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Clinical Sonography & Telecytology
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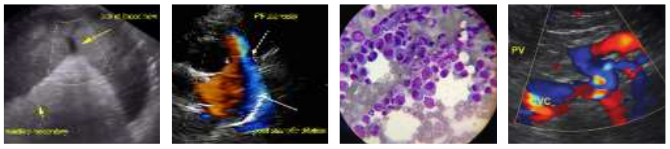

SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Nali Rounsavell

SPECIES

Canine

BREED

Chinese Pug X

SEX

FS

AGE

12 years

WEIGHT

15.5 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Amanda Lacey-Crook - SDEP Certified

HOSPITAL NAME

Rivers Edge PMC

REFERRING VET

Dr. Rob Siefken

INVOICE

12983

DATE

1/6/22

PRESENTING CLINICAL SIGNS

Relapsing vomiting, poor appetite, abdominal discomfort and poor appetite, recently diagnosed with pancreatitis (tentatively) Current medications: prednisone, lefluonmide (for neurological IMHA pervious diagnosis), cerenia completed and entyce, buprenorphine completed 3 days prior otherwise no med, last food by mouth last night (over 12 hours) and no oral medications today.
Abnormal PE/Chem/CBC/UA Results: See attached lab results - lipase elevated, alkp elevated, otherwise unexciting labs Radiographs - Taken today 1/6/22 Gastric debris with some dilated bowel?

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2.0 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 was 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 4.2 cm in length. The right kidney measured 4.4 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 0.52 cm width at the caudal pole and 0.34 cm width at the cranial pole. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.52 cm width at the caudal pole and 0.60 cm width at the cranial 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 mild gallbladder debris likely secondary to decreased food Intake/fasting. The cystic and common bile ducts were normal.

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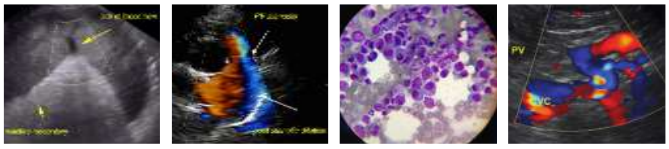

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Gastrointestinal

The stomach exhibited strongly shadowing ingesta or echo occupying the subjective majority of the gastric lumen along with retained fluid. Sonographically unremarkable gastric fundus and body walls extending into the antrum and pylorus were present. Prominent yet intact antrum and pylorus wall layering was present. The shadowing echo measured approximately 3.9 cm in diameter. The shadowing echo extended into the area of the pylorus. The echo measured approximately 2.0 cm in diameter. The pylorus wall width measured 0.67 cm.

Concurrent linear echo was noted through the gastroduodenal junction and duodenum extending into the likely upper to mid jejunum with concurrent shadowing Intestinal echoes and areas of intestinal plication. Concurrent mild inflammatory mural changes were noted in the affected segments of the duodenum and jejunum. The duodenum wall width measured 0.56 cm. Concurrent empty segments of small intestine were present likely distal to the linear and shadowing intestinal echoes.

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 were evident.

Free Abdomen

Subtle evidence of peri intestinal reactive mesentery was present without overt evidence of peritoneal effusion or obvious peritonitis.

Rapid view of the heart revealed no evidence of pericardial masses or effusion in the visible window.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Anchored gastric foreign body with concurrent duodenojejunal linear foreign body and secondary areas of intestinal plication
- Associated inflammatory segmental small intestinal mural changes and associated mild reactive peri intestinal mesentery - no overt peritonitis or evidence of intestinal perforation
- Benign hepatopathy
- Mild gallbladder debris - suspect secondary to fasting

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Exploratory laparotomy with expectation toward gastrotomy and enterotomy to potential multiple enterotomies is recommended. Given the unknown timeframe since the gastrointestinal foreign body, gross examination of the intestinal tract at the time of surgery is advised. The possibility of potential resection anastomosis cannot be excluded.

Gross inspection of the liver is recommended at the time of ultrasound +/- hepatic biopsies, given the ALP elevation. However, no evidence of structural hepatic pathology was present.

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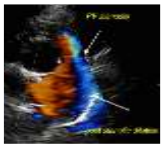
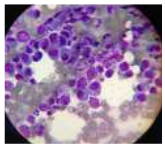
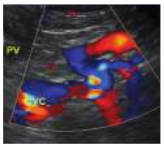

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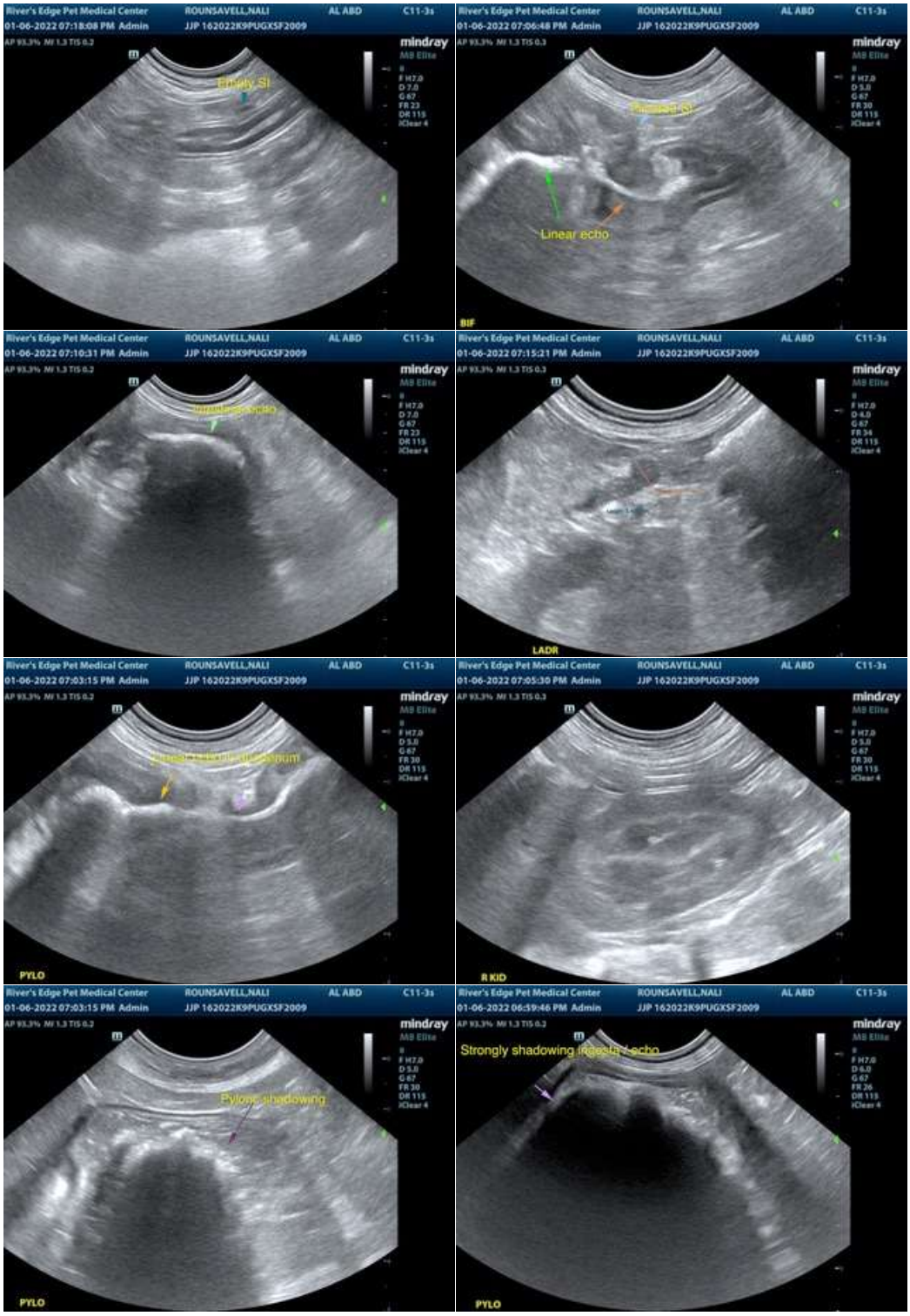

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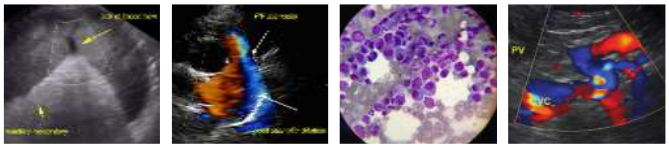

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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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