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SVS Mobile Imaging 262-366-5970
fredgromalak@gmail.com

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

PATIENT

Bete Johnson

SPECIES

Canine

BREED

Red Heeler

SEX

FS

AGE

7 years

WEIGHT

16.4 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Gromalak

HOSPITAL NAME

SVS Imaging

REFERRING VET

Dr. Daggett

INVOICE

12993

DATE

1/7/22

PRESENTING CLINICAL SIGNS

-Bete got into a hambone and parts of a blanket. Bete hasn't been interested in food since Tuesday, and has been vomiting up bile since Wednesday. Bete has been going to primary care for enemas, radiographs, owners noticed parts of the blanket in the stool on Tuesday but no bowl movement since.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 3.0 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 5.8 cm in length. The right kidney measured 5.6 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 2.8 cm length x 0.60 cm width at the caudal pole. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 2.6 cm length x 0.47 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 mild gallbladder debris, likely secondary to fasting. The cystic and common bile ducts were normal.

Gastrointestinal

The stomach presented intact and sonographically unremarkable wall layering. The stomach was primarily empty with mild luminal gas. No evidence of gastric distention with retained fluid, ingesta or overt foreign material. The gastric body wall width measured 0.30 cm.

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The small intestine presented intact wall layering and primarily maintained a 1:3 muscularis/mucosa ratio. The small intestine was primarily empty. Strongly shadowing suspicious echo was noted within the intestine subjectively caudomedial to the spleen, measuring approximately 2.0 cm In diameter.

The visualized colon exhibited sonographically unremarkable wall layering with moderate to strongly shadowing luminal fecal matter.

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

No overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Primarily empty to sonographically unremarkable small bowel with solitary strongly shadowing suspicious luminal echo
- Concurrent moderate to strongly shadowing large bowel feces

Secondary Findings

- Mild gallbladder debris - likely owing to decreased food intake / fasting

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Although no definitive evidence of a gastrointestinal obstructive pattern was present, the strongly shadowing suspicious echo noted caudomedial to the spleen within the intestinal tract is suggestive of nonobstructive Intestinal foreign body, given the patient's history. However, the passage of foreign material into the adjacent colon cannot be definitively excluded.

Given the patient's history and current clinical signs in combination with the intestinal sonographic presentation, exploratory laparotomy with gross inspection of the intestinal tract and potential for enterotomy is warranted.

Additional diagnostics including contrast study or 24/hour hospitalization with IV fluid and gastrointestinal support with sonographic monitoring of the intestinal tract for evidence of persistent shadowing echo or development of obstructive pattern would be a more conservative approach.

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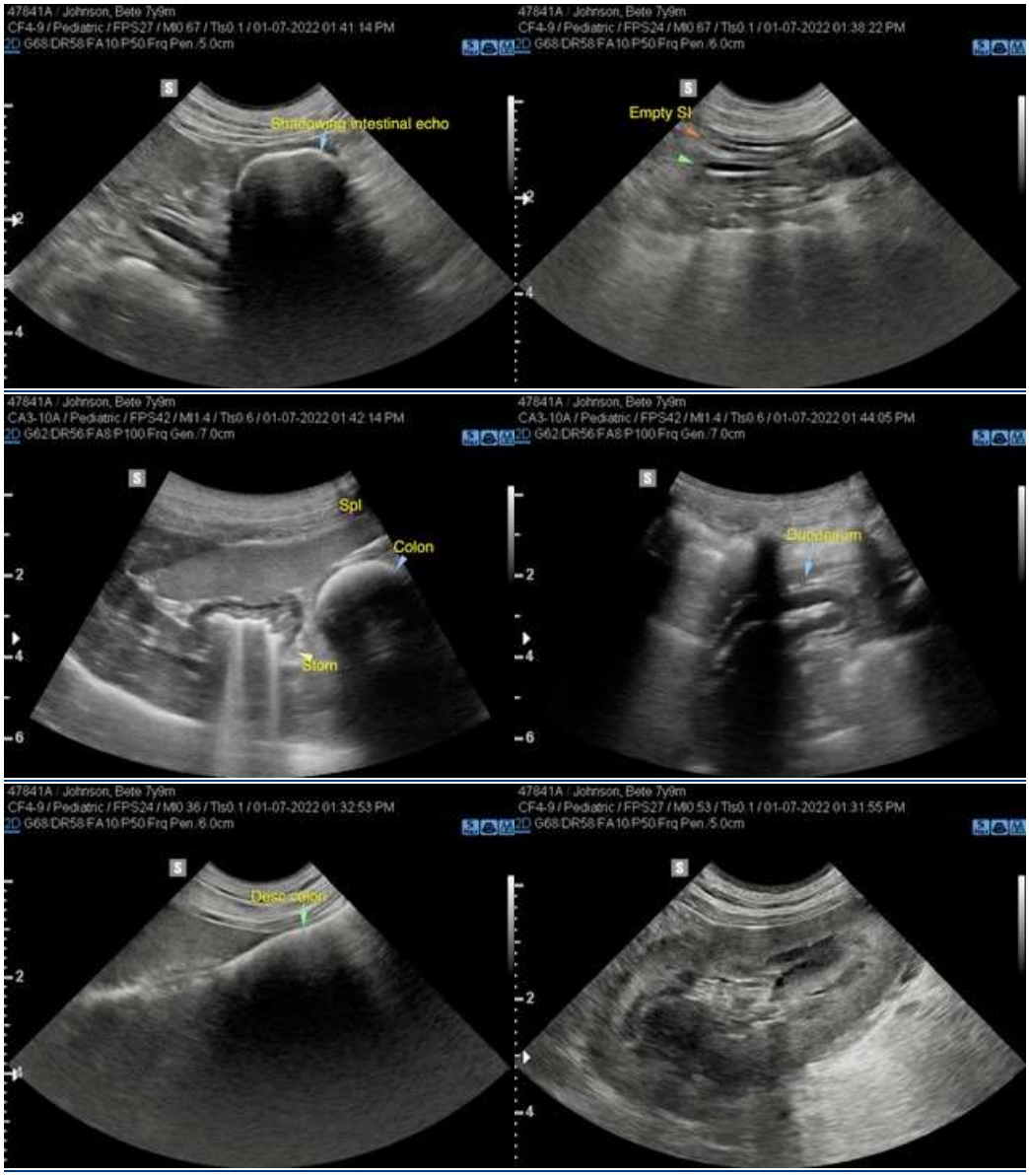

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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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