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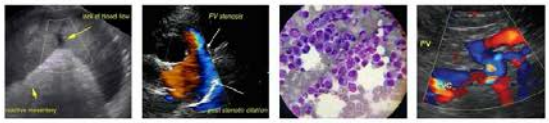

IMAGING PERFORMED BY
pawsonography@gmail.com 530-786-8340

PATIENT

Kiwi Sippel

SPECIES

Canine

BREED

Bull Terrier

SEX

Spayed Female

AGE

~9 Years

WEIGHT

41.8 Pounds

INTERPRETED BY

Eric Lindquist, DMV DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Loetitia-Saint Jacques, LVT, RVT

HOSPITAL NAME

Grass Valley VH

REFERRING VET

Dr. Kristy Cortright

INVOICE

26389

DATE

10/20/21

PRESENTING CLINICAL SIGNS

10/18/2021 Kiwi presented to Dr. Yoffe at GVVH for vomiting and not eating. Dog was adopted only a month ago from rescue. No hx. Hypothermia and hang-dog appearance with abdominal discomfort. Abdominal rads showed some empty bowel loops and some dilated, concern for GI obstruction. No dietary indiscretion per O. In-house b/w showed neutrophilia w/ possible bands, mild increase in alkphos but ALT wnl. **Low electrolytes across the board r/o vomiting. Dr. Yoffe started supportive care and rec referral. O declined. 10/19/2021 F/u rads taken next morning showed resolution of dilated bowel loops and no evidence of obstruction. Still constipated. Started IVF/continued supportive care for pancreatitis/gastroenteritis. Still not looking good mid-day and regurged twice during potty walk with Dr. Cortright. Unofficial abd u/s no free fluid but what appears to be GB sludge/mucocoele. Continued abx, pain meds and anti-nausea and added on dexSP injection late in day. DWO concerns and need for abd u/s to dx and tx appropriately. O agrees. Volunteered that Kiwi has been 'spitting up' at night since she got her and she thought she was nervous and still adjusting to new home but in hindsight may have been the start of this episode.
Abnormal PE/Chem/CBC/UA Results: Initially low K, Na and Cl. Now low normal with IVF. Neutrophilia 23K. WNL alt, GGT, BUN, Cr.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder**, trigone, and pelvic urethra presented normal thicknesses and normal tone. The ureters were not visible which is normal. No uroliths or sediment were visualized and anechoic urine was present. No evidence of inflammatory or neoplastic changes were noted. Ureteral papillae were normal. The pelvic urethra was imaged 2.0 cm beyond the cystourethral junction.

The **kidneys** revealed normal size and structure, corticomedullary definition and ratio for this age. The cortices presented largely uniform texture with normal echogenic relationship to liver and spleen. Medullary structure differed distinctly from the cortex and no evidence of pelvic dilation was present. The capsules were acceptably uniform without significant irregularities. The right kidney measured 6.27 cm. The left kidney measured 6.27 cm.

Adrenal Glands

Both **adrenal glands** were visualized and recognized as having normal shape, size, position and echogenicity for this breed. The phrenic vasculature, glandular echogenicity and detail were unremarkable. Capsule, cortex, and medullary definition were normal for this age patient. The left adrenal gland measured 0.54 cm at the caudal pole and 0.52 cm at the cranial pole. The right adrenal gland measured 0.61 cm at the caudal pole and 0.65 cm at the cranial pole.

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** itself was uniform, yet free fluid was noted adjacent to the liver and may be deriving from intestinal perforation or possibly the gallbladder. The gallbladder was mildly overdistended with slight double layered wall and excessive debris.

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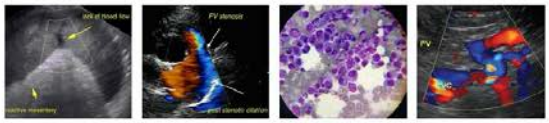

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Gastrointestinal

Stasis noted in the upper **GI tract**. The jejunum revealed a strongly shadowing foreign structure measuring approximately 3.0 cm. Reactive mesentery noted associated with the small intestine.

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.

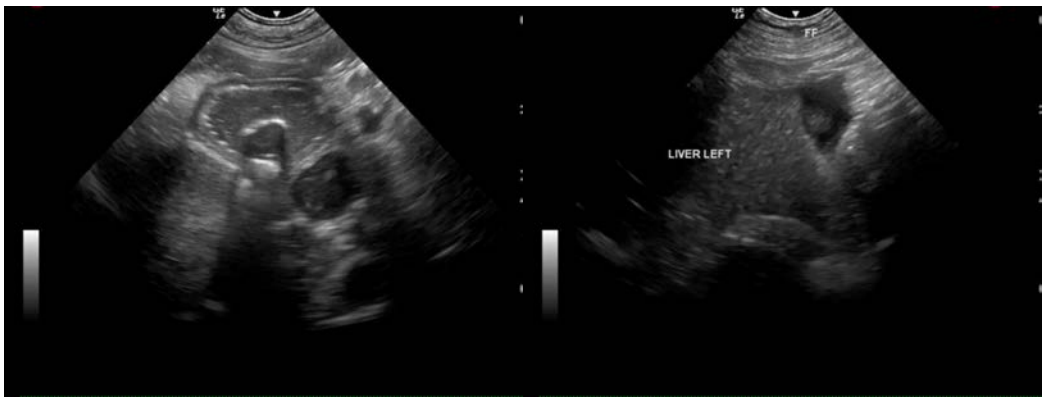
ULTRASONOGRAPHIC FINDINGS

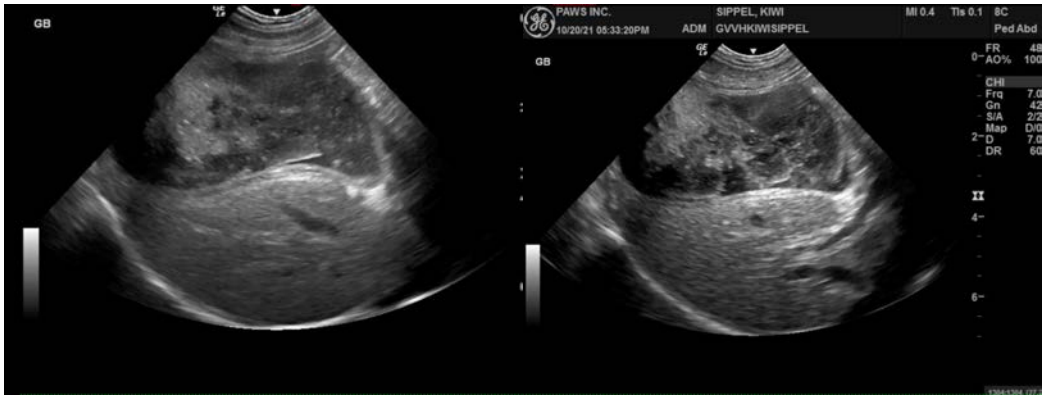
- Jejunal foreign body with concurrent cholangitis

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Enterotomy +/- cholecystectomy is essential in this patient. Immediate exploratory surgery recommended. If the fluid is deriving from the gallbladder, then cholecystectomy would be necessary. However, the gallbladder does not demonstrate full mucocele criteria, though cholecystitis is present. This would be a judgment call at the time of surgery. However, intestinal surgery is essential at this point. Manual expression of the gallbladder may be adequate depending upon the findings at surgery. Regional peritonitis present.

According to Sonopath research presented at ECVIM 2016 (Stockholm, Sweden), Advances in Small Animal Medicine and Surgery (May 2017), and EVDI 2017 (Verona, Italy), concurrent underlying chronic inflammatory neoplastic intestinal disease can often reside in PICA patients. Therefore, surgical biopsies are essential in this case regardless of the exploratory findings.





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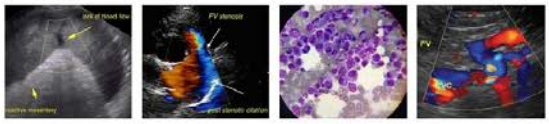

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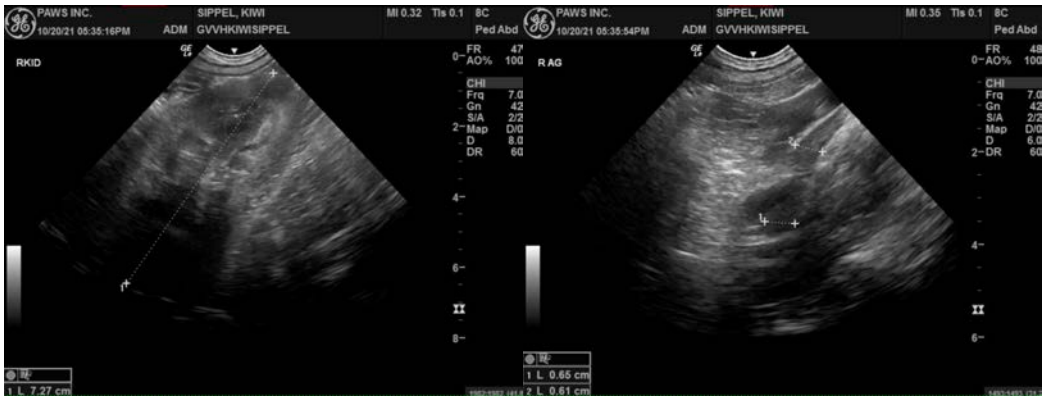

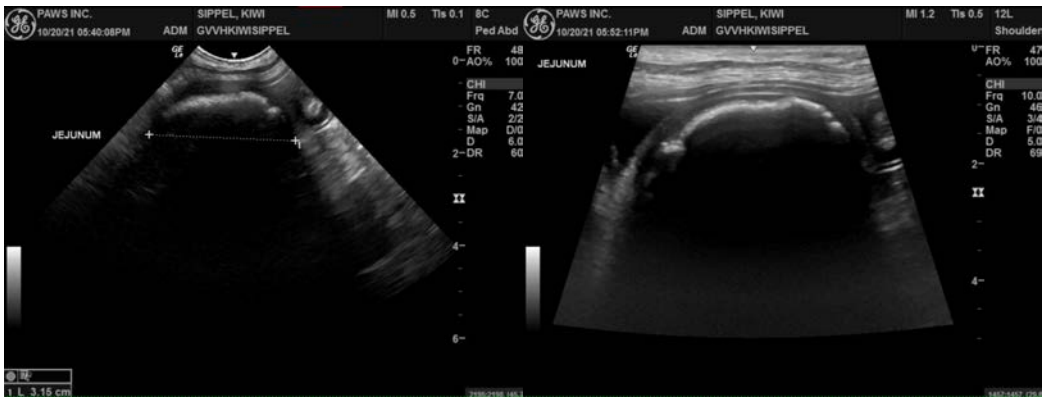

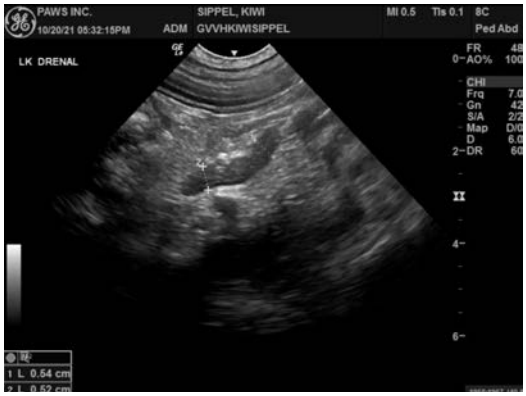

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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