IMAGING PERFORMED BY

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

PATIENT
Stan Smick

SPECIES
Canine

BREED
Bloodhound

SEX
NM

AGE
6 years

WEIGHT
83 lbs.

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

IMAGING PERFORMED BY
Sarah Pender, CVT

HOSPITAL NAME
SVS Imaging QC

REFERRING VET
Melissa Davis, DVM

INVOICE
12623

DATE
11/16/21

PRESENTING CLINICAL SIGNS

Vomiting and Diarrhea, weight loss, anorexic off and on. Last time he ate was yesterday morning and he vomited it back up.
Abnormal PE/Chem/CBC/UA Results: General Health Profile and CBC - wnl, radiographs suspicious foreign body

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder was subnormal in size owing to a lack of urine distention. No evidence of urinary bladder Inflammatory or neoplastic criteria was noted. No overt sediment or calculi was present. The urethra presented normal thickness and tone to a depth of 5.0 cm.

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 7.3 cm in length. The right kidney measured 7.4 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 2.4 cm length x 0.38 cm width at the caudal pole. The right adrenal gland was not definitively visualized, without overt pathology in the areas of the right adrenal gland.

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, non-dependent, mildly congealed yet nonorganized gallbladder debris. The gallbladder debris may be owing to decreased food intake / fasting and was not consistent with gallbladder mucocele. The cystic and common bile ducts were normal.

Gastrointestinal

The stomach presented exhibited moderate to potential marked distention containing significant retained nonspecific ingesta exhibiting nearfield mild hyperechogenicity with progressive to strongly distal acoustic shadowing extending into the area of the pylorus. The gastric body wall width measured 0.45 cm.

PATIENT
Stan Smick

SPECIES
Canine

BREED
Bloodhound

SEX
NM

AGE
6 years

WEIGHT
83 lbs.

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

IMAGING PERFORMED BY
Sarah Pender, CVT

HOSPITAL NAME
SVS Imaging QC

REFERRING VET
Melissa Davis, DVM

INVOICE
12623

DATE
11/16/21

The duodenum exhibited intact yet subjective prominent wall layering with mild generalized duodenal Ileus. The duodenum wall width measured 0.59 cm. Segmental, normal-appearing jejunum exhibiting intact wall layering and a maintained 1:3 muscularis/mucosa ratio with empty lumen and without evidence of mechanical or metabolic ileus was present. Normal-appearing jejunum measured 0.41 cm in width. Potential for concurrent areas of unspecified small intestinal distention containing similar appearing shadowing ingesta Is possible, although not definitive. Full sonographic evaluation of the intestinal walls in the areas of potential retained ingesta was limited owing to shadowing and regional peri intestinal omental artifact. Possible areas of indistinct thickened small intestinal wall may be present, although not definitive.

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

Intermittent, mesenteric lymph nodes were present. The lymph nodes were essentially isoechoic to adjacent omentum without evidence of peripheral inflammation and maintaining a normal width: length ratio (<0.5). Subtle regional and peri Intestinal to perigastric reactive mesentery was present. No evidence of peritoneal effusion was noted.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Gastric distention secondary to subjective significant retained to shadowing gastric ingesta
- Duodenitis
- Suspect concurrent segmental small intestinal distention with similar appearing retained ingesta, possible areas of nonspecific indistinct small intestinal mural hypertrophy
- Intermittent subjectively benign / reactive mesenteric lymph nodes with mild peri intestinal / peri gastric reactive mesentery

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The retained gastric ingesta and potential areas of retained small intestine ingesta exhibiting distal acoustic shadowing area unexpected, given the patient's history of inappetence, vomiting, and overall clinical signs. This indicates a strong suggestion for gastric and potential segmental small intestinal foreign material. The possibility of segmental small Intestinal mural hypertrophy which may indicate secondary reactive or inflammatory small intestinal changes with less likely potential for neoplastic criteria is possible.

Given these findings, exploratory laparotomy for further clarification with expectation for gastrotomy, potential enterotomy, +/- intestinal biopsies which may be considered essential despite exploratory findings, are recommended.

PATIENT

Stan Smick

SPECIES

Canine

BREED

Bloodhound

SEX

NM

AGE

6 years

WEIGHT

83 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Sarah Pender, CVT

HOSPITAL NAME

SVS Imaging QC

REFERRING VET

Melissa Davis, DVM

INVOICE

12623

DATE

11/16/21

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

Stan Smick

SPECIES

Canine

BREED

Bloodhound

SEX

NM

AGE

6 years

WEIGHT

83 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Sarah Pender, CVT

HOSPITAL NAME

SVS Imaging QC

REFERRING VET

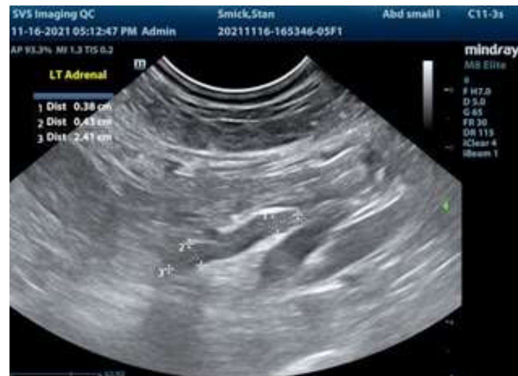
Melissa Davis, DVM

INVOICE

12623

DATE

11/16/21



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