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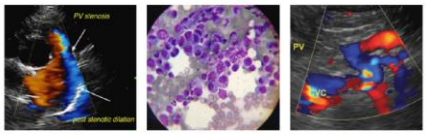
SVS Mobile Imaging CT 262 - 366 - 5970
fredgromalak@gmail.com



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

PATIENT

Riley Weissbuch
54805A

SPECIES

Canine

BREED

Shih Tzu Mix

SEX

FS

AGE

1yr

WEIGHT

8.7kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Tom McNeill

HOSPITAL NAME

SVS Imaging CT

REFERRING VET

Madison Veterinary Specialists Dr. Maller

INVOICE

12212ag

DATE

11/22/2022

PRESENTING CLINICAL SIGNS

Riley presented to the MVS Emergency Service on Nov 22, 2022, at 9am, for evaluation of vomiting. Last week Sunday, owners noticed that Riley was more lethargic than usual. Owners brought her to primary care where they did bloodwork and x-rays- per owner no significant findings. Has been drinking water more than usual, decreased appetite. Has been intermittently vomiting over the past week. Has not had a bowel movement since yesterday, urinating normally. Ate dinner last night, then vomited food shortly after. Vomited overnight- twice clear liquid, once green liquid Per owner- known to chew on plastic in the past- but have not noticed her ingesting any foreign material recently

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 4.3 cm in length. The right kidney measured 4.3 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 0.45 cm width at the caudal pole and 0.35 cm width at the cranial pole. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.44 cm width at the caudal pole and 0.28 cm width at the cranial 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

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 moderate distension with retained anechoic fluid. A mildly irregular pyloric echo was observed measuring ~ 3 cm in diameter. The echo appeared to extend into the duodenum and subjective upper jejunum with concurrent distal acoustic shadowing. Intact wall layering was maintained.

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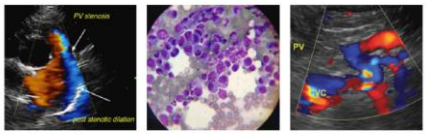

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Segmental suspected mid to distal duodenal plication secondary to concurrent linear component associated with the duodenojejunal echo was noted. No evidence of intestinal perforation or regional peritonitis was present. Empty jejunum and ileum to the level of the colon distal to the shadowing echo present without evidence of concurrent mechanical/metabolic ileus. Overtly normal upper GI wall layering was maintained.

The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. The lumen of the small intestine was empty with no signs of ileus, obstruction or foreign material.

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

Pancreas

The pancreas base and right pancreatic limb exhibited subtle prominent size with isoechoic to heterogeneous parenchyma compared to the adjacent omental fat.

Free Abdomen

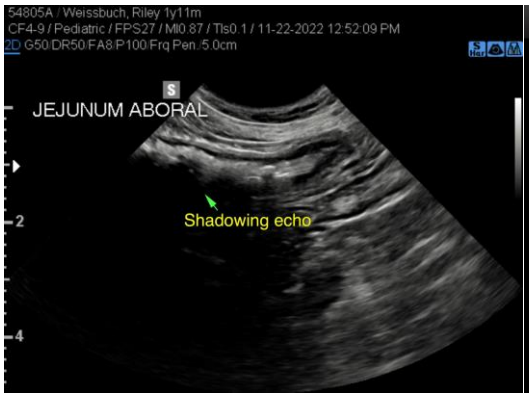
No overt lymphadenopathy or peritoneal effusion was present.

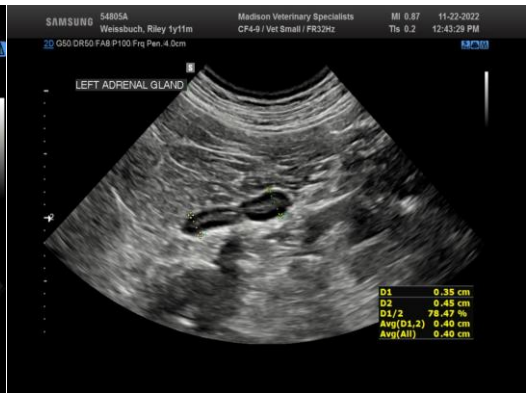
ULTRASONOGRAPHIC FINDINGS

- Pyloric foreign body appearing to extend into the duodenum and subjective upper jejunum, segmental duodenojejunal plication potentially secondary to linear component to the upper GI foreign body
- Mildly prominent to heterogeneous pancreas-patient variant or suspected mild reactive pancreatic changes, no evidence of concurrent active or significant pancreatitis

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Exploratory laparotomy with likely gastrotomy and enterotomy/ies based on gross appearance of the upper GI tract is warranted. No obvious evidence of significant inflammatory GI wall changes although gross inspection of the upper GI tract at the time of surgery is likely required for further assessment.





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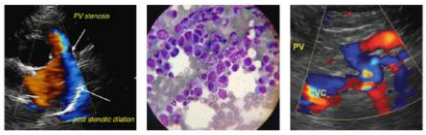

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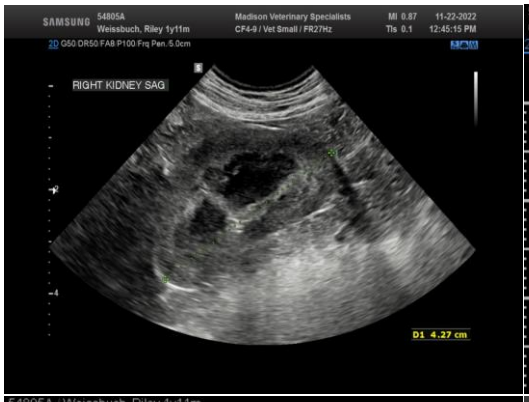

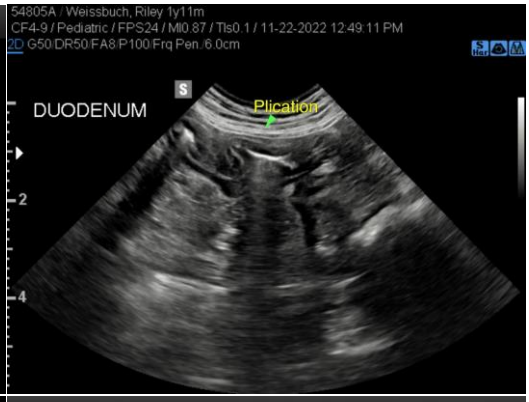

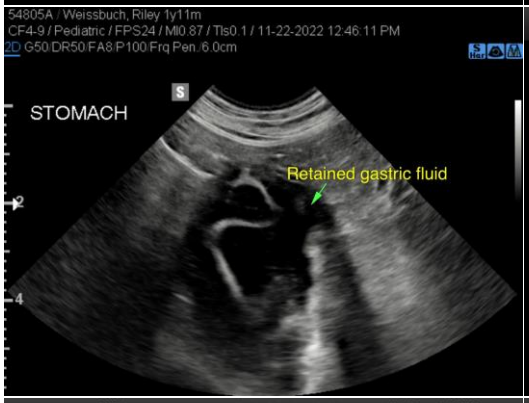

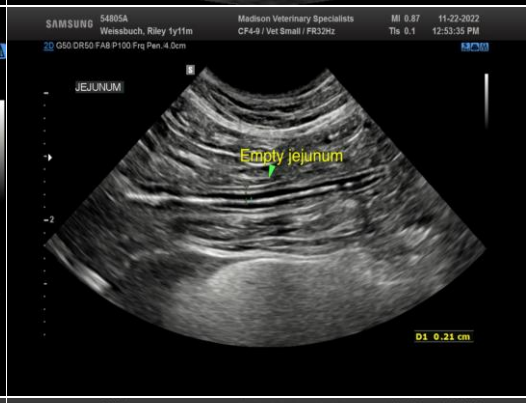

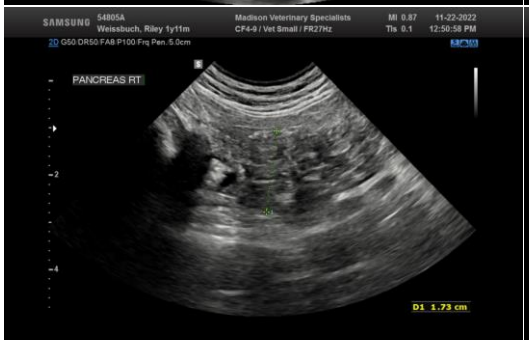

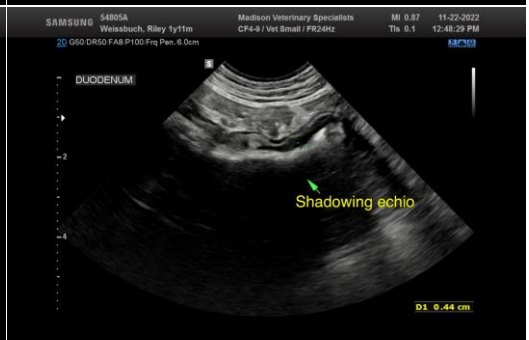

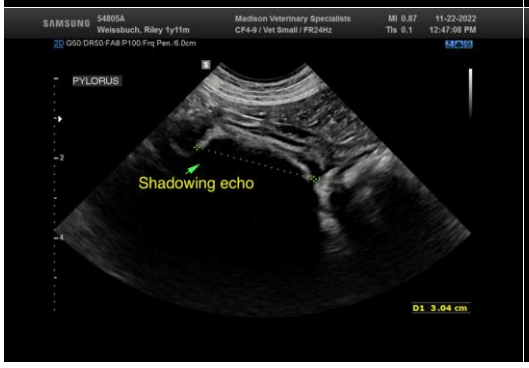

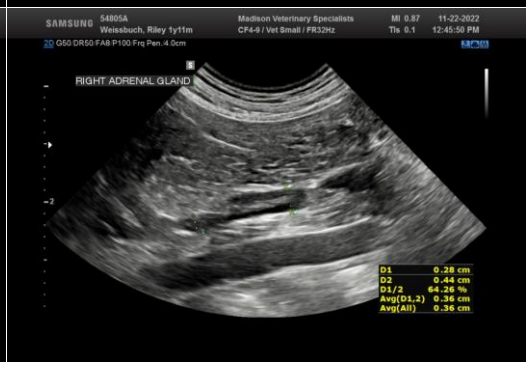

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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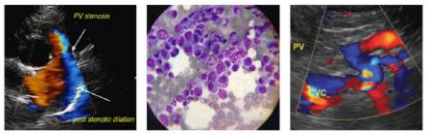

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