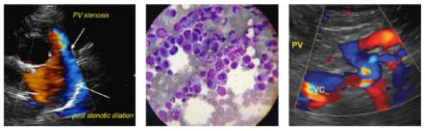
IMAGING PERFORMED BY
svsmobileimaging.com 309 - 737 - 3070



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

PATIENT

Archie Garcia

SPECIES

Canine

BREED

Golden

SEX

I/M

AGE

6 months

WEIGHT

50 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Sarah Pender, CVT

HOSPITAL NAME

SVS Imaging QC

REFERRING VET

Dr. Hook

INVOICE

15129

DATE

10/7/22

PRESENTING CLINICAL SIGNS

Had an enterotomy to remove corn cob about 2 months ago. Now is vomiting starting yesterday around 2 pm - V 5 times. AEC overnight did barium series - barium out of stomach but still in SI/poss prox LI. Currently hospitalized on IVF

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, and cystourethral junction 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 prostate was of expected size and presentation for a young intact male canine without pathology.

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 6.9 cm in length. The right kidney measured 6.3 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 2.9 cm length x 0.62 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 2.7 cm length x 0.47 cm width at the caudal pole.

Spleen

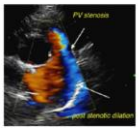
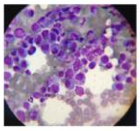
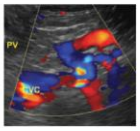
The spleen exhibited a finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. The capsule was smooth and regular without apparent expansion. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis. Acute 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 thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.

Gastrointestinal

The stomach exhibited sonographically unremarkable wall layering. The stomach was moderately distended with retained anechoic fluid. No evidence of gastric foreign material or mechanical pyloric outflow obstruction was noted.

PATIENT

Archie Garcia

SPECIES

Canine

BREED

Golden

SEX

I/M

AGE

6 months

WEIGHT

50 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Sarah Pender, CVT

HOSPITAL NAME

SVS Imaging QC

REFERRING VET

Dr. Hook

INVOICE

15129

DATE

10/7/22

The small intestine presented intact wall layering with maintained1:3 muscularis/mucosa ratio. Mild duodenal ileus pattern with retained duodenal nonshadowing chyme was present. The jejunum and ileum to the level of the ileocolic junction exhibited concurrent segments of empty jejunum along with variable jejunal ileus containing anechoic fluid, nonshadowing yet nonspecific ingesta / chyme, and subjective retained barium. No overt pathology was noted at the level of the ileocolic junction.

The colon walls presented intact yet mildly prominent wall layering with mild thickened to echogenic submucosa. The colon contained semi-formed to soft fecal matter, as well as strongly shadowing fecal matter, consistent with probable barium in conjunction with the radiographs.

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

Mild volume anechoic free fluid was present. Several to multiple, variably sized, asymmetrical nonhomogeneous mesenteric lymph nodes appearing to exhibiting maintained width:length ratio. An example of a lymph node measured 4.7 cm x 1.7 cm. Perilymphatic and peri intestinal mild reactive mesentery was noted.

ULTRASONOGRAPHIC FINDINGS

- Moderate hypomotile stomach exhibiting retained anechoic fluid
- Intact small bowel walls exhibiting concurrent empty segmental intestine with variably segmental intestinal ileus containing anechoic fluid, mild nonshadowing ingesta / chyme, and likely retained barium
- Associated variably enlarged, nonhomogeneous mesenteric lymph nodes - hyperplasia, reactive lymphadenitis owing to inflammatory bowel episode, immunologic-immaturity possible, lymph nodes not consistent with neoplastic criteria
- Mild volume peritoneal free fluid - suspect physiologic if normal albumin levels

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Definitive mechanical obstruction or obvious foreign material was not visualized within the gastrointestinal tract. Some artifact owing to retained barium within segments of the small intestine and colon prohibited full evaluation of the enterocolic interior. Acute inflammatory bowel episode potentially secondary to dietary indiscretion, occult parasitism, enterotoxic insult, infectious gastroenterocolitis, or similar may be suspected, given overall normal passage of previously administered barium. However, the possibility of a non-visualized partially obstructive or small foreign body, given the scenario, cannot be definitively excluded.

Continued hospitalization with gastrointestinal support, as well as radiographic monitoring for evidence of areas of retained barium within the gastrointestinal tract and assessment of clinical response, would

PATIENT

Archie Garcia

SPECIES

Canine

BREED

Golden

SEX

I/M

AGE

6 months

WEIGHT

50 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Sarah Pender, CVT

HOSPITAL NAME

SVS Imaging QC

REFERRING VET

Dr. Hook

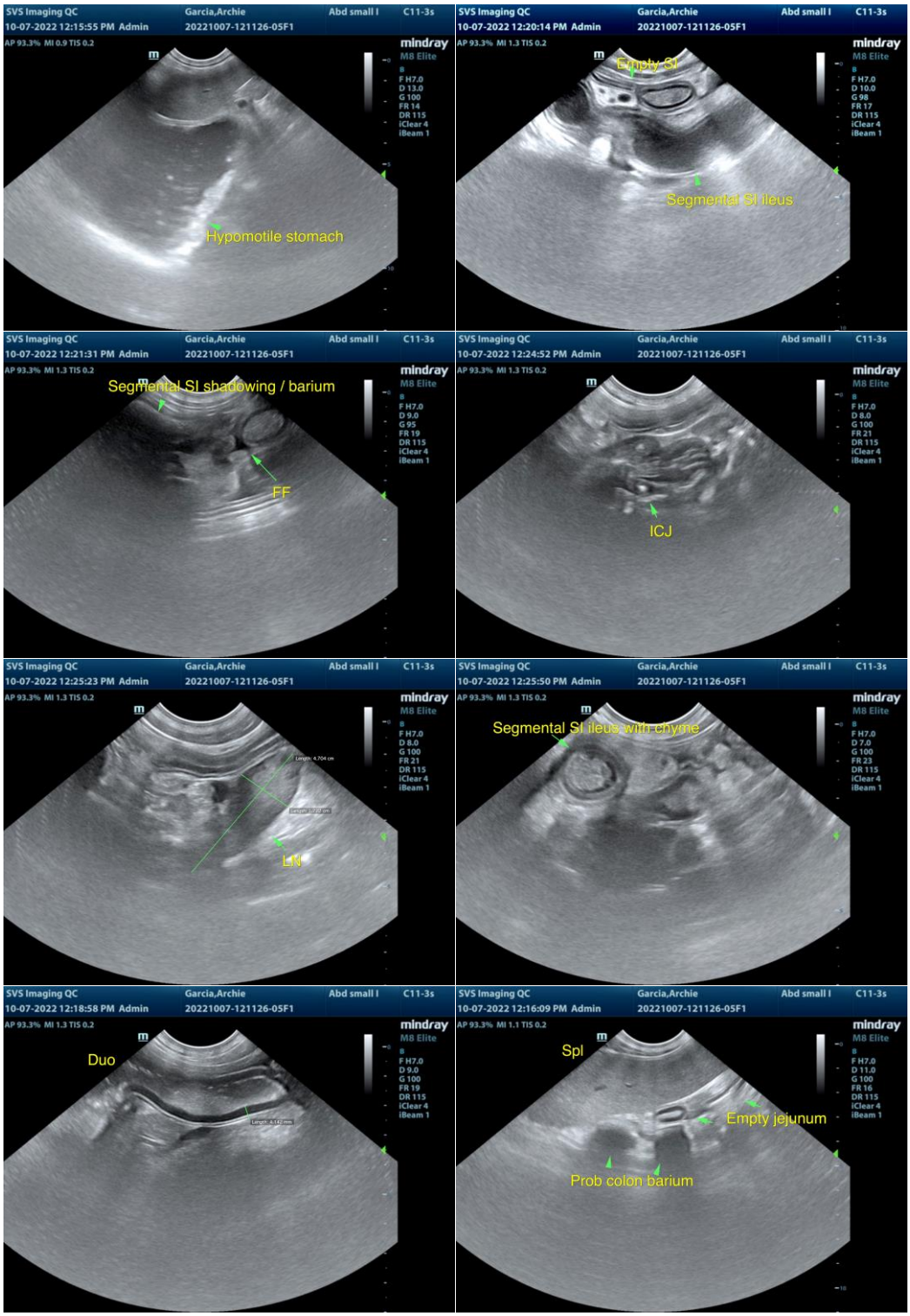
INVOICE

15129

DATE

10/7/22

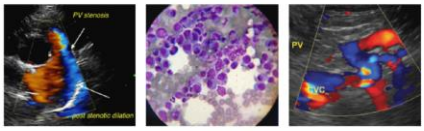
be reasonable. If persistent GI signs, recheck sonogram and/or exploratory laparotomy, with gastrointestinal biopsies considered essential despite exploratory findings, may be indicated.



IMAGING PERFORMED BY

svsmobileimaging.com 309 - 737 - 3070

SVS IMAGING



SonoPath

Clinical Sonography & Telecytology

EDUCATIONAL TELECONSULTATION SERVICES™

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

PATIENT

Archie Garcia

SPECIES

Canine

BREED

Golden

SEX

I/M

AGE

6 months

WEIGHT

50 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Sarah Pender, CVT

HOSPITAL NAME

SVS Imaging QC

REFERRING VET

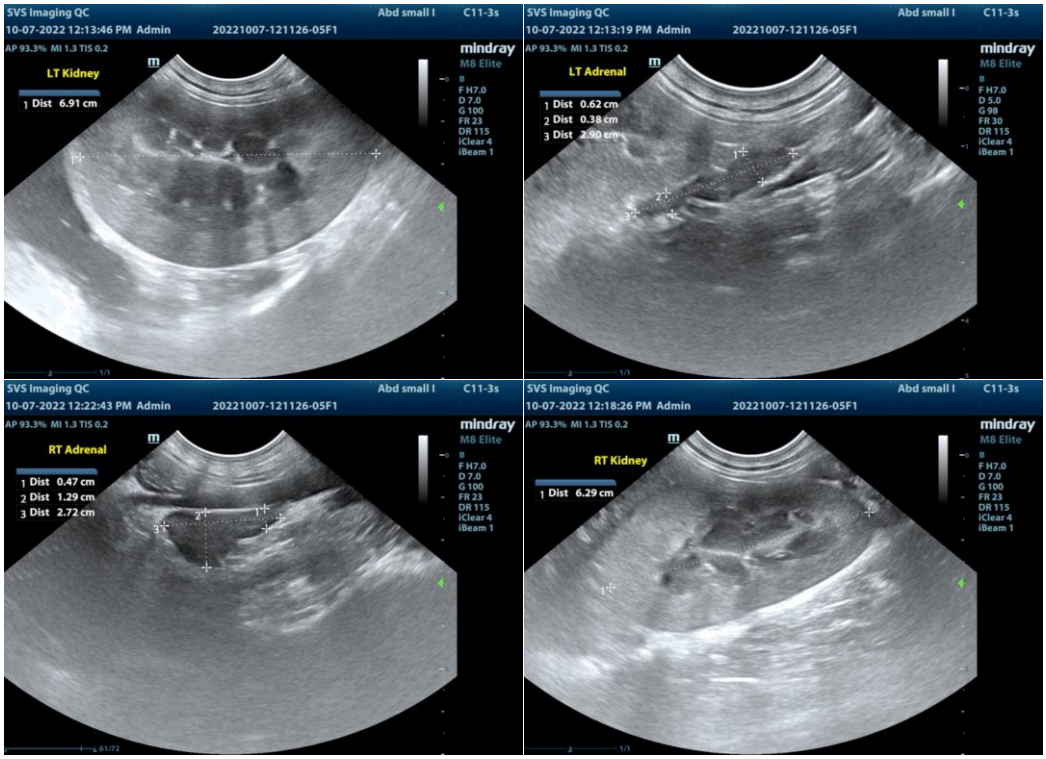
Dr. Hook

INVOICE

15129

DATE

10/7/22



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