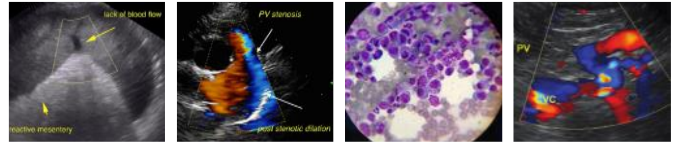

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1-800-838-4268 info@sonopath.com

PATIENT

Sofie Magnotta

SPECIES

Canine

BREED

Lab

SEX

FS

AGE

6 yrs

WEIGHT

71.8 lbs.

INTERPRETED BY

R. McKenzie Daniel, DVM, DABVP (Canine and Feline)

IMAGING PERFORMED BY

Dr. Rodriguez

HOSPITAL NAME

Foxfield VS

REFERRING VET

Dr. Rodriguez

INVOICE

15848

DATE

1/18/22

PRESENTING CLINICAL SIGNS

Hyporexia. Diarrhea since friday. Vomited yesterday. Possible ingestion of a piece of glass

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder presented uniformly thickened urinary bladder wall isoechoic to the adjacent normal urinary bladder wall. The luminal margin of the thickened urinary bladder wall was mildly asymmetrical in contour. Apical urinary bladder wall thickness measured 0.79 cm. Mineralization or echogenic foci within the thickened areas of urinary bladder wall were not present. The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra exhibited normal tone to a depth of 3.0 cm. Anechoic urine was present in the lumen with no sediment or calculi. The ureteral papillae were normal. The ureters were not visible which is normal. No urinary bladder tumors were noted.

The area of the aortic trifurcation was free of pathology.

Normal size and margination were present in the kidneys. A normal 1:3 cortex / medulla ratio and normal corticomedullary definition were maintained. The echogenicity of the cortex was similar to or slightly less than normal liver parenchyma while the medulla echogenicity was hypoechoic to the cortex with no evidence of pelvic dilation. The left kidney measured 5.5 cm in length. The right kidney measured 6.1 cm in length.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 2.5 cm length x 0.63 cm width at the caudal pole. The right adrenal gland measured 2.4 cm length x 0.56 cm width at the caudal pole.

Spleen

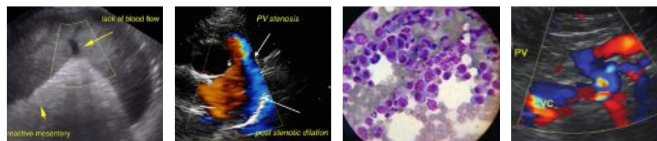
The spleen exhibited a finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. The capsule was smooth and regular without apparent expansion. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis. Acute to chronic inflammatory, neoplastic, or benign parenchyma changes were not noted.

Liver/ Gallbladder

The liver was subjectively normal in size, structure, and contour. The liver parenchyma was uniform and hypoechoic to the spleen with a mild coarse echotexture. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.

Gastrointestinal

The stomach presented intact mildly prominent wall layering with subjective mild prominent rugal folds. Nonspecific mildly hyperechoic areas in the gastric muscularis layer are noted. The stomach contained



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a mild amount of shadowing ingesta pre-emesis but was empty post-emesis without evidence of overt retained ingesta, fluid, or evidence of gastric foreign material.

The small intestine presented intact sonographically unremarkable wall layering exhibiting a maintained 1:3 muscularis/mucosa ratio with no evidence of intestinal obstructive pattern to the level of the ileum. Possible mild distal small intestinal ileus pattern is noted.

The colon exhibited sonographically unremarkable wall layering. The colon contained generalized non-formed to liquid, variably echogenic fecal matter.

Pancreas

The pancreas was normal in size and contour with isoechoic to heterogeneous parenchyma compared to adjacent omentum. No signs of active inflammation or neoplasia.

Free Abdomen

Focal to intermittent mesenteric lymph nodes were present. The lymph nodes were essentially isoechoic to adjacent omentum without evidence of peripheral inflammation and maintaining a normal width: length ratio (<0.5). An example of a mesenteric lymph node measured 2.7 cm x 0.7 cm. The lymph nodes are not consistent with inflammatory or neoplastic criteria.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Acute to subacute gastroenterocolitis pattern - possible inflammatory bowel episode or potential typhlitis
- Focal to intermittent benign / reactive mesenteric lymph nodes
- Mild heterogeneous pancreas

Secondary Findings

- Subjective mild cystitis pattern

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No overt evidence of a gastrointestinal mechanical obstructive pattern or overt foreign material. No indication for immediate surgical intervention, given this presentation. Suspect acute to subacute gastroenterocolic inflammatory criteria potentially secondary to dietary indiscretion. Enterotoxic insult, infectious disease, occult parasitism, and less likely occult Addison's Disease are possible.

Empirical therapy for gastroenterocolitis / Typhlitis is recommended. Spec cPL could be considered to assess for possible low-grade pancreatitis as a contributing factor. Urine C/S may be considered if clinical signs suggestive of UTI are present.

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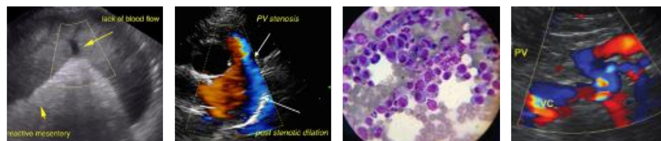

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SI / ileum

RK

Duo

Panc

Colon w/ nonformed feces

Stom pre emesis

Ingesta

Stom post emesis

RAD

1 Dist 2.35 cm
2 Dist 0.56 cm

Mes LN

1 Dist 2.75 cm
2 Dist 0.77 cm

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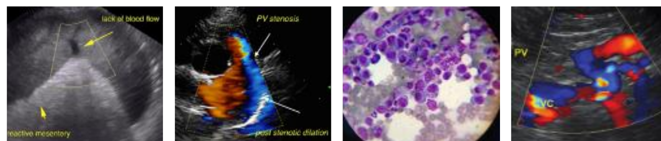

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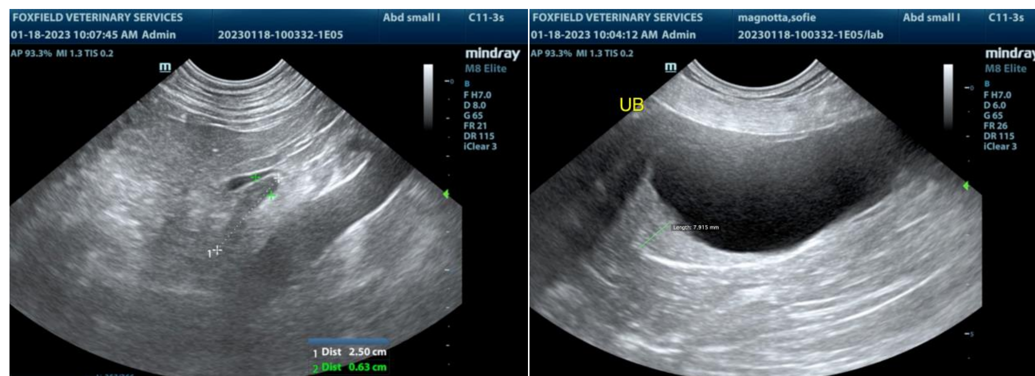

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

R. McKenzie Daniel, DVM, DABVP (Canine / Feline Practice)
info@SonoPath.com