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Clinical Sonography & Telecytology
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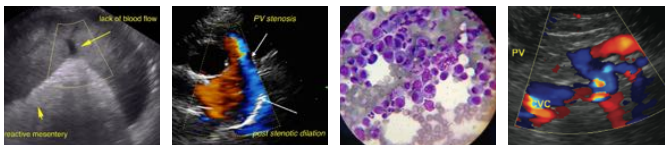

PATIENT

Clare Schwienteck

SPECIES

Canine

BREED

Labrador

SEX

Female

AGE

3 months

WEIGHT

9 kg

INTERPRETED BY

Eric Lindquist, DMV DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. DeCordon

HOSPITAL NAME

Mason DixonER

REFERRING VET

Dr. DeCordon

INVOICE

42390

DATE

11/9/22

PRESENTING CLINICAL SIGNS

History: One week history of V+ D+ Hospitalized for 2 days with supportive care, patient showed improvement. Represented today for acute collapse episode. Patient has been dewormed. Abnormal PE/Chem/CBC/UA Results: Tense abdominal palpation, depressed, hyotensive. CBC unremarkable Chemistry Total protein 5 ALB 2.3

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 was noted. Ureteral papillae were normal.

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 and left kidneys measured 6.4 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.

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 was 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.

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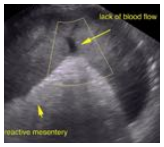

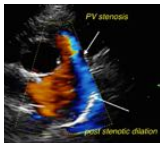

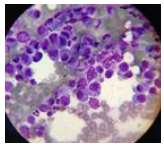
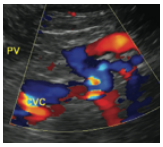

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Gastrointestinal

The upper gastrointestinal tract was dilated and followed by empty small intestine. This is consistent with an obstructive pattern. Reactive mesentery was noted associated with underlying intussusception. Intussusception may be manually reducible; however, GI biopsies are warranted to rule out underlying disease. The intussusception extended for 6.0 x 2.5 cm. Mesenteric lymph nodes were reactive and measured up to 3.0 x 1.5 cm.

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.

Free Abdomen

Free fluid was noted in the abdomen.

ULTRASONOGRAPHIC FINDINGS

Intestinal intussusception with free fluid, possibly manually reducible without resection and anastomosis.

Reactive mesenteric lymph nodes.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Immediate exploratory surgery is recommended. The free fluid is concerning. Underlying parasitic or vital disease may be playing a role.

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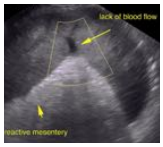
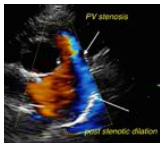
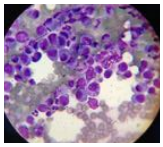
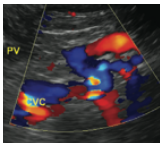

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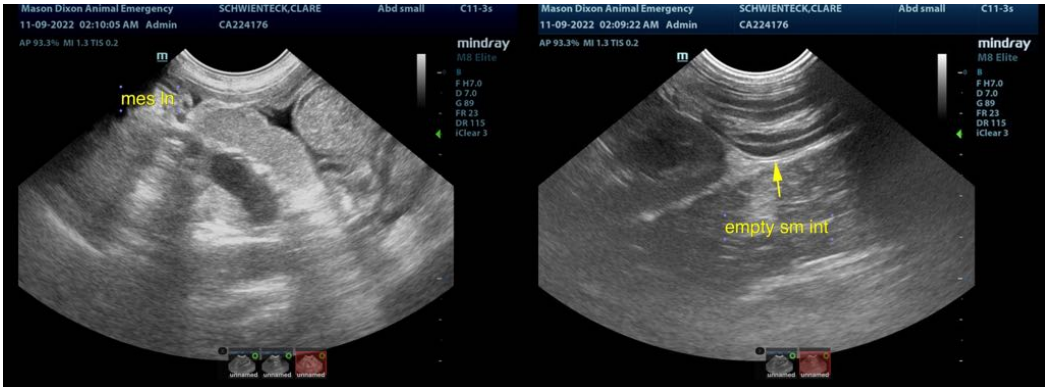

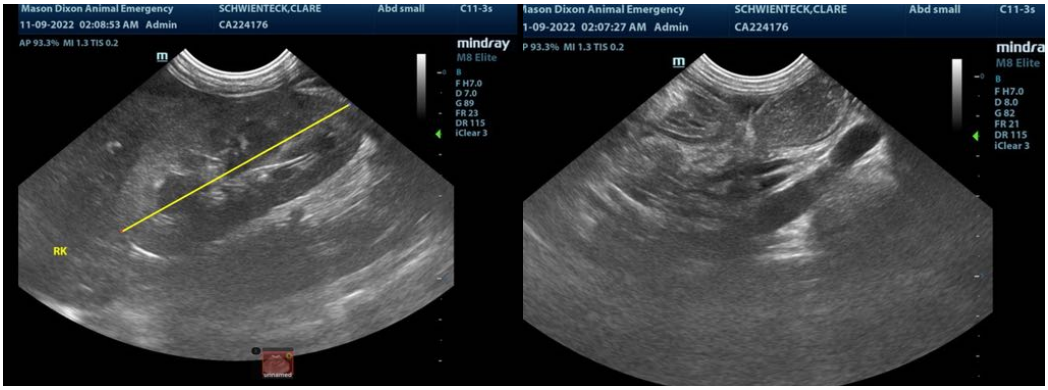

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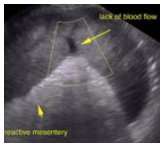

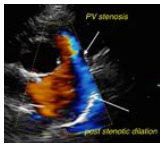

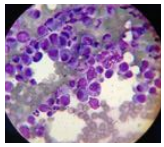
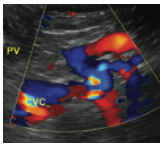

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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