



PATIENT

Tikka Enderle

SPECIES

Canine

BREED

Chesapeake Bay
Retriever

SEX

Spayed Female

AGE

1 Year 2 Months

WEIGHT

57 Pounds

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

Dr. Jessie Evoniuk

HOSPITAL NAME

State Avenue VC

REFERRING VET

Dr. Jessie Evoniuk

INVOICE

20366

DATE

1/5/23

PRESENTING CLINICAL SIGNS

History: Presented Monday afternoon with mild suspected prerenal azotemia and FB suspect. Started IV fluids, supportive care but no movement. R and A and gastrotomy Tuesday AM. Remains dull with increase abdominal fluid since scan yesterday. Persistent and progressive azotemia, hyperphosphatemia. SDMA more elevated. RO AKI. Hypoalbuminemia. Persistent mild mucohemorrhagic nasal discharge since yesterday. Normal PLT. Normal WBC. NG tube CRI since yesterday

Abnormal PE/Chem/CBC/UA Results: UA today ketones 15, Glc negative. SpG 1.022. Blood 250. Trace protein, Bil 1, Urobil1, no bacteria detected. Urine culture recommended. Started Ampicillin IV now. HCT today is 46.08, 1/4- 54, presentation 63 Current Creat 3.5, BUN 70, Phosp 8.7, Alb 1.7, ALP 157, ALT 104, TP 4.2 1/4 Creat 2.8, BUN 43, Phosp 9.7 Alb 1.8, ALT 136, TP 4, Glob 2.2 Presentation Creat 1.6, BUN 37, Amy 1200, Phosp 7.6, Glc 134

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder was mildly distended in size with normal tone. Anechoic urine was present in the lumen. Mild hyperechoic dependent to nondependent sediment was present, which may indicate cellular debris/protein, crystalline debris, mucus or possible mild mineral. The urethra was normal to a depth of 4.0 cm. The ureteral papillae were normal. The ureters were not visible which is normal.

No overt medial iliac or sublumbar lymphadenopathy.

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 pyelectasia. The left kidney measured 7.0 cm in length. The right kidney measured 7.8 cm in length.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.80 cm width at the caudal pole and 0.69 cm width at the cranial pole.

The right adrenal gland was not definitively visualized.

Spleen

The spleen was subnormal in size, exhibiting subtle parenchyma heterogeneity. Maintained symmetrical capsule contour was noted. Splenic vascularity was normal. No splenic masses or nodules were noted.

Liver

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



PATIENT	The visualized gastric walls were sonographically unremarkable. The lumen of the stomach contained moderate, nonshadowing ingesta/chyme without signs of obstruction or foreign material. No obvious evidence of mechanical pyloric outflow obstruction.
Tikka Enderle	
SPECIES	The small intestine presented intact to segmentally indistinct wall layering secondary to suspect inflammatory changes with segmental to primarily generalized intestinal corrugation, which may indicate dysfunctional bowel or intestinal spasming. Minor segmental small intestinal ileus pattern was noted not consistent with overt mechanical obstruction to the level of the colon.
Canine	
BREED	The colon was overtly normal containing formed to semi-formed fecal matter.
Chesapeake Bay Retriever	
SEX	Pancreas
Spayed Female	The pancreas was indistinctly visualized given increased peripancreatic omental artifact without overt sonographic evidence of significant or active inflammation.
AGE	Free Abdomen
1 Year 2 Months	Generalized mild nonuniform hyperechoic mesentery was noted. Moderate volume peritoneal free fluid was noted, exhibiting subjective moderate echogenic changes, suggestive of fluid cellularity.
WEIGHT	Intermittent enlarged midabdominal mesenteric lymph nodes were present. These lymph nodes were homogenous, mildly hypoechoic and smoothly margined. A normal width: length ratio was maintained (<0.5). Evidence of perilymphatic inflammation was evident. An example of lymph node size was 2.3 cm x 0.94 cm.
57 Pounds	
INTERPRETED BY	ULTRASONOGRAPHIC FINDINGS
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	<ul style="list-style-type: none"> • Generalized nonuniform hyperechoic mesentery with moderate volume echogenic to cellular free fluid- septic vs non-septic peritonitis • Probable associated mesenteric lymphadenitis • Generalized moderate to severe gastroenteritis pattern, exhibiting hypomotile stomach, segmental to generalized dysfunctional bowel and subjective nonobstructive intestinal ileus • Volume contracted spleen • Sonographically unremarkable bilateral kidneys- prerenal azotemia vs possible acute kidney insult • Urinary bladder sediment • Low grade benign to reactive hepatopathy
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HOSPITAL NAME	INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS
State Avenue VC	Abdominocentesis for effusion analysis, cytology and culture and sensitivity, especially if evidence of inflammatory cells or septic abdomen is suggested. If evidence of septic abdomen, which may indicate possible resection anastomosis, failure or leakage given the patient history, re-exploratory laparotomy with gross inspection of the intestinal tract may be indicated. Further renal staging to include urine C/S and protein: creatinine ratio on sterile urine sample may be considered. Empirically, some or all of the following protocol may be considered with sonographic reassessment in 24-48 hours. Guarded prognosis.
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Peritonitis Protocol

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Colloids/Hetastarch

10 to 20 mL per kilogram per hour and dogs

10 to 15 mL per kilogram per hour cats

(Can bolus first 1/3 of dose over 15 minutes)

Plasma 10 mL / kilogram IV over 4 hours

Buprenorphine 0.02 mg/kg IV IM SC q4-6 hours **Or CRI Lidocaine** 30-50 ug/kg/min

Dolasetron for nausea: 0.6-1 mg/kg/day Iv or PO

Famotidine 1 mg/kg IV IM p.o. dc s.i.d. /b.i.d.

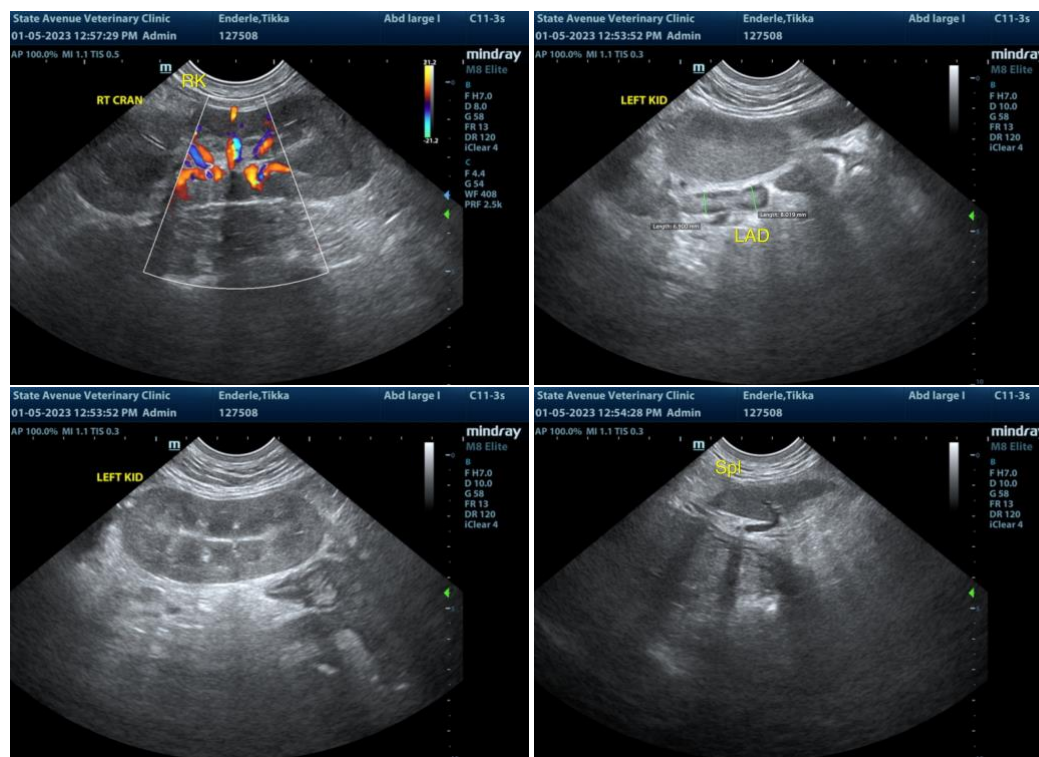
Sucralfate 0.5-1 g p.o. t.i.d. dogs, 0.5 g bid cats in slurry **Or Misoprostol** 1-5 ug/kg po tid

Clindamycin 10mg/kg IV p.o. bid

Enrofloxacin 10-15 mg/kg IV p.o. s.i.d. dogs, 5 mg/kg Iv po Sid cats

Metronidazole 10-20 mg/kg IV p.o. b.i.d.

Dexamethasone physiological 1 mg/kg to treat adrenal burnout if long standing sickness, shock dose 4-10 mg/kg.





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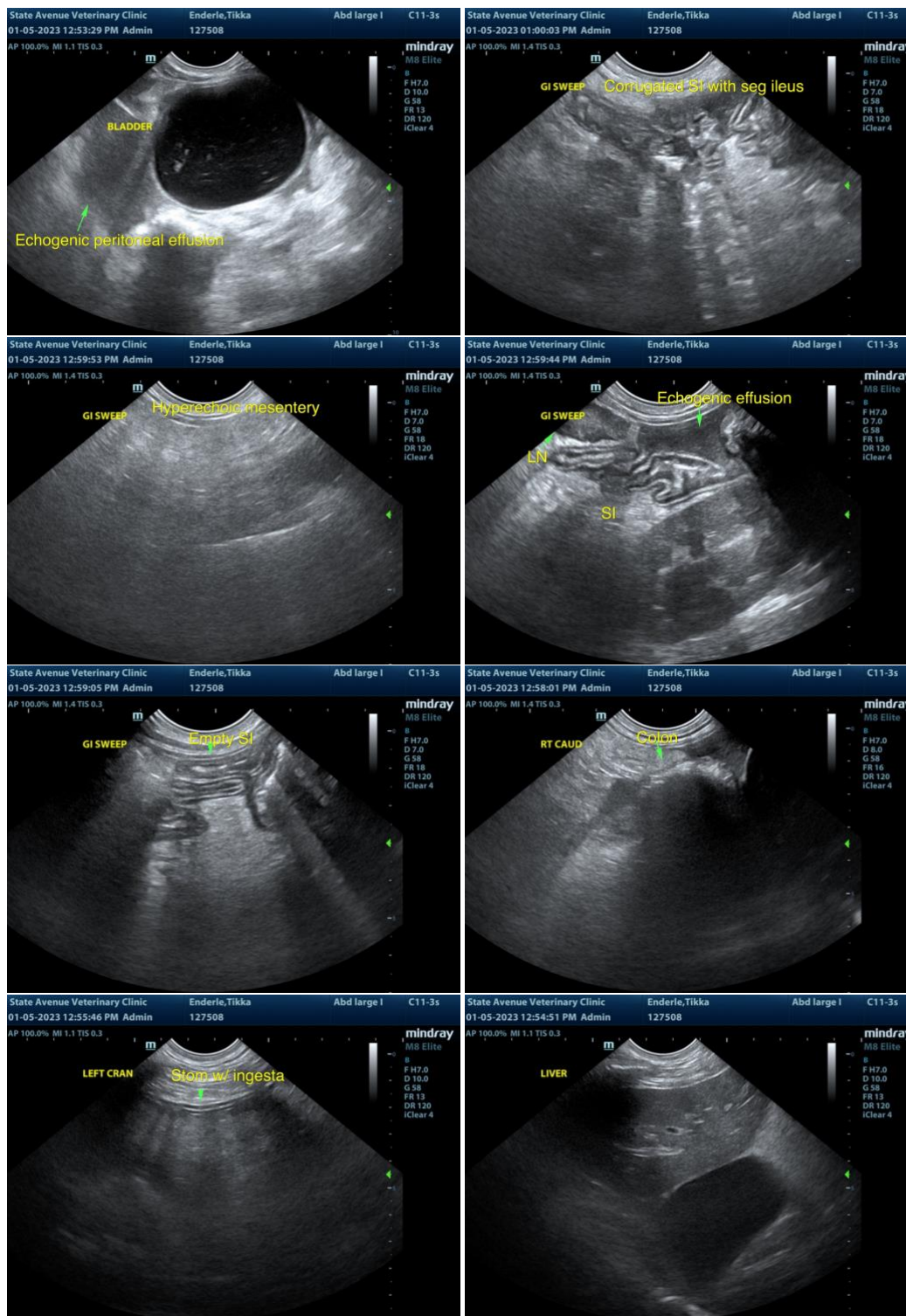
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

Thank you for this referral. If the clinical or image interpretation does not parallel your findings or if I



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can be of any further assistance please contact me.

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info@SonoPath.com

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