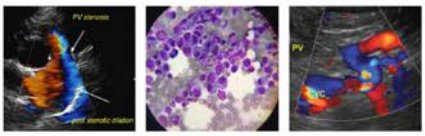
IMAGING PERFORMED BY
SVS Mobile Imaging CT 262-366-5970
fredgromalak@gmail.com

SVS IMAGING



SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™
1-800-838-4268 info@sonopath.com SonoPath.com

PATIENT
Bailey Groh 271788

SPECIES
Canine

BREED
Mixed

SEX
Spayed Female

AGE
6 Years 10 Months

WEIGHT
53 Pounds

INTERPRETED BY
Lisa Carioto, DVM, DVSc, Diplomate ACVIM

IMAGING PERFORMED BY
Tom McNeill

HOSPITAL NAME
SVS Imaging CT

REFERRING VET
WVRC – Dr. Bianco

INVOICE
38621

DATE
6/10/22

PRESENTING CLINICAL SIGNS

~12-24 hour post-op gastrotomy, chronic gastric to duodenal FB. Hypovolemia and AIVR pre-op, received Reglan. Post-op persistent AIVR, hypovolemia, and severe abdominal pain. R/o pancreatitis, decreased GIT blood flow
Abnormal PE/Chem/CBC/UA Results: Labwork relatively stable, mild progressive azotemia

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder** is well distended with anechoic contents. The wall is smooth and regular. A small amount of free floating sediment is present, however, there is no evidence of cystoliths, polyps or a mass.

Kidneys: Not visualized (marked inflammatory response of the omentum in the cranial abdomen following surgery).

Adrenal Glands: Not visualized

***Spleen*:** Not visualized

Liver and Gallbladder

Liver: Not visualized

Gallbladder: One image of the gallbladder is available. No abnormalities are observed.

Gastrointestinal

Images of the stomach were limited to the body and pylorus from a right subcostal and intercostal window. A small amount of fluid and gas was noted without gastric motility appreciated, as per the sonographer.

The gastric wall is mildly thickened (0.63 cm). A small amount of fluid and gas are present in the lumen of the stomach. Gastric motility is not observed during the cineloops provided, i.e. an ileus is present. Acoustic enhancement of the pylorus and the surrounding mesentery is moderate to severe, and is consistent with post-operative inflammation. A small amount of anechoic effusion is also observed in the surrounding region.

The duodenum is moderately to severely corrugated. A small amount of fluid is present within the lumen of the duodenum. The omentum surrounding the duodenum is markedly hyperechoic and strongly suggestive of active inflammation. An ileus is present based on the ineffective peristalsis ("to and fro" motion).

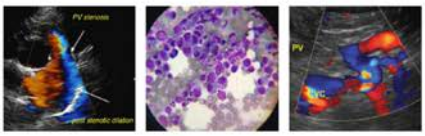
No abnormalities are observed with the thickness or definition of the wall layers of the jejunum, there are no signs of dilated loops of bowel, i.e. an obstruction are not apparent.

The colonic wall is mildly thickened (0.24 cm). Although mural detail is considered normal, the mucosa and muscularis layers are prominent to thicker than normal and fogging of the mucosa is observed. Gas is present in the colon.

Pancreas

The **right limb** is enlarged, diffusely hypoechoic and has irregular contours. The mesentery in the cranial right quadrant is hyperechoic, but seems more severe surrounding the pancreas and duodenum. There are no signs of neoplasia.

IMAGING PERFORMED BY
SVS Mobile Imaging CT 262-366-5970
fredgromalak@gmail.com



SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™
1-800-838-4268 info@sonopath.com SonoPath.com

PATIENT

Bailey Groh 271788

SPECIES

Canine

BREED

Mixed

SEX

Spayed Female

AGE

6 Years 10 Months

WEIGHT

53 Pounds

INTERPRETED BY

Lisa Carioto, DVM, DVSc, Diplomate ACVIM

IMAGING PERFORMED BY

Tom McNeill

HOSPITAL NAME

SVS Imaging CT

REFERRING VET

WVRC – Dr. Bianco

INVOICE

38621

DATE

6/10/22

Other

Mesentery

Severely hyperechoic surrounding the stomach, duodenum and right limb of the pancreas.

Lymph nodes

A proper evaluation is not possible due to the free gas in the abdomen.

Abdominal effusion

A small amount of anechoic effusion is observed throughout the abdomen. Free floating echogenic material is noted in the effusion visualized in the caudal abdomen (cranio-ventral to the urinary bladder). A small amount of effusion is not considered abnormal post-operatively. Free floating echogenic material may be due to inflammation, however, septic peritonitis must be excluded.

Free gas is also observed in the abdomen, which is not unexpected less than 24 hours post-operatively.

ULTRASONOGRAPHIC FINDINGS

- **Pancreas**: Very high index of suspicion of *active pancreatitis*.
- **Gastrointestinal**: *Severe ileus* of the stomach. *Corrugation of the duodenum* may be due to post operative ileus, as well pancreatitis. The ileus is likely a result of surgery, general anesthesia, as well as pancreatitis. There are no signs of an obstruction.
- **Free fluid**, with a small amount of free floating echogenic material in the effusion located in the caudal abdomen (cranio-ventral to the urinary bladder). The amount of fluid is not considered excessive post-operatively. *Free floating echogenic material* is most likely due to post-operative inflammation, and possibly pancreatitis, however, septic peritonitis must be excluded.
- The amount of **free gas** in the abdomen is not unexpected less than 24 hours post-operatively.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Abdominocentesis of the free fluid is strongly recommended. A cytospin of the fluid may be performed in house to ensure intracellular bacteria and toxic neutrophils are not evident.

Monitor "ins and outs", including Bailey's weight to ensure she is remaining well hydrated

Ensure serum potassium and magnesium concentrations are within the normal reference ranges, as hypokalemia and hypomagnesemia can contribute to ileus.

Avoid metoclopramide, if possible.

Once peritonitis has been excluded, trickle feeding is recommended to reinstate gut motility.

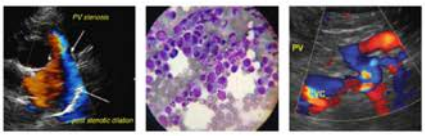
Analgesia, including CRIs of ketamine and lidocaine may help decrease high doses of opioids, which can contribute to ileus

If pain is well controlled, small walks (like a colicky horse) helps stimulate gut motility.

Measure abdominal circumference to ensure effusion is not accumulating.

Re-exploration may be required to exclude dehiscence ***if*** cytology is suspicious of septic peritonitis.

IMAGING PERFORMED BY
SVS Mobile Imaging CT 262 - 366 - 5970
fredgromalak@gmail.com



SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™
1-800-838-4268 info@sonopath.com SonoPath.com

PATIENT

Bailey Groh 271788

SPECIES

Canine

BREED

Mixed

SEX

Spayed Female

AGE

6 Years 10 Months

WEIGHT

53 Pounds

INTERPRETED BY

Lisa Carioto, DVM, DVSc, Diplomate ACVIM

IMAGING PERFORMED BY

Tom McNeill

HOSPITAL NAME

SVS Imaging CT

REFERRING VET

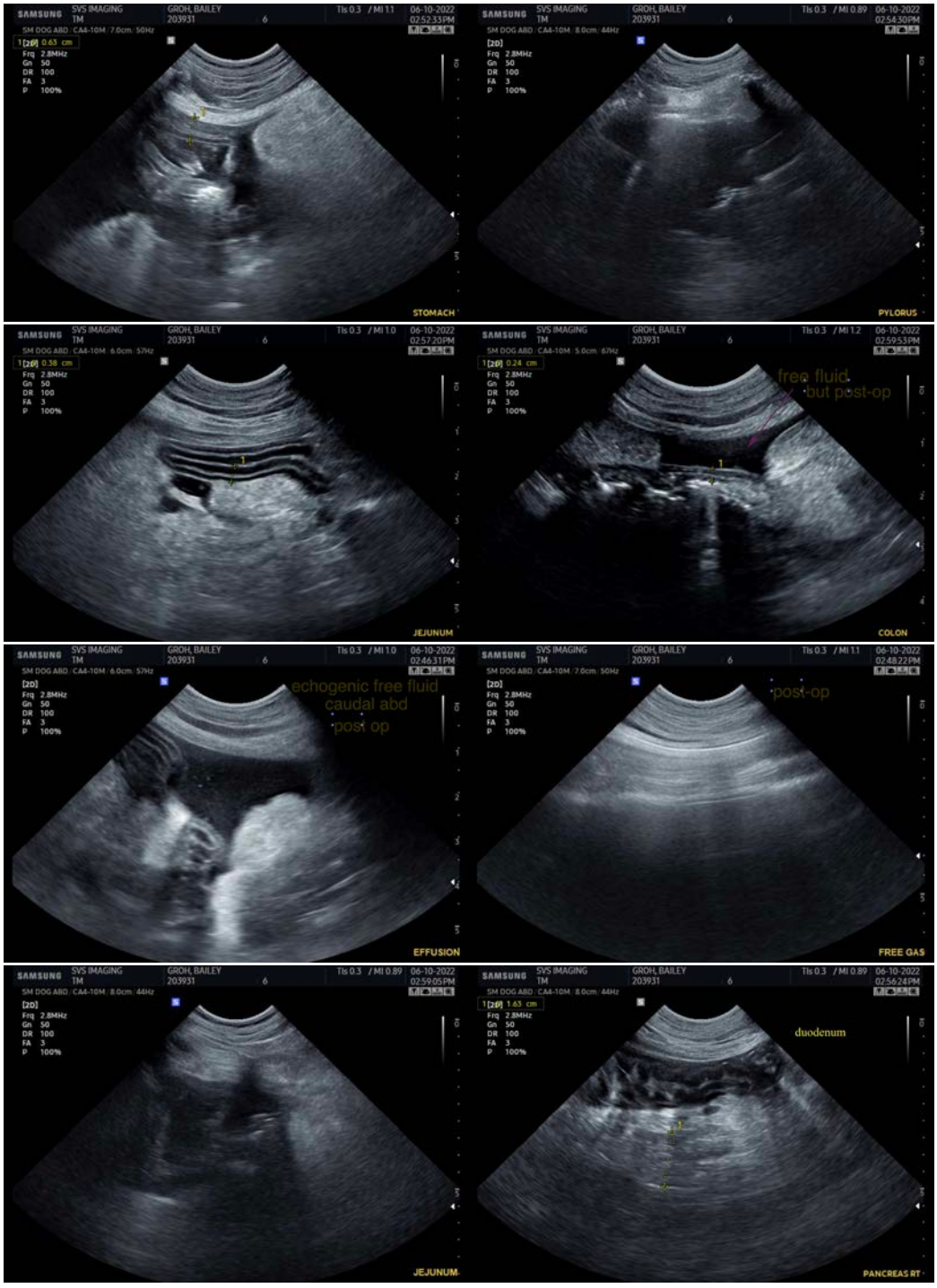
WVRC – Dr. Bianco

INVOICE

38621

DATE

6/10/22



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.

Lisa Carioto, DVM, DVSc, Diplomate ACVIM Lisa.Carioto@sonopath.com