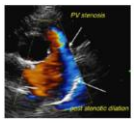
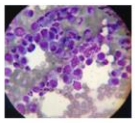
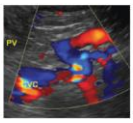




PATIENT

Max Smelek

SPECIES

Canine

BREED

Lab

SEX

Intact Male

AGE

7 months

WEIGHT

54 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. Hartmann

INVOICE

15558

DATE

11/23/22

PRESENTING CLINICAL SIGNS

Presented Monday for vomiting and diarrhea for 3-4 days. Rx Metronidazole, pepcid, proviable, and l/d can. Has not helped. Vomiting has continued and is now straining to defecate. Did eat 2-3 tbsp this morning about 8am and has not vomited.

Abnormal PE/Chem/CBC/UA Results: CBC/Chem unremarkable Barium series Monday. All barium passed.

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 the expected size and presentation for a young, intact, male canine.

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 6.5 cm in length. The right kidney measured 6.2 cm in length.

Adrenal Glands

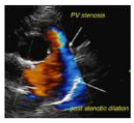
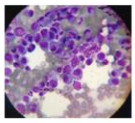
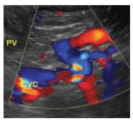
The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 2.8 cm length x 0.32 cm width at the caudal pole. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 2.5 cm length x 0.50 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.

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Gastrointestinal

The stomach exhibited moderate to marked distention containing primarily anechoic to mildly echogenic fluid and mild non-shadowing chyme. Focal area of shadowing ingesta measuring approximately 3.0 cm in diameter was present in the area of the antrum / pylorus, which did not overtly appear to be obstructive to pyloric outflow.

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 small intestinal mechanical / metabolic ileus, obstruction, or foreign material.

Normal visible colon wall layers were present with soft to non-formed fecal matter, consistent with patient history.

Pancreas

The left limb of the pancreas was normal in size with mild nonhomogeneous to hypoechoic parenchyma compared to adjacent omentum.

Free Abdomen

Intermittent mid-abdominal 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). An example lymph node measured 2.1 cm x 0.7 cm. No evidence of free fluid was noted.

ULTRASONOGRAPHIC FINDINGS

- Moderate to marked gastric distention with primarily retained fluid and chyme, focal shadowing nonspecific ingesta vs. echo, area of antrum/pylorus
- Sonographically unremarkable small intestine - no evidence of small intestinal mechanical / metabolic ileus or foreign material
- Mild colitis pattern
- Intermittent subjective benign / reactive mesenteric lymphadenopathy - suspect secondary hyperplasia, reactive lymphadenitis owing to inflammatory bowel episode
- Mildly prominent to hypoechoic left pancreas - patient variant, reactive pancreatic changes, potential for low-grade inflammation possible

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

General considerations for the moderate to marked gastric distention may include metabolic or nonobvious mechanical ileus. Overt evidence of mechanical pyloric outflow obstruction was not obvious. The focally shadowing ingesta or potential echo may correlate with medication administration or, given the patient history, recent ingestion of food. However, the possibility of a small amount of nonobstructive gastric foreign material cannot be definitively excluded.

Given this presentation, hospitalization with 24/hour IV fluid and gastrointestinal support with sonographic reassessment of the stomach in 12-18 hours to assess for resolving or persistent /

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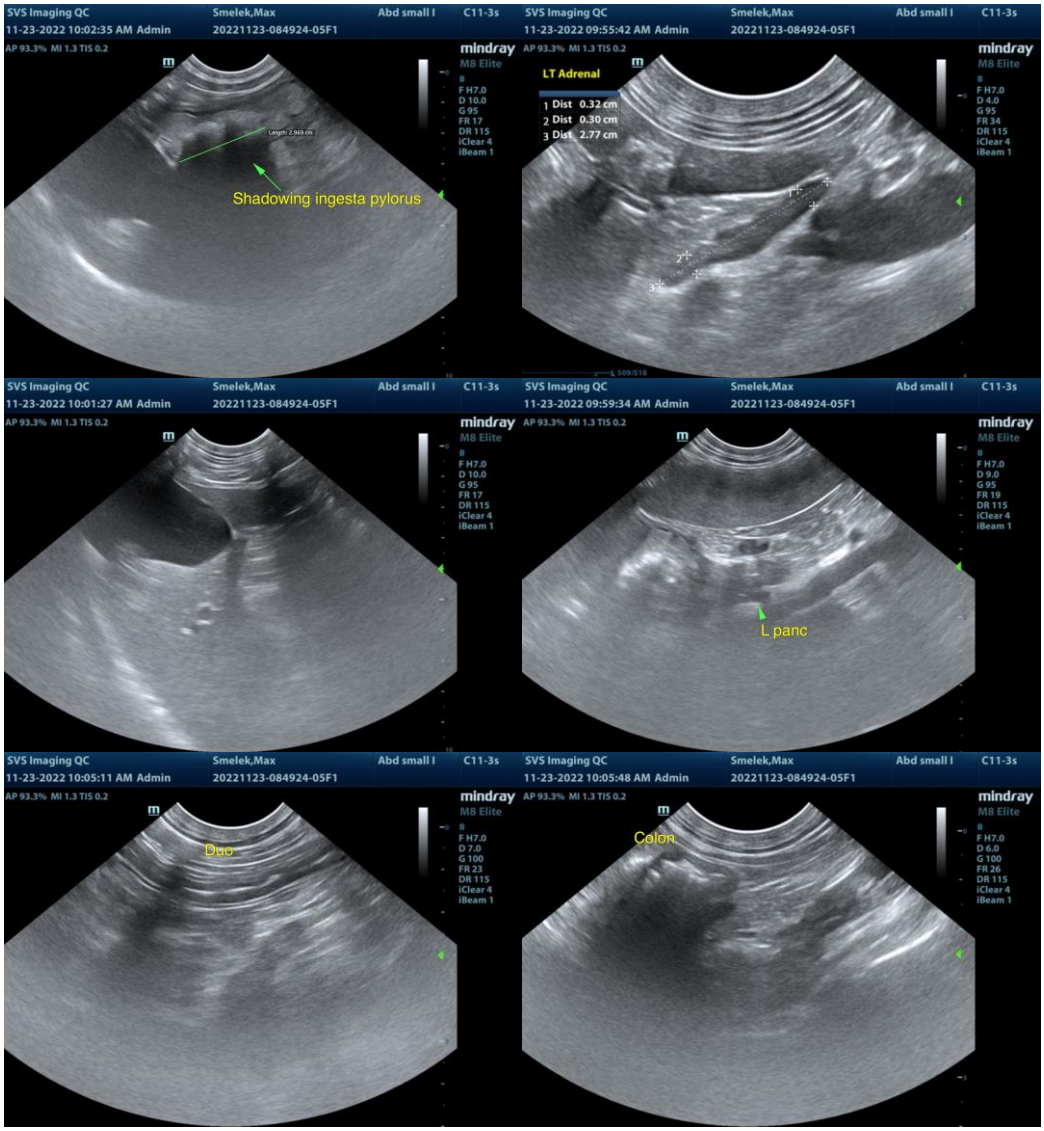
progressive gastric stasis, as well as reassessment of the shadowing ingesta vs. echo following documented 12/hour NPO is suggested. Alternatively, gastric evacuation with endoscopy if available could be considered. A resting cortisol level to rule out occult Addison's Disease is recommended.

If surgery is elected in this case, gastrointestinal biopsies would be considered essential despite exploratory findings.



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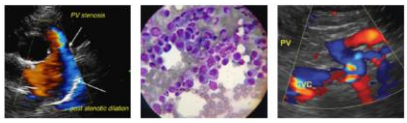

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Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™
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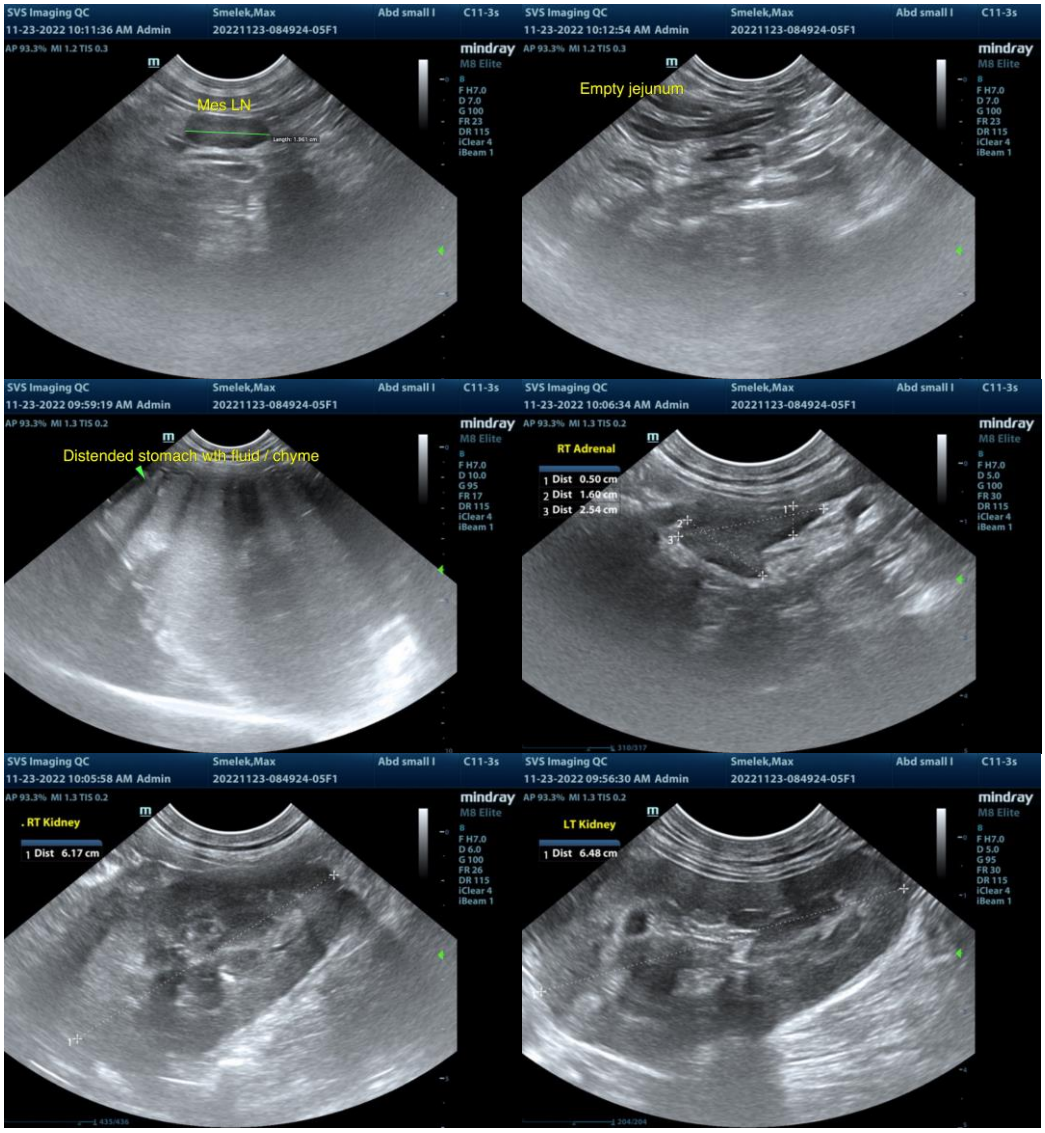

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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