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Clinical Sonography & Telecytology
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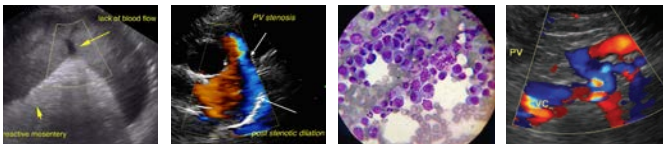


SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT
Milo Ford

SPECIES
Canine

BREED
French Bulldog

SEX
Neutered Male

AGE
3 Years

WEIGHT
32 Pounds

INTERPRETED BY
Kathleen Sennello DVM, MS, Diplomate ACVIM (Small Animal Internal Medicine)

IMAGING PERFORMED BY
Diane McFadden

HOSPITAL NAME
Newton Vet Hospital

REFERRING VET
Dr. Chin

INVOICE
33316

DATE
12/7/21

PRESENTING CLINICAL SIGNS

Regurgitation multiple times 3 days post op - gastrotomy and 3 duodenal enterotomies for string FB. mOn IVF, unasyn, reglan CRI, cerenia, buprenex
Abnormal PE/Chem/CBC/UA Results: CPL abnormal, K+3.0. Cl 98

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is moderately distended with anechoic urine. The Bladder wall, trigone, ureteral papillae and visible urethra (to a depth of 2cm) appear normal with no evidence of wall thickening, mucosal irregularities, masses or cystic calculi.

The prostate is normal in size (0.47 cm) and shape for this neutered male dog. The parenchyma is homogenous and the external margins are smooth. The prostatic urethra appears normal with no evidence of irregularity, invasion, mass effect or calculi.

The left kidney has a normal shape and size (5.42 cm). Overall echogenicity is normal with adequate corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of perinephric inflammation or effusion. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The right kidney has a normal shape and size (5.77 cm). Overall echogenicity is normal with adequate corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of perinephric inflammation or effusion. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is normal in size measuring XXcm at the caudal pole. It is observed in its normal position cranial to the left renal artery. It is normal in appearance (uniformly hypoechoic) and shape with no evidence of a mass effect.

The region of the right adrenal (between right cranial kidney and vena cava) is unremarkable, but the adrenal is not distinctly visualized. No evidence of a mass effect.

Spleen

The spleen is subjectively normal in size, echotexture is homogenous, and the splenic capsule is smooth with no irregularities. The blood flow through the hilus and splenic parenchyma appears normal. No focal parenchymal abnormalities are visualized.

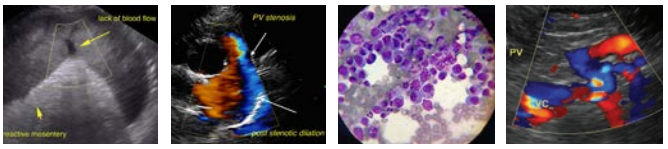
Liver

The liver is subjectively normal in size, and echogenicity with smooth peripheral margins. The parenchyma is homogenous echotexture. The visible portions of the vasculature and biliary tract appear normal. No focal nodules or cystic lesions are observed.

The gallbladder lumen is moderately distended. The wall of the gall bladder is not thickened and has a smooth mucosal surface. Luminal contents are primarily anechoic. The cystic and common bile ducts are normal/not visible.

Gastrointestinal

The stomach is severely dilated with fluid and a small amount of irregular shadowing material. It measures at a normal thickness of less than 0.7 cm with some variability. The distinction of the gastric



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wall layers is adequate and there is no impression of reduced peristaltic activity. No masses or focal lesions were observed.

The visualized areas of jejunum and ileum have a relatively uniform diameter with minimal fluid distension. The proximal duodenum appears moderately distended with fluid. Bowel walls appear subjectively mildly increased with some mild corrugation. Bowel loops generally followed a typical curvilinear path with distinct wall layering. No focal lesions consistent with an obstruction or mass effect are observed.

The ileocecal junction was visualized and exhibited normal intact wall layering and is subjectively of normal thickness. Sections of colon are visualized with formed fecal material and gas shadowing distally. There is no observed focal or generalized colon wall thickening or loss of layering.

Pancreas

The pancreas is normal and isoechoic to surrounding mesentery. There is no evidence of nodules or cystic lesions. There is no evidence of regional mesenteric inflammation or fluid.

Free Abdomen

There is a moderate amount of anechoic free fluid. No lymphadenomegaly. The omentum is generally of increased echogenicity.

ULTRASONOGRAPHIC FINDINGS

- Large fluid dilated stomach – most consistent with severe ileus, but an obstruction cannot be excluded.
- Free abdominal fluid with hyperechoic omentum – The diffusely hyperechoic mesentery and abdominal effusion are changes consistent with peritonitis (either infectious or inflammatory). Recommend fluid analysis and culture.
- Fluid dilated duodenum and somewhat thickened bowel – likely associated with the dilated stomach and ileus, but a partial obstruction cannot be excluded as a possibility.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

It can be common (particularly in French Bulldogs) to have a severe gastric ileus post-surgery. I often recommended placing a nasogastric tube, decompressing the stomach, and starting a Metoclopramide CRI along with treatment for esophagitis.

The more concerning finding is the free fluid and hyperechoic omentum. A small amount of free fluid and inflammation is normal post-surgery, but subjectively this seems like more than normal. It would be unlikely that you could visualize devitalized bowel or dehiscence on ultrasound. Recommend sampling of the free abdominal fluid to look for evidence of intracellular bacteria. If bacterial peritonitis is present, then recommend re-exploration to look for a source of the bacteria. Keep in mind that the use of antibiotics can often mask a septic peritonitis and make it difficult to identify cytologically. Correlate findings with the severity of intestinal damage/trauma at the time of surgery, and the health of the tissue, which was sutured.

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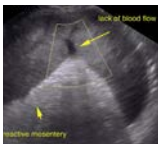
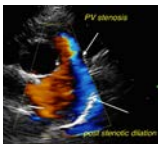
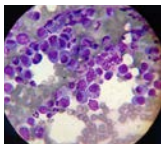
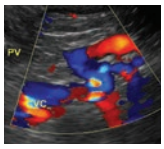

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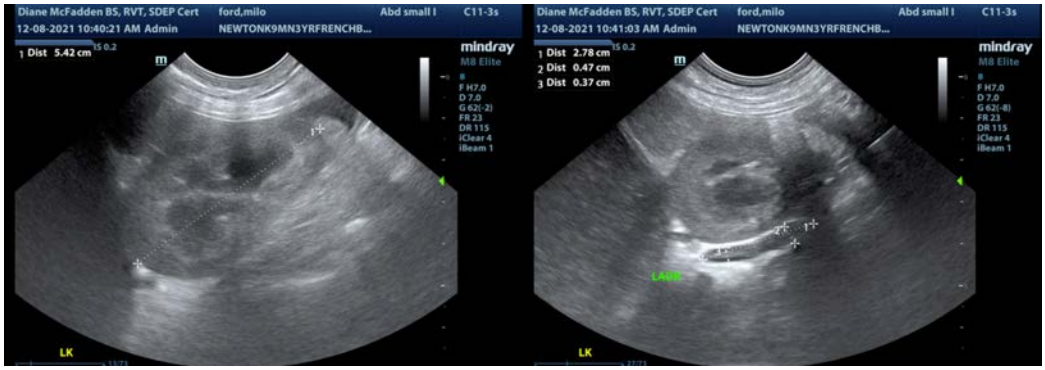

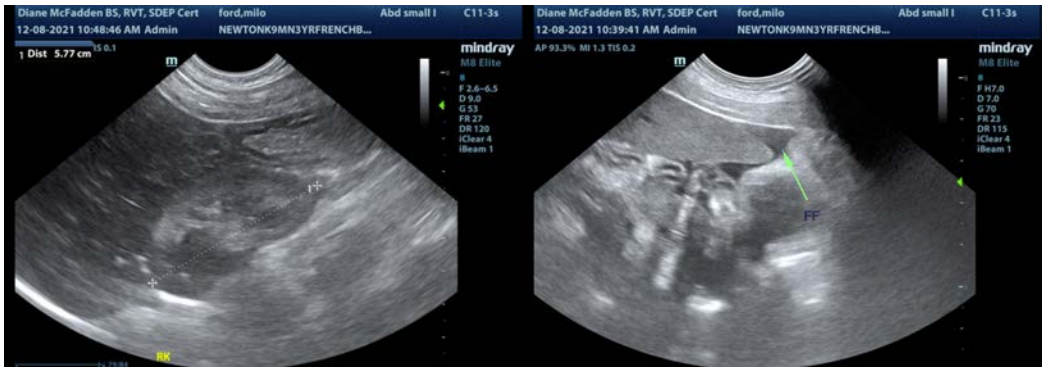

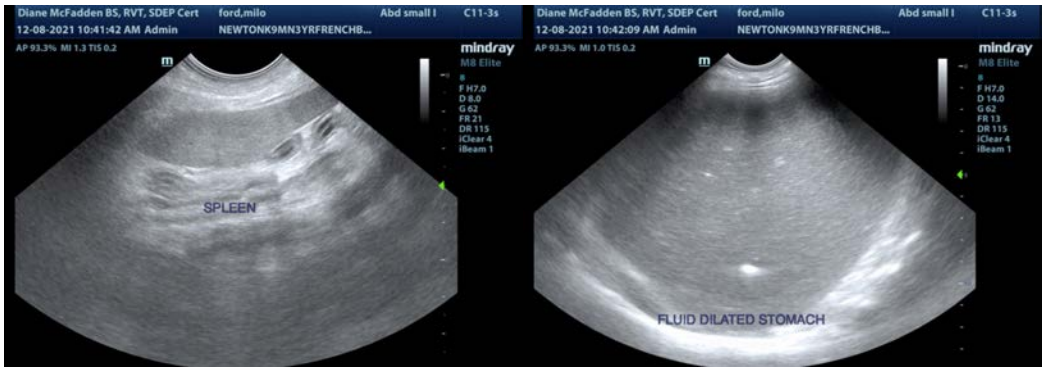

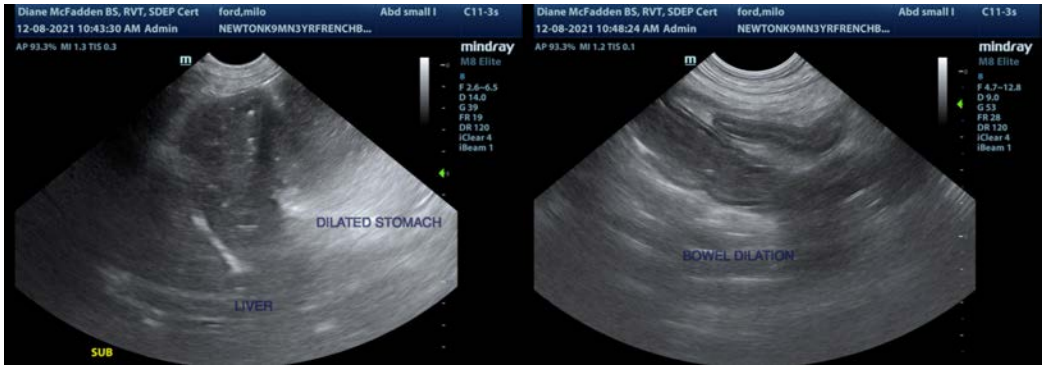

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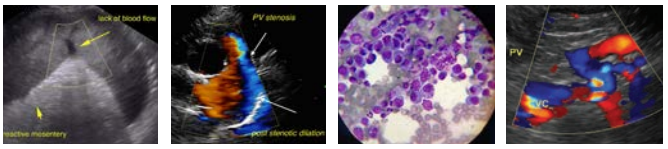

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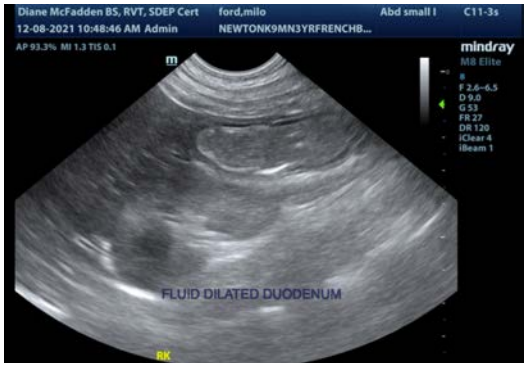

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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kathleen.sennello@sonopath.com