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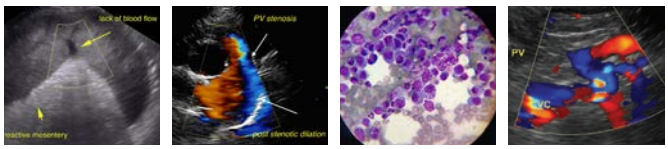
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™



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

PATIENT
Daisy Rohrich

SPECIES
Canine

BREED
Mini Schnauzer X

SEX
Spayed Female

AGE
12 Years

WEIGHT
11.9 kg

INTERPRETED BY
Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY
Dr. Bennett

HOSPITAL NAME
Wilvet South

REFERRING VET
Dr. Bennett

INVOICE
44605

DATE
1/30/23

PRESENTING CLINICAL SIGNS

Presented 1/30 AM for acute onset vomiting this morning. Had surgery on 1/25/23 - enterotomy (rock) & cystotomy for bladder stones and polyp removal. Discharged after 2 days on Clavamox for UTI + pain meds. Hasn't been eating well since getting home. Ongoing urinary accidents. Urine culture = E. coli sensitive to clavamox. Soft stool yesterday with possibly a piece of string (O thought he maybe saw a piece of thread in stool but did not investigate further).

Abnormal PE/Chem/CBC/UA Results: Today: Tense on abdominal palpation. Temp 102.0. Incision clean & dry. CBC: All WNL EPOC: NSF Rads: poor serosal detail, no obstructive pattern noted.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder** revealed apical ventral wall thickening, consistent with cystitis or post-surgical artifact depending upon where the cystotomy was performed in this patient. Apical bladder wall measured 2.0 cm x 1.0 cm. Polypoid changes noted. Reactive mesentery noted.

The **kidneys** revealed largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some age-related loss of curvilinear patterns regarding the capsule and C/M junction. The cortices presented largely uniform texture with some increased echogenicity expected for his age patient. Medullary structure differed distinctly from that of the cortex and no evidence of pelvic dilation was present. The left kidney measured 4.9 cm. The right kidney measured 4.9 cm.

Adrenal Glands

The regions of the **adrenal glands** were unremarkable.

Spleen

The **spleen** presented a smooth homogeneous parenchyma hyperechoic to liver and renal cortical parenchyma. The capsule was smooth without noticeable expansion or deviation from within the spleen or adjacent pathology. The splenic vasculature demonstrated normal volume without signs of congestion or thrombosis. No sonographic evidence of acute or chronic inflammatory, neoplastic, or infarctual changes were noted.

Liver

The **liver** images submitted revealed subjectively normal liver size, contour, and structure. Parenchymal echogenicity was naturally coarse and hypoechoic to the spleen. Vascular and biliary tracts were of normal volume with no evidence of congestion. The gallbladder presented acceptably thin walls with primarily anechoic content. The cystic and common bile ducts were normal. No pathological hepatic lymphadenopathy was evident. No overt structural evidence of inflammatory, infiltrative or regenerative pathology was evident.

Gastrointestinal

The **stomach** was empty in this patient. Spastic small intestine noted. Mild reactive heterogeneous mesentery noted associated with the small intestine. Slight areas of free fluid noted adjacent to spastic small intestine.

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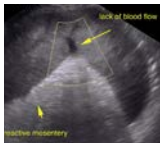
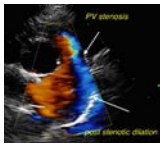
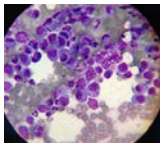
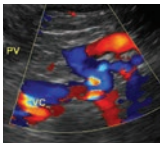

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Pancreas

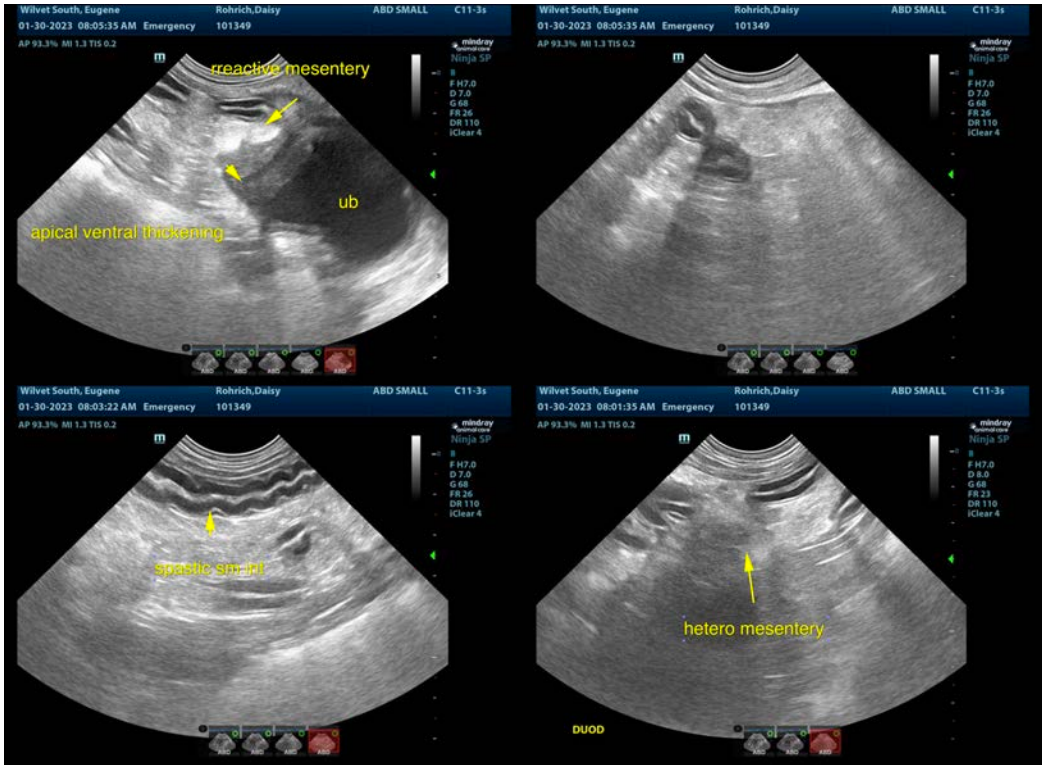
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

ULTRASONOGRAPHIC FINDINGS

- Bladder wall thickening with reactive mesentery
- Spastic small intestine with reactive mesentery and free fluid
- Age related renal changes

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The reactive mesentery associated with the small intestine and the urinary bladder appears mildly excessive. I'm concerned for underlying histopathological issues regarding the apical bladder wall and intestine. Recommend continuation of medical management with recheck sonogram daily. If fluid is increasing from the minor amount present at this time, the exploratory surgery would be warranted to assess the integrity of the intestinal and bladder wall incisions.



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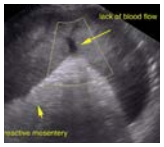
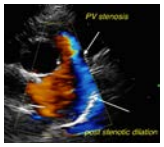
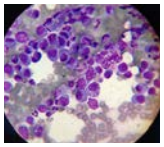
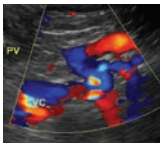

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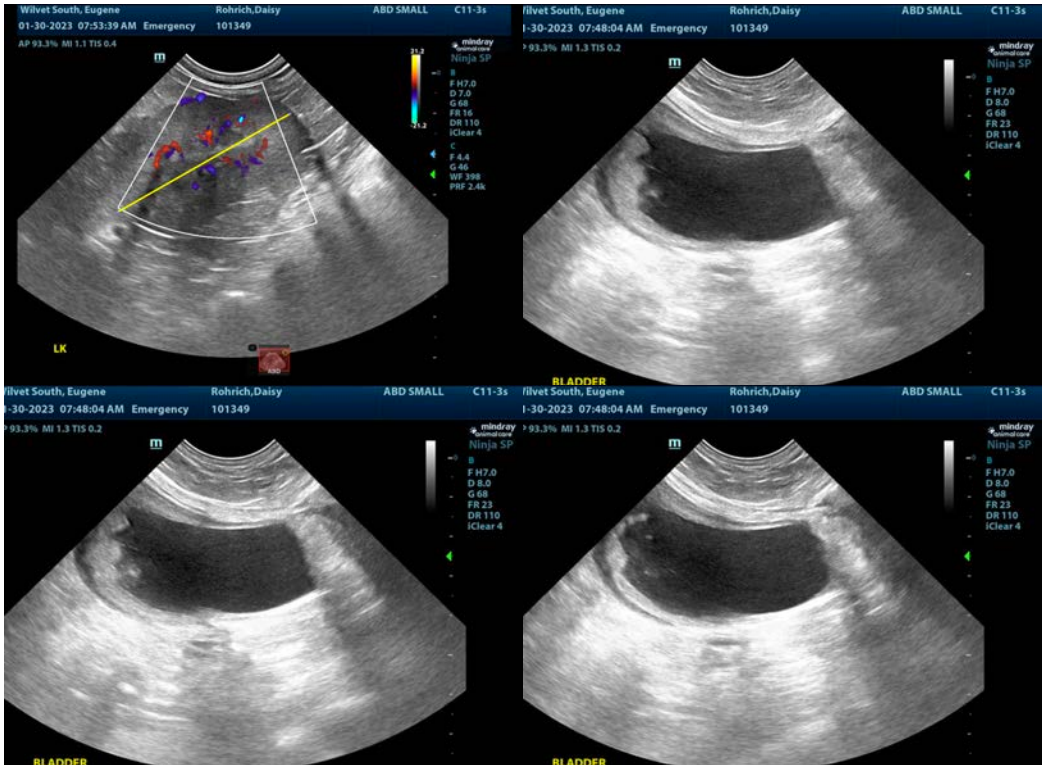

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Eric Lindquist, DMV, DABVP, Cert. IVUSS, CEO of SonoPath.com

info@SonoPath.com