SonoPath
Clinical Sonography & Telecytology
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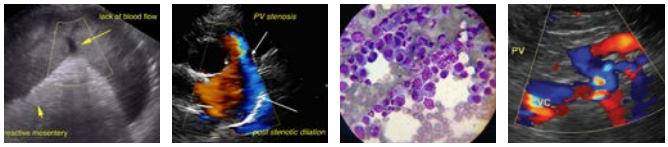


SonoPath.com™
1-800-838-4268 info@sonopath.com

PATIENT

Brie Annah Anthony

SPECIES

Canine

BREED

Doodle

SEX

Spayed Female

AGE

1.5 Years

WEIGHT

25.5 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Kelly REschny

HOSPITAL NAME

Hamilton Region Vet Emergency Clinic

REFERRING VET

Dr. Gregg

INVOICE

47051

DATE

5/3/23

PRESENTING CLINICAL SIGNS

3 days history of vomiting and anorexia, 2 week history of GI signs (v/d) quiet, mild dehydration, comfortable abd meds: famotidine.

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 left kidney has a normal shape and size (6.34 cm). Overall echogenicity is normal with adequate corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of focal 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 (5.03 cm). Overall echogenicity is normal with adequate corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of focal 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 0.73 cm 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 right adrenal gland is normal in size measuring 0.51 cm at the caudal pole. It is observed in its normal position between the cranial aspect of the right kidney and the caudal vena cava. It is normal in appearance (uniformly hypoechoic) and shape with no evidence of a mass effect.

Spleen

The spleen is subjectively normal in size. The spleen echotexture is heterogenous and mildly mottled, 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.

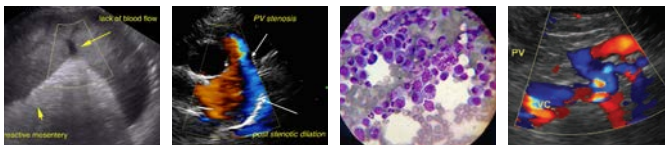
Liver

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 mild and primarily anechoic. The cystic and common bile ducts are normal/not visible.

Gastrointestinal

The stomach contains moderate fluid. It measures at a normal thickness of <0.7cm with some variability due to the presence of rugal folds. The distinction of the gastric wall layers is adequate and there is no impression of reduced peristaltic activity. No masses or focal lesions were observed.



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The small intestine is diffusely dilated distally. The duodenum is visualized and appears mildly fluid dilated at 0.46 cm. Distally the bowel gets progressively more dilated and measures at 0.25 cm. Wall layering appears intact, and in some regions the bowel appears to take some sharp turns, disrupting the normal curvilinear patterns. There is a large areas of shadowing bowel cranial to the urinary bladder that is highly concerning for a possible obstructive foreign body.

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

Evaluation of the peritoneal cavity did not reveal any evidence of effusion. No lymphadenopathy. The mesentery is diffusely hyperechoic.

ULTRASONOGRAPHIC FINDINGS

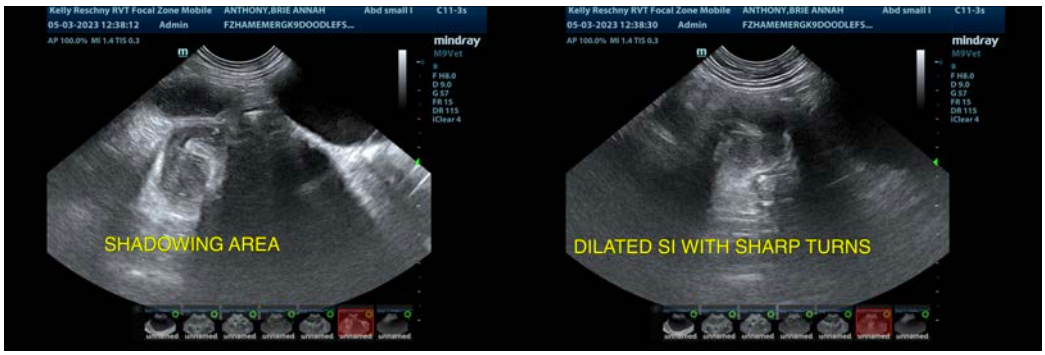
- Mildly mottled spleen – The diffuse splenic changes are non-specific and could be consistent with lymphoid hyperplasia, extramedullary hematopoiesis, infiltrative neoplasia, inflammation, other. Cytology or histopathology would be necessary to get a definitive diagnosis.

- Diffusely dilated small bowel with some shadowing intraluminal material – Findings are concerning for an obstructive pattern and a small intestinal foreign body.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There is diffuse severe small intestinal dilation with fluid, and in the caudal abdomen there is some focal shadowing within the bowel. Visualization is somewhat obscured by the shadowing material, but the appearance of the bowel and the disruption of the curvilinear patterns in addition to the shadowing material are concerning for a possible obstructive foreign body.

Based on these findings I would reccomend further surgical evaluation with biopsies obtained at surgery if there has been any history of chronic GI disease, or if an obstructive foreign body is not identified. If surgery is not an option you could consider rehydration, abdominal radiographs and serial imaging (radiographs +/- ultrasound) for 12-24 hours. If this patient does not improve significantly (clinically and on imaging) surgery should be considered..



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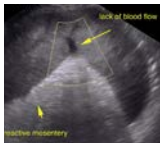
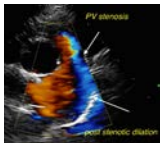
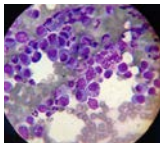
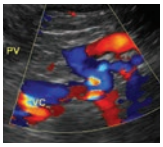

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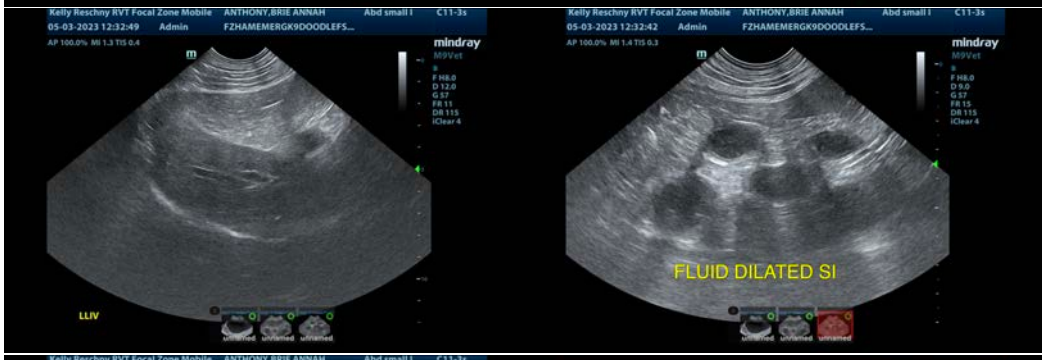

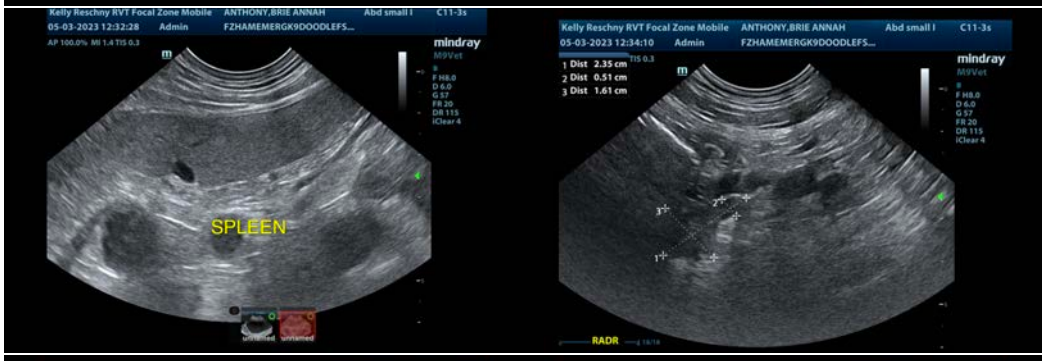

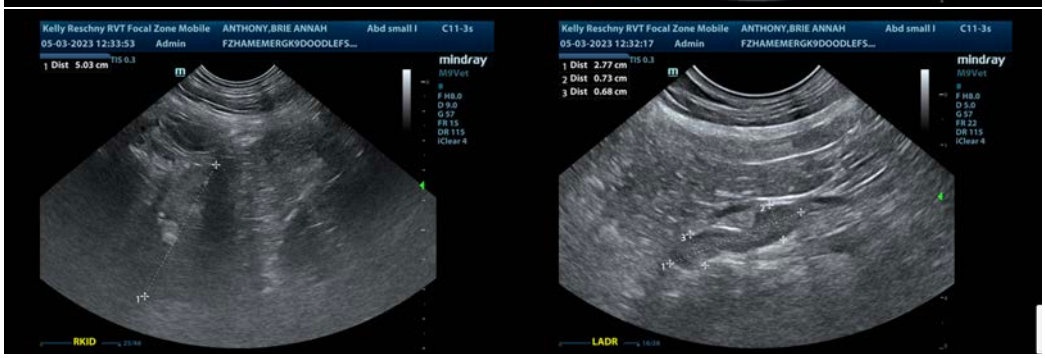

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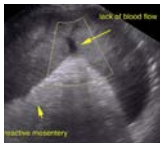
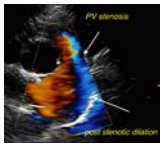
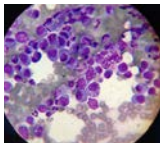
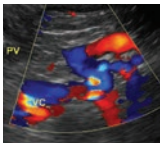

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Kathleen Sennello DVM,MS, Diplomate ACVIM (Small animal Internal Medicine)

kathleen.sennello@sonopath.com