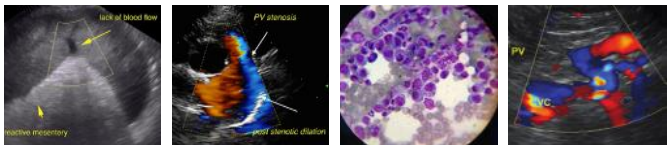
SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™



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

PATIENT
Mia Lee

SPECIES
Canine

BREED
Labrador Retriever

SEX
FS

AGE
6 yr

WEIGHT
37.4 kg

INTERPRETED BY
Eric Lindquist, DMV DABVP, Cert. IVUSS

IMAGING PERFORMED BY
Erin Wicks

HOSPITAL NAME
Shores Veterinary Emergency Center

REFERRING VET
Dr. Nelson

INVOICE
10672ag

DATE
05/26/2022

PRESENTING CLINICAL SIGNS

History: Presented at our hospital for a recheck after an enterotomy 5/22/22 where fabric was removed. Had AUS with us/Sonopath on 5/22 prior to sx. P had not been eating in the hospital, but was discharged 5/23/22 (Monday). O stated Tuesday she was syringe feeding baby food, and P ate chicken and potatoes Tuesday night into Wednesday. This AM, P had soft stool and hasn't eaten since. O stated P didn't really seem to know she was defecating. Since then, P has been lethargic and not interested in food or water. Previous Health Concerns: none reported Current Medications: cerenia ~9a, gabapentin ~6a, metronidazole ~6a, probiotic
Abnormal PE/Chem/CBC/UA Results: Temp: 104.3 Abdominal: tense with palpation Integument: severe bruising on ventral abdomen CBC: WBC 25.93; NEU# 24.68; LYM# 0.76; NEU% 95.2; LYM% 3.0; MONO% 1.4; EOS% 0.3; HGB 19.9; MCHC 38.3 Epoc: pCO2 19.3; HCO3-act 15.5; mTCO2 15.5; pH 7.513; Ca++ 1.10; AGapK 23; Lact 4.00; Glu 132

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 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 left kidney measured 6.44 cm in length. The right kidney measured 6.42 cm in length.

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.

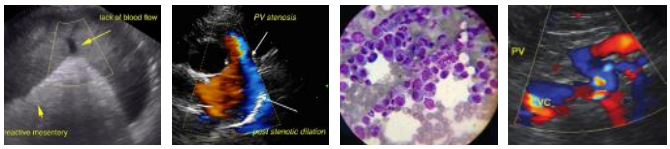
Spleen

The spleen was folded upon itself and floating in the abdominal free fluid. 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.

SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™



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

PATIENT

Mia Lee

SPECIES

Canine

BREED

Labrador Retriever

SEX

FS

AGE

6 yr

WEIGHT

37.4 kg

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY
Erin Wicks

HOSPITAL NAME

Shores Veterinary Emergency Center

REFERRING VET

Dr. Nelson

INVOICE

10672ag

DATE

05/26/2022

Gastrointestinal

Examination of the gastrointestinal tract revealed adhesions surrounding the intestinal tract. Visibility of much of the intestinal tract was not possible owing to the adhesions and lack of acoustic penetration from the peritonitis type presentation. Areas of spastic and irregular bowel noted. Ares of stasis noted in the small intestine, luminal transit was not present.

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

The mid abdomen revealed extensive hyperechoic irregular omentum with a 2.5 cm hypoechoic to anechoic undifferentiated structure consistent with necrosis or abscessation. Free fluid noted throughout the caudal abdomen with echogenic debris.

ULTRASONOGRAPHIC FINDINGS

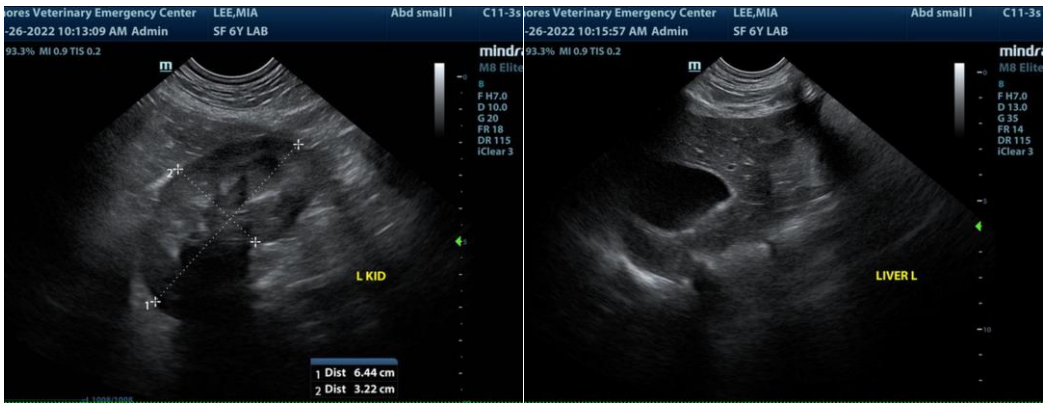
- Peritonitis/necrosis presentation with entrapped intestine-underlying GI disease suspected
- GI adhesions-suggestive of perforation or complication post-surgery.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

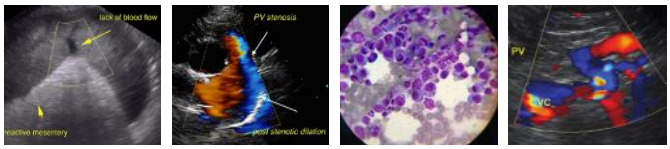
Plasma expanders, plasma transfusion, broad spectrum antibiotics and immediate exploratory surgery are indicated.

Exploratory surgery is warranted with liberation of adhesions, removal of any abscessation or necrosis, GI biopsies, as well as inspection for cause of peritonitis.

Underlying intrinsic intestinal pathology may be playing a role in this patient as to dehiscence or complications. GI biopsies are essential.



SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™



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

PATIENT

Mia Lee

SPECIES

Canine

BREED

Labrador Retriever

SEX

FS

AGE

6 yr

WEIGHT

37.4 kg

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY
Erin Wicks

HOSPITAL NAME

Shores Veterinary Emergency Center

REFERRING VET

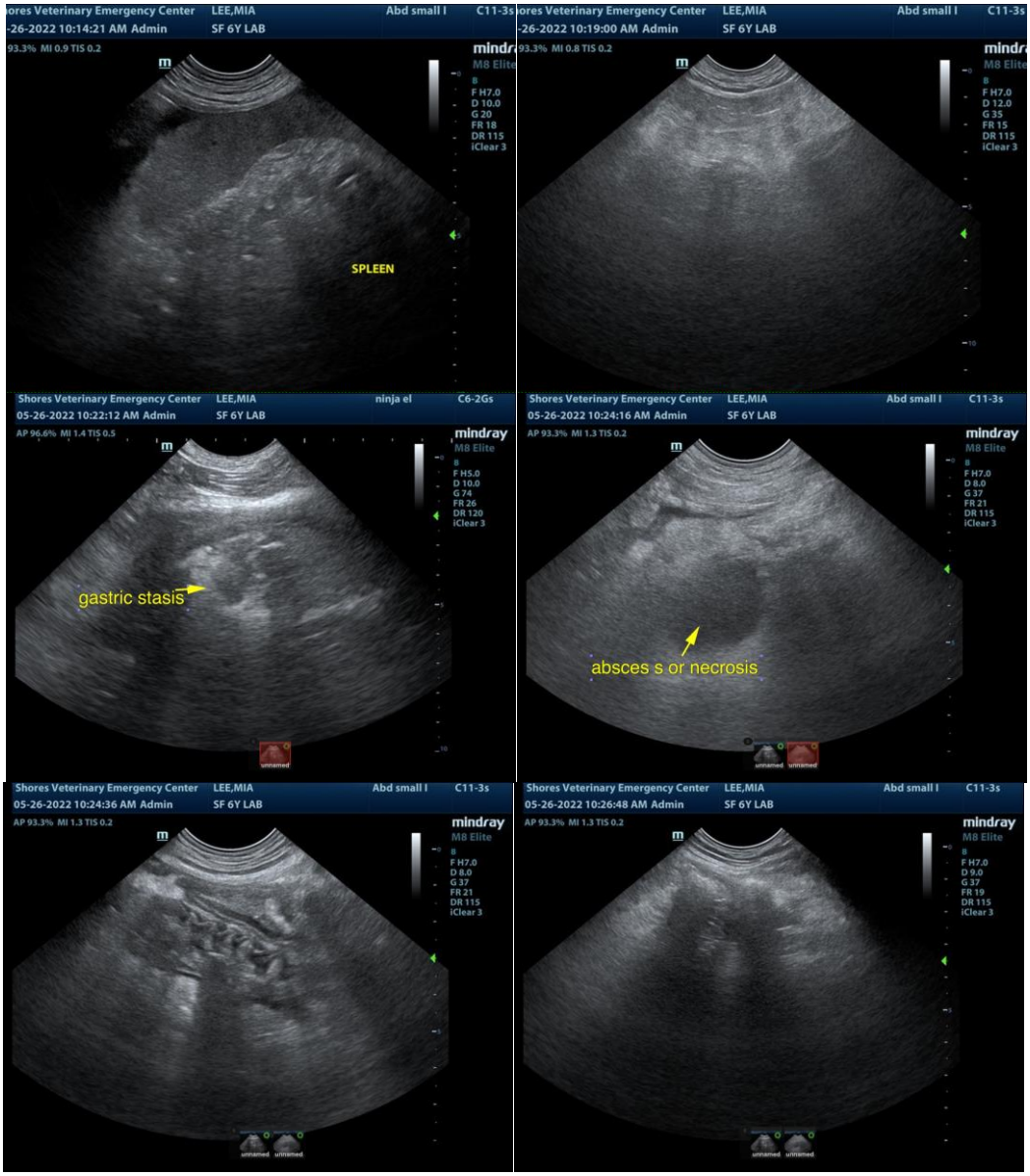
Dr. Nelson

INVOICE

10672ag

DATE

05/26/2022



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