with contents that appear to be normal stool. However, foreign material can't be ruled out.

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 no evidence of free peritoneal effusion noted in these images.

There is no apparent lymphadenopathy noted in these images.

ULTRASONOGRAPHIC FINDINGS

- There is no ultrasonographically visible evidence of an obstructive pattern or foreign contents within the stomach or small bowel. Foreign material is believed to have either fully passed or at least made it to the colon.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Continued supportive/symptomatic medical management of dietary indiscretion/acute gastroenteritis is recommended in less patient's clinical signs (i.e., vomiting, decreased appetite, etc.) return, at which time recheck imaging is recommended. There is no ultrasonographic indication to proceed with surgery at this time.

Incidentally, this patient's provided lab work revealed hypoglycemia. If that finding is persistent and confirmed, further evaluation of hypoglycemia is recommended, beginning with a baseline cortisol, and including empirical deworming with a 5-day course of Panacur. If baseline cortisol is less than 2, a full ACTH stimulation test is recommended to rule out hypoadrenocorticism.

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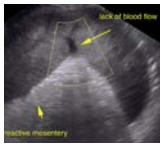
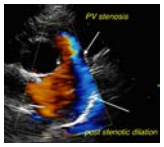
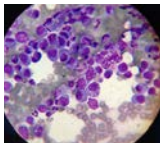
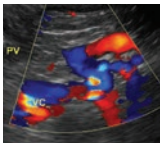

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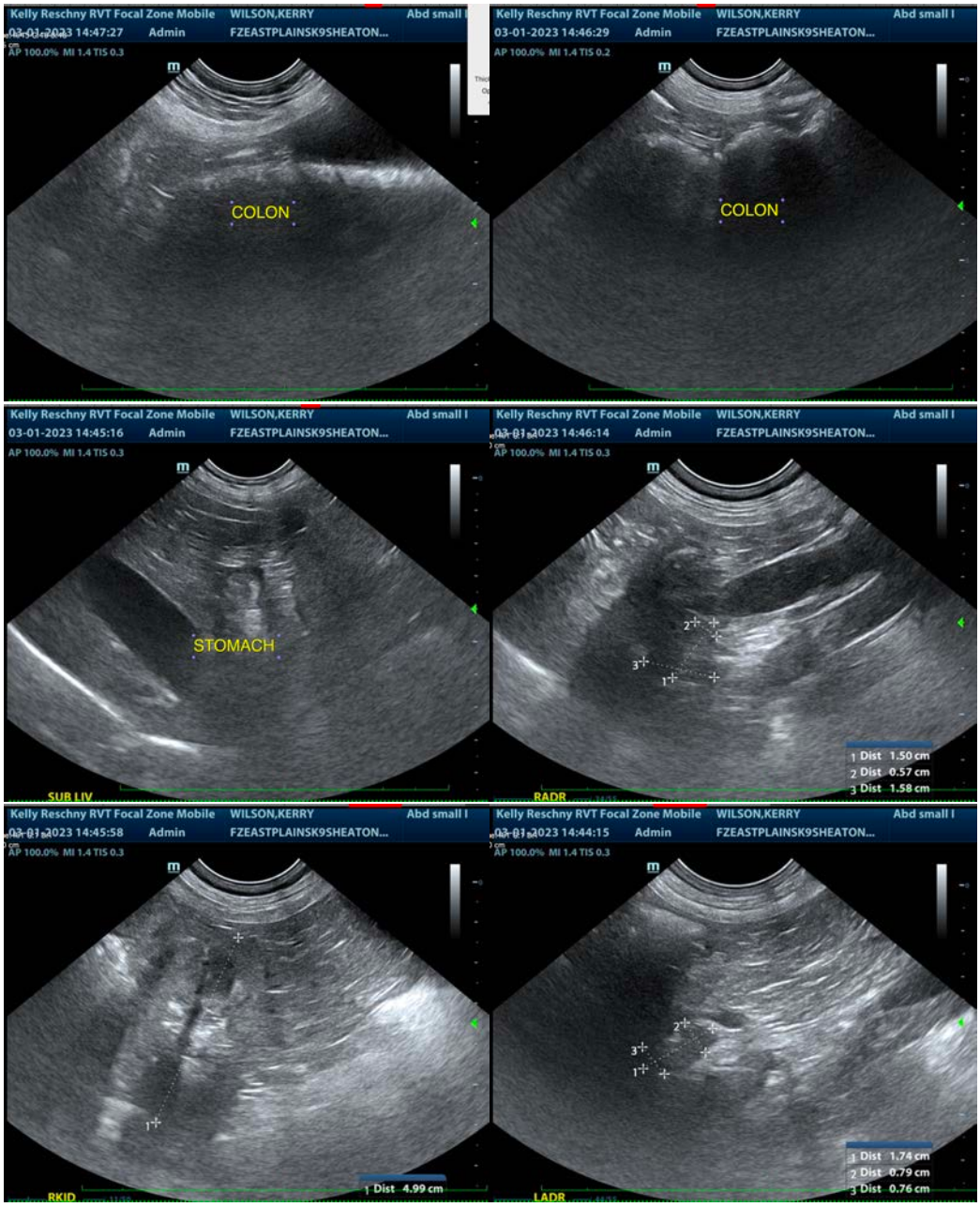

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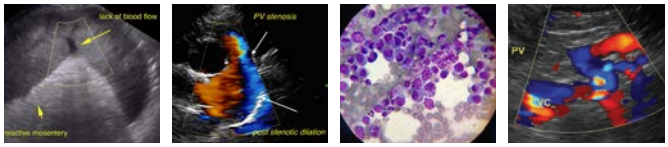

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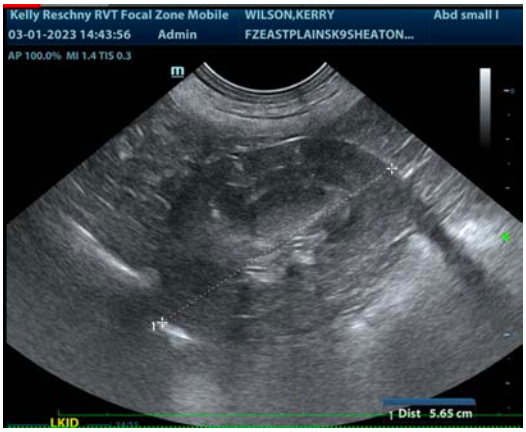

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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