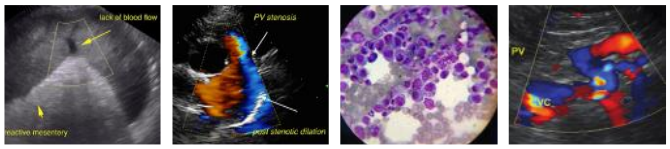
SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™



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

PATIENT
Remmy Bergman

SPECIES
Canine

BREED
Pit Mix

SEX
FS

AGE
7yr

WEIGHT
70lb

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

IMAGING PERFORMED BY
Diane McFadden

HOSPITAL NAME
All Creatures G&S Denville

REFERRING VET
Dr. Mitrovic

INVOICE
11801ag

DATE
10/04/2022

PRESENTING CLINICAL SIGNS

vomiting, anorexia. Had a barium study 24 hours ago. On ampicillan , baytril, pepcid,LRS. R/O FB.

Abnormal PE/Chem/CBC/UA Results: CPL incr

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 3 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.

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 7.8 cm in length. The right kidney measured 8.4 cm in length.

The area of the aortic trifurcation was free of pathology.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.68 cm width at the caudal pole and 2.5 cm length. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.56 cm width at the caudal pole and 3.6 cm length

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

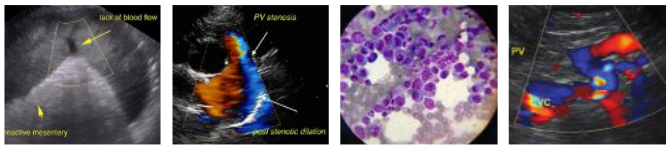
The liver was subjectively normal in size, structure, and contour. The liver parenchyma was uniform and hypoechoic to the spleen with a mild coarse echotexture. The hepatic and portal vasculature were normal in appearance without signs of congestion.

The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content. No evidence of gallbladder or peripheral gallbladder inflammation was present. The cystic and common bile ducts were normal.

Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained strongly shadowing ingesta/echoes in the gastric body and the pylorus/pyloric outflow.

The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. The lumen of the small intestine contained segmental similar appearing shadowing ingesta/echoes as the stomach along with segmental retained non-shadowing chyme with concurrent moderate intestinal dilation. An example of shadowing ingesta/echo in the small intestine measured 2.0-2.5 cm in diameter.



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Normal visible colon wall layers were present with shadowing 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 was evident.

Free Abdomen

A small pocket of scant free fluid was noted in the left lateral abdomen medial to the spleen. Potential for prominent to hypoechoic mesenteric lymph nodes although not definitive owing to intestinal artifact.

ULTRASONOGRAPHIC FINDINGS

- Strongly shadowing gastric and segmental intestinal ingesta/echoes
- Segmental moderate intestinal distention with non-shadowing subjective chyme-segmental metabolic vs mechanical intestinal pattern
- Small pocket of scant peritoneal free fluid

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Given that the patient was administered barium the shadowing gastric and segmental ingesta/echoes may indicate retained gastric and intestinal barium which may suggest mechanical vs metabolic GI ileus pattern although the possibility of GI foreign material is of concern. Both barium and GI shadowing foreign material may present in a similar sonographic manner. It is likewise concerning that the segmental intestinal tract exhibited potential for mechanical vs metabolic ileus.

If evidence of retained GI barium given the time frame between ultrasound study and barium administration, concern for mechanical intestinal obstruction although not definitive would be a consideration in this patient.

Correlation with abdominal radiographs if not already done is recommended. If evidence of retained GI barium (~24 hours since barium administration) exploratory laparotomy for gross inspection of the GI tract +/- gastronomy/enterotomy should be considered. GI biopsies are recommended despite exploratory findings.

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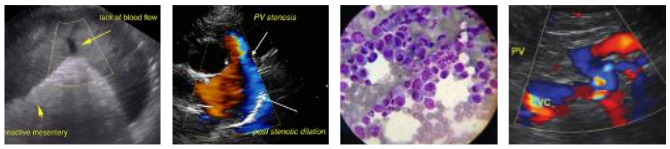

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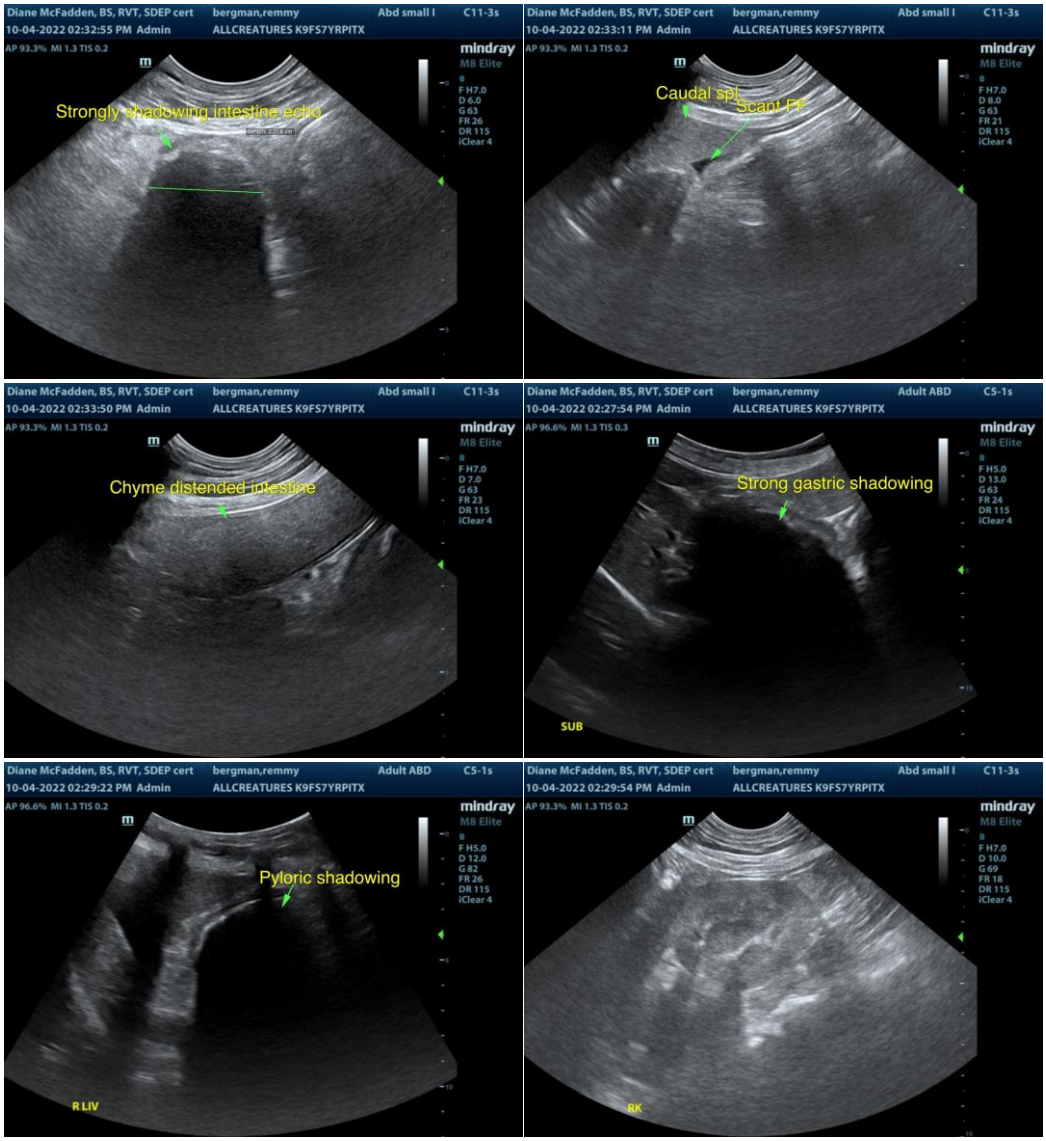

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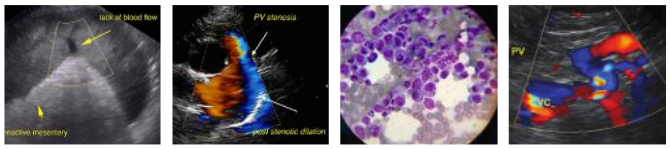

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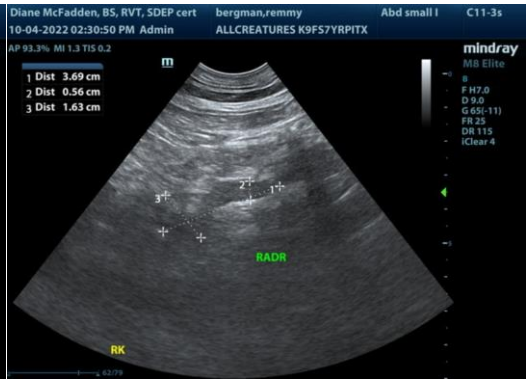

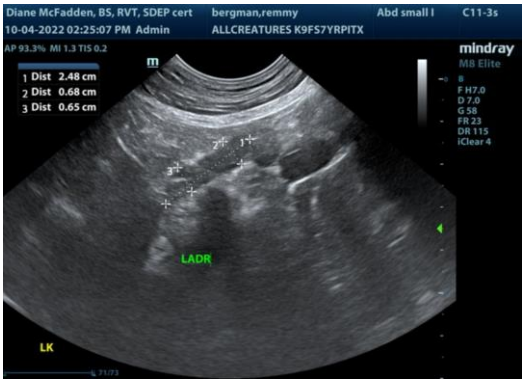

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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