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Clinical Sonography & Telecytology
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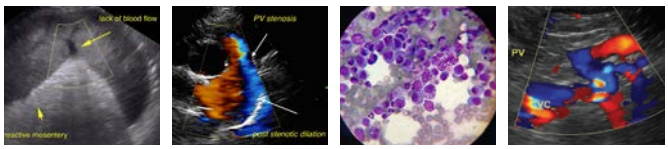

SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT
Rusty Genaro

SPECIES
Canine

BREED
Doberman Pinscher

SEX
Neutered Male

AGE
6 Years 6 Months

WEIGHT
63.8 Pounds

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

IMAGING PERFORMED BY
Amanda Lacey-Crook SDEP Certified Clinical Sonographer

HOSPITAL NAME
Rivers Edge PMC

REFERRING VET
Dr. Cora Hollomon

INVOICE
33974

DATE
1/5/22

PRESENTING CLINICAL SIGNS

Chronic history of anorexia starting in early december. O reports pt is dropping food out of his mouth, not swallowing well, and has stopped barking. records from rDVM dated 12/9 state that pt had not been eating well since 11/30 after tear his bed apart and O was worried that pt may have swallowed some of the cushioning, pt was "not acting sick" but was losing weight. had a couple instances of v/d over the month but O says this was likely from trying different foods to get him to eat. was being managed at rDVM, blood work showed pancreatitis on 12/9, pt started on SQF, gabapentin, tramadol, rimadyl, EN diet. x-rays were taken on 12/23 and rDVM states that no obvious mass was seen but liver appears enlarged, concerned about possible mass at common bile duct. pt was treated with cerenia, SQF, B12, metronidazole - O had a hard time getting pt to take the meds because of his mouth issue that O reported. rDVM suggested AUS on 12/23 but pt has not rechecked since then. pt has lost about >10 lbs over the course of this disease process. Current Medications: none, O has not been able to give anything PO recently
Abnormal PE/Chem/CBC/UA Results: Labwork: blood work performed 12/23/21 by rdvm demonstrated elevated lipase (975) and cpli abnormal/elevated Radiographs: chest and upper airway x-rays taken 1/04 - dehydration, concern for microcardia secondary to severe dehydration and loss of BCS. Repeat abdominal x-rays taken today after AUS scan - gastric dilation. large amount of what appears to be fecal material vs foreign material in colon, distal colon is very dilated. areas of segmental dilation in SI. possible round structure in mid-abdomen on lateral view, unable to determine if round structure or artifactual change from position of intestinal portions. loss of serosal detail. x-rays concerning for obstructive pattern, possible mass? (see attached films from today and from rDVM) ECG reports APC and potential structure heart disease (see attached)

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of – cm exhibited normal thickness and tone. Anechoic urine was present in the lumen with no uroliths or sediment. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes were noted.

No overt pathology associated with the residual prostate.

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 7.4 cm. The right kidney measured 7.5 cm.

Adrenal Glands

The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 1.98 cm in length x 0.51 cm at the caudal pole. No overt pathology associated with the left adrenal gland.

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.

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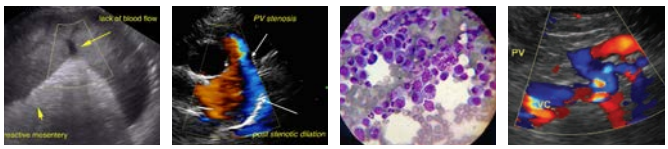

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Liver

The liver was normal in size. The hepatic parenchyma exhibited mild uniform hypoechoic parenchyma and a mild coarse echotexture. Increased portal vein prominence was evident. The capsule of the liver was normal in margination. Distinct masses or nodules were not evident. The hepatic and portal vasculature were normal in appearance. The gallbladder was non-distended in size with primarily anechoic luminal content. The cystic and common bile ducts were normal.

Gastrointestinal

The stomach exhibited moderate to marked distention with retained, primarily anechoic fluid extending into the gastric antrum and pylorus. Overt evidence of gastric foreign material or mechanical pyloric outflow obstruction was not present.

Fluid dilation continued through the generalized duodenum without overt evidence of peristaltic activity. Strongly shadowing, segmental intestinal echo present in multiple views throughout the mid abdomen. The echo measured approximately 3.0 cm in diameter. Concurrent empty small intestine likely distal to the strongly shadowing intestinal echo noted, consistent with probable mid to caudal jejunum and extending to the ileum. The intestine exhibited intact wall layering and primarily maintained 1:3 muscularis/mucosa ratio. Regional peri intestinal reactive mesentery and small pockets of scant free fluid were present. No evidence of significant lymphadenopathy.

Normal visible colon wall layers were present with apparent formed feces in lumen.

Pancreas

The parenchyma of the left limb, body and right limb of the pancreas presented isoechoic to the adjacent omental fat. A normal curvilinear capsule contour of the pancreas was present. The visible pancreatic duct was normal. No signs of active inflammation or neoplastic disease was evident.

ULTRASONOGRAPHIC FINDINGS

- Moderate to marked gastric distention with retained fluid
- Segmental, strongly shadowing intestinal echo with associated proximal obstructive pattern
- Mild peri intestinal reactive mesentery and scant free fluid
- Mild hypoechoic liver – subjectively benign, suspect mild reactive hepatopathy

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Strongly shadowing echo noted in the intestinal tract, consistent with foreign material with secondary proximal obstructive pattern and with empty small intestine in distal jejunal location appears to be present, although the extent of jejunal involvement cannot be definitively estimated. Suspect mild secondary reactive to potential mild inflammatory omental changes around the intestine with associated scant free fluid. Emerging peritonitis is possible.

Given these findings, and assuming the patient is stable for anesthesia, exploratory laparotomy with expectation toward enterotomy to potential multiple enterotomies based on gross inspection of the intestinal tract is recommended. Gross inspection of the remainder of the intestinal tract +/- intestinal biopsies to assess for underling cause of potential PICA could be considered.

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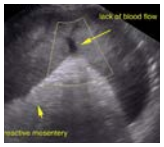
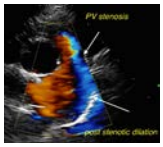
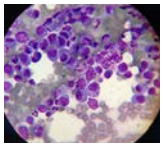
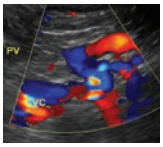

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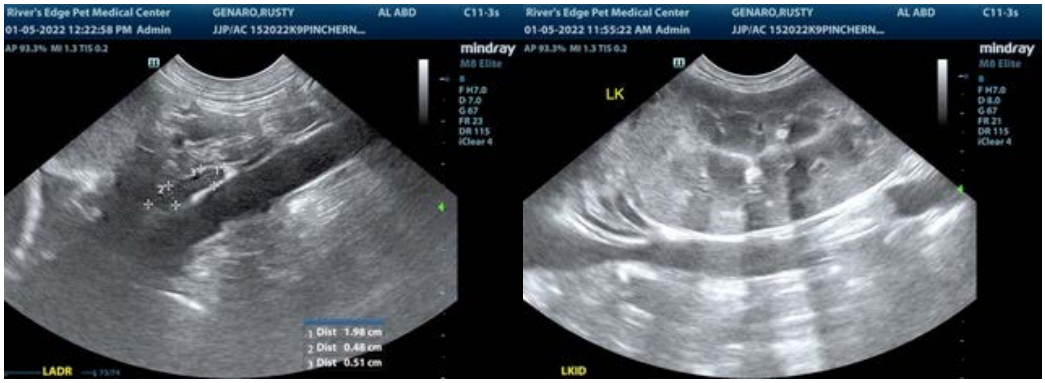

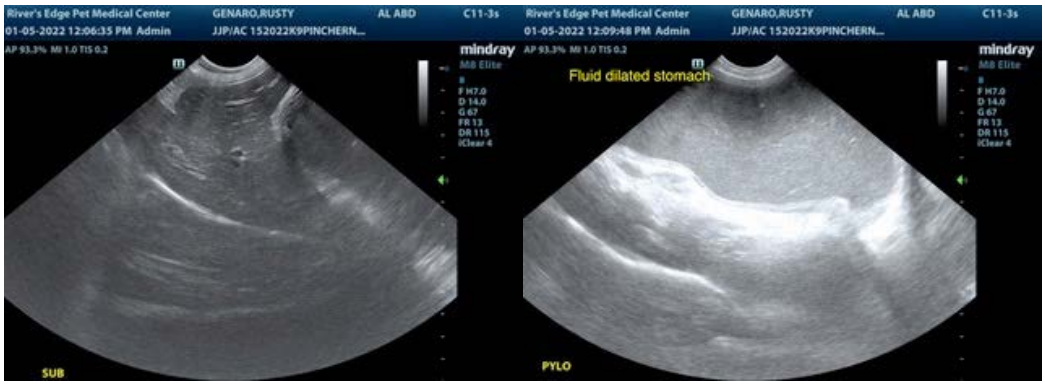

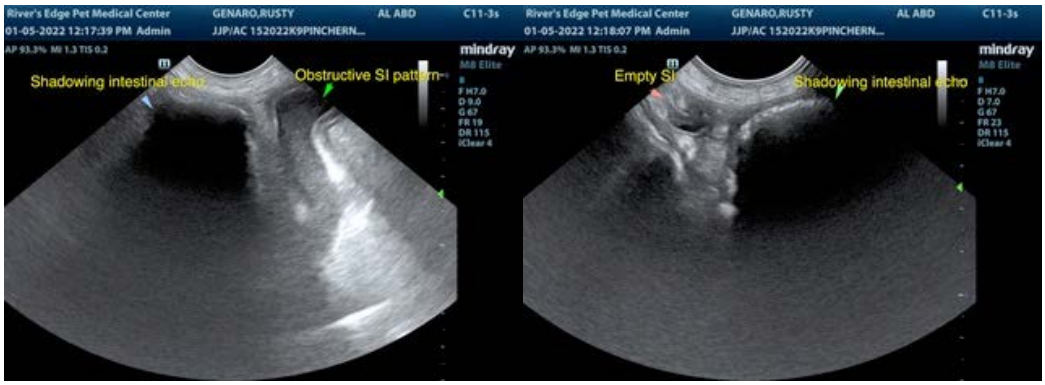

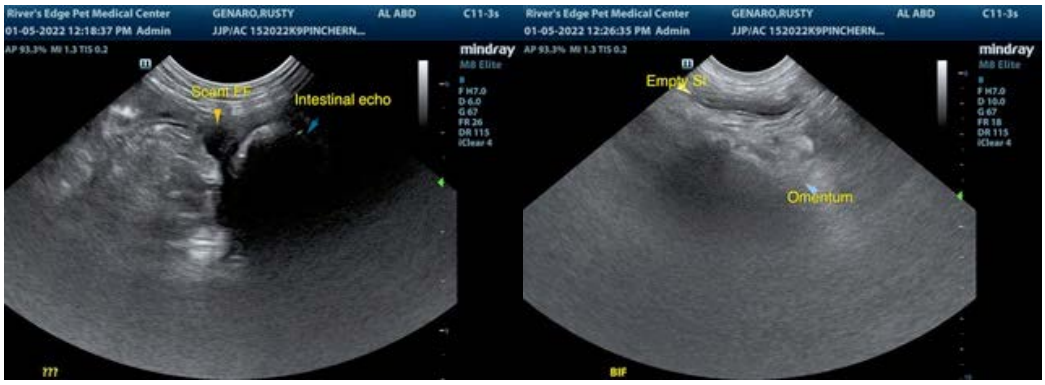

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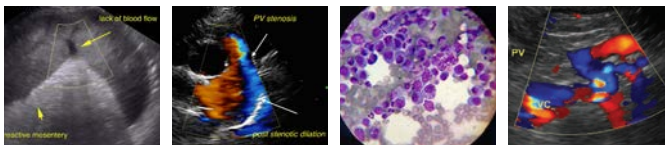

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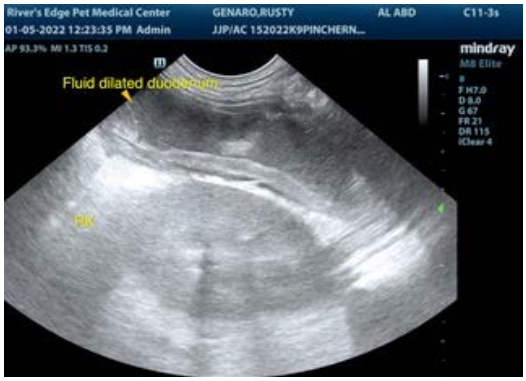

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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