



PATIENT	PRESENTING CLINICAL SIGNS
Bates Smutzler	Hx of FB ingestion. Focal enterotomy last Thursday. Recovered well. O noted intermittent episodes of intense pain Saturday and Sunday. Also noted more "spurting" of urine vs full stream. E/D well. Passing formed stool. No V or nausea
SPECIES	Abnormal PE/Chem/CBC/UA Results: T 103.2 Muzzled and sedated for handling. Initial exam- slight tenderness near incision but no overt pain or issue with deeper palpation. Focal pocket of fluid
Canine	Cytology- largely neutrophils CBC: WBC: 24.41 Neu: 22.11 MCHC: 29.9
BREED	ULTRASONOGRAPHIC RECHECK EXAMINATION OF THE ABDOMEN
Wirehair Pointing Griffon	Urinary System
SEX	The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2 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.
MN	
AGE	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 6.7 cm in length. The right kidney measured 6.6 cm in length.
1yr	
WEIGHT	The area of the aortic trifurcation was free of pathology.
59.6lb	The area of the residual prostate appeared normal and free of pathology
INTERPRETED BY	The area of the iliac trifurcation was free of pathology including no evidence of medial, iliac or sublumbar lymphadenopathy.
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	Adrenal Glands
	No obvious pathology was present in the area of the bilateral adrenal glands.
IMAGING PERFORMED BY	Spleen
Dr. Evoniuk	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.
HOSPITAL NAME	Liver
State Avenue Vet Clinic	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.
REFERRING VET	Gastrointestinal
Dr. Evoniuk	The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained moderate ingesta exhibiting mild progressive distal acoustic shadowing with no signs of ileus, obstruction or foreign material.
INVOICE	
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DATE	
10/18/2022	



PATIENT

Bates Smutzler

The duodenum exhibited mildly prominent wall layering with subtle mucosal specking and mild corrugation. Subtle evidence of duodenal ileus without evidence of mechanical obstruction or foreign material was present. The jejunum and ileum to the level of the colon exhibited intact wall layering with a normal wall layer ratio. Intermittent minor jejunal mucosal specking was present with segmental non-shadowing chyme. No evidence of persistent small intestinal mechanical obstructive pattern or overt residual foreign material.

SPECIES

Canine

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

BREED

Wirehair Pointing Griffon

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.

SEX

MN

Free Abdomen

Generalized variably hyperechoic mesentery was noted. No significant lymphadenopathy.

AGE

1yr

Mild volume peritoneal free fluid exhibiting echogenic changes suggestive of fluid cellularity.

WEIGHT

59.6lb

ULTRASONOGRAPHIC FINDINGS

- Gastric ingesta-possible post prandial presentation
- Mild duodenitis to generalized enteritis pattern-no overt persistent mechanical obstruction or obvious foreign material
- Mild volume peritoneal free fluid exhibiting echogenic changes, generalized hyperechoic mesentery

INTERPRETED BY

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

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

If documented NPO the presence of gastric ingesta may suggest some degree of metabolic gastric hypomotility or non-obstructive delayed gastric emptying. Sonographically the appearance of the ingesta was most suggestive of food.

IMAGING PERFORMED BY

Dr. Evoniuk

The peritoneal free fluid and generalized hyperechoic mesentery may suggest residual inflammation given the time frame from previous enterotomy although potential for peritonitis is of some concern. IN addition to fluid cytology, fluid C/S could be considered if clinically indicated.

HOSPITAL NAME

State Avenue Vet
Clinic

Continued GI support +/- some or all of the following protocol could be considered with close monitoring for progressive peritoneal fluid or evidence of peritonitis. If clinical concern for septic abdomen, laparotomy with gross inspection of the intestinal tract specifically in the area of the enterotomy may be indicated.

REFERRING VET

Dr. Evoniuk

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

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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.

SPECIES

Canine

BREED

Wirehair Pointing Griffon

SEX

MN

AGE

1yr

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REFERRING VET

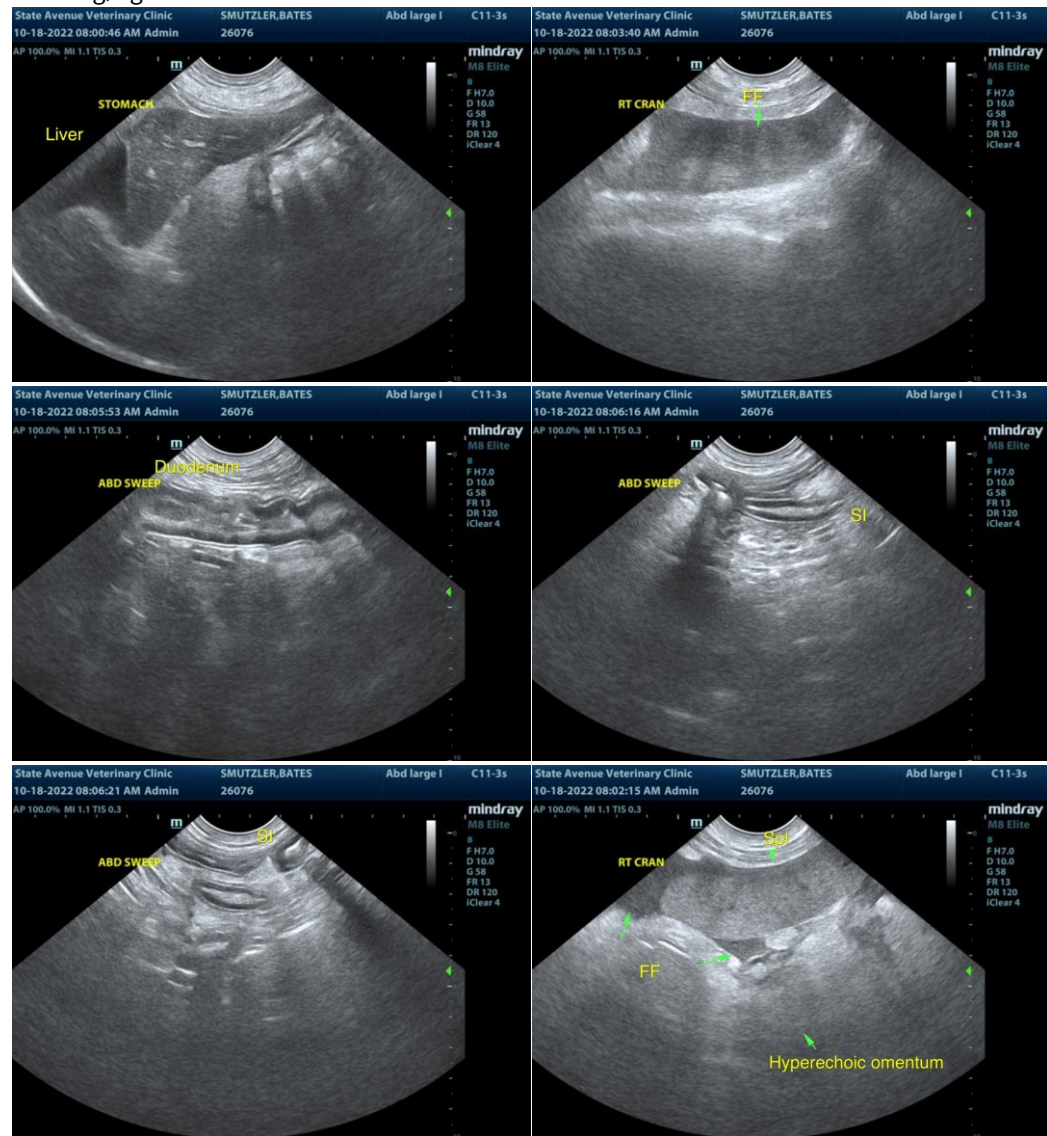
Dr. Evoniuk

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PATIENT

Bates Smutzler

SPECIES

Canine

BREED

Wirehair Pointing
Griffon

SEX

MN

AGE

1yr

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59.6lb



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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

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