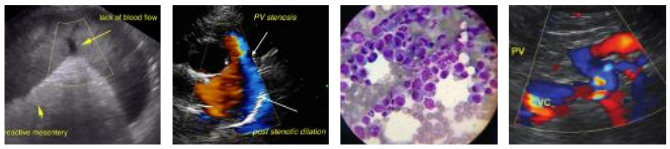
SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™



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

PATIENT

Kobe Layton

SPECIES

Canine

BREED

German Shepherd

SEX

Neutered Male

AGE

10 Years

WEIGHT

N/A

INTERPRETED BY

Eric Lindquist, DMV DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Shari Reffi, CVT

HOSPITAL NAME

Andover AH

REFERRING VET

Dr. Hummel/Dr. Vanderbogart

INVOICE

20215

DATE

12/20/22

PRESENTING CLINICAL SIGNS

History: Swallowed sock and vomited it up. O unsure if ate anything else-R/O Obstruction. Current meds: Prednisone, Apoquel

Abnormal PE/Chem/CBC/UA Results: n/a

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 3.0 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 5.43 cm. The left kidney measured 6.94 cm.

Adrenal Glands

The **left adrenal gland** was 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 1.69 cm x 0.29 cm at the cranial pole and 0.33 cm at the caudal pole.

The region of the **right adrenal gland** was unremarkable.

Spleen

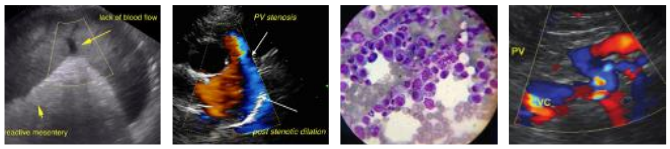
The **spleen** was largely smooth with subtle heterogeneous parenchymal changes while maintaining normal echogenic relationship to the liver and kidney. These changes are mild and consistent with normal age-related alteration. The capsule was smooth without noticeable impingement from within the spleen or from pathology in the adjacent abdomen. The splenic vasculature demonstrated normal volume without signs of congestion or significant contraction. No evidence of active acute or chronic inflammatory, neoplastic, or infarctual changes were noted.

Liver

The **liver** images from right and left intercostal as well as subcostal views revealed subjectively normal liver size, contour, and structure. Some mild age-related parenchymal remodeling was noted but likely not clinically significant at this time. Vascular and biliary tracts were of normal volume and no evidence of congestion was noted. An anechoic (1.0 cm) cyst was noted in the left lateral liver. The gallbladder presented some dependent debris with essentially normal contour. The cystic and common bile ducts were normal.

Gastrointestinal

The **gastrointestinal tract** revealed gastric stasis and variable intestinal thickening with reactive mesentery. Unhealthy bowel was noted in multiple portions of the small intestine with areas of stasis,



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followed by a large shadowing structure occupying the caudal abdomen, it could not completely ascertained whether this was colonic or small intestine, however, a stasis pattern, adhesions and unhealthy bowel were noted. In portions of small intestine, some linear material also appeared to be present.

Pancreas

The **pancreas** revealed mild heterogenous parenchymal changes with reactive mesentery.

ULTRASONOGRAPHIC FINDINGS

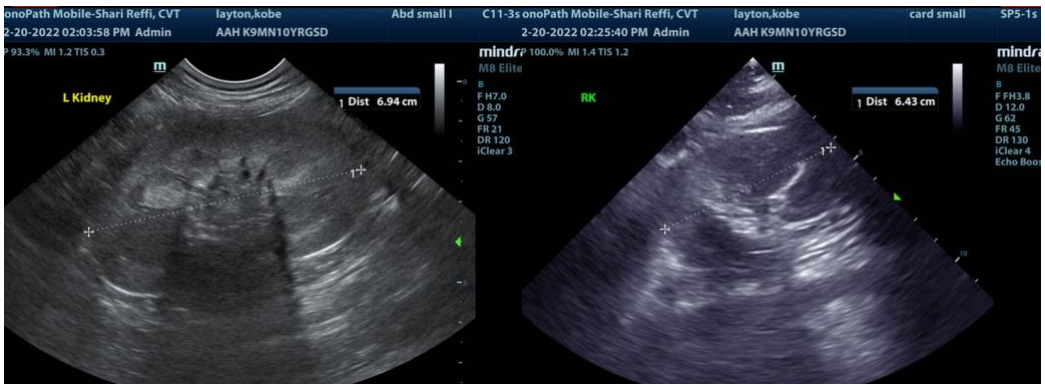
- Gastric stasis, variable intestinal thickening, unhealthy bowel and shadowing structure in the caudal abdomen
- Anechoic cyst in the left lateral liver
- Heterogenous pancreas
- Reactive mesentery
- Age-related splenic changes

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

I recommend immediate exploratory surgery with expectations towards gastroenterotomy and possible manual massage of the colon to evacuate foreign material. However, the bowel is unhealthy with reactive areas consistent with peritonitis. GI biopsies are essential. No obvious evidence of neoplasia, however, unhealthy bowel is an issue. Portions of intestinal resection may need to occur in this patient.

GI Foreign Body Research

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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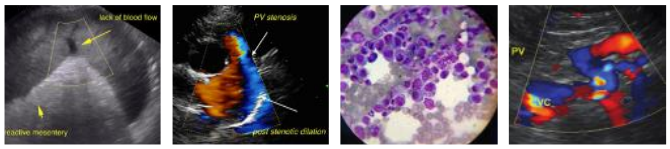

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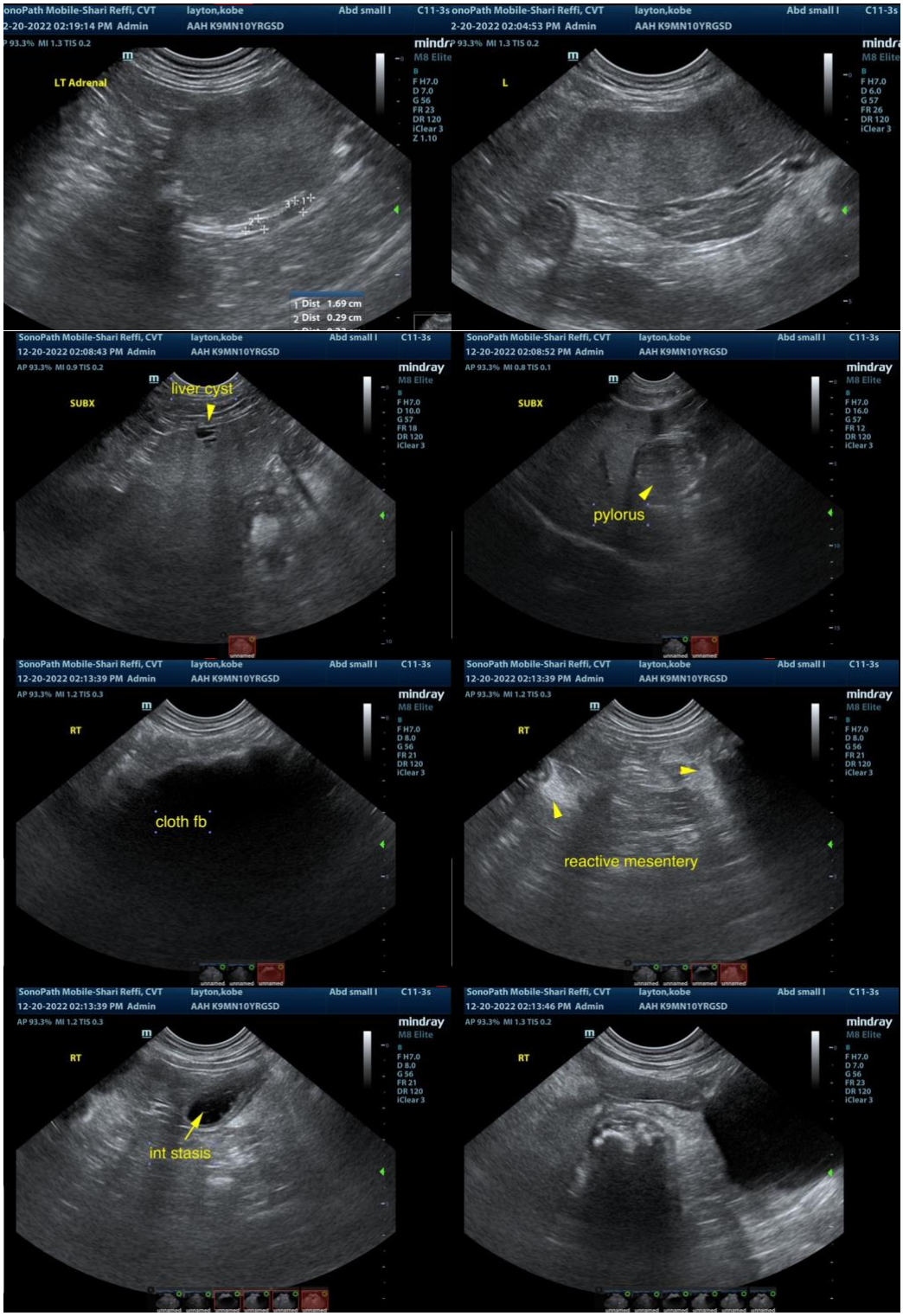

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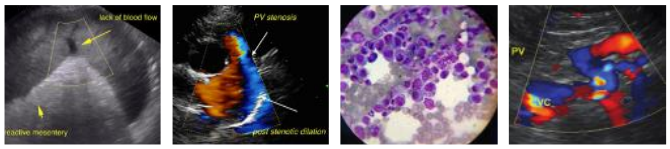

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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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
info@SonoPath.com