SonoPath
Clinical Sonography & Telecytology
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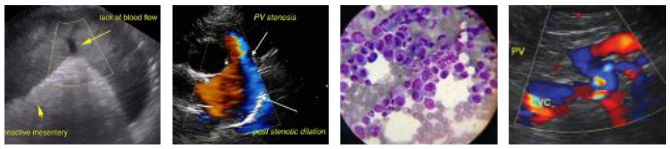



SonoPath.com
1-800-838-4268 info@sonopath.com

**PATIENT**

Chili Brown

**SPECIES**

Canine

**BREED**

Vizsla

**SEX**

MN

**AGE**

13mo

**WEIGHT**

24kg

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Dr. Belan

**HOSPITAL NAME**

Bowmont AH

**REFERRING VET**

Dr. Asemadahun

**INVOICE**

12312ag

**DATE**

11/28/2022

## PRESENTING CLINICAL SIGNS

Neutered last Friday been vomiting now has diarrhea seems mildly lethargic but not sick or moribund

Abnormal PE/Chem/CBC/UA Results: Mod to severe elevation of amylase and lipase

## ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

### *Urinary System*

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra 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 6.7 cm in length. The right kidney measured 6.5 cm in length.

The area of the aortic trifurcation was free of pathology.

The residual prostate was mildly prominent in size exhibiting subtle non-homogeneous parenchyma. This is likely a patient variant or indicative of normal prostatic involution if recently neutered.

### *Adrenal Glands*

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.43 cm width at the caudal pole and 0.44 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 0.53 cm width at the caudal pole and 0.42 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.

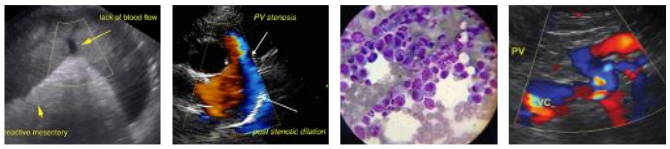
### *Liver*

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 presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained mild to moderate non-shadowing ingesta/chyme. Within the gastric lumen there were several variably sized strongly shadowing echoes which did not appear to be obstructive to pyloric outflow, an example measured 1.5 cm in diameter.

The intestinal walls demonstrated intact wall layering and maintained 1:3 muscularis / mucosa ratio. The mucosa exhibited mild decreased echogenicity with occasional mucosal speckling. A segmental to

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generalized ileus pattern consisting of mild fluid accumulation exhibiting oral/aboral movement. Definitive evidence of obstructive intestinal foreign body or mural pathology was not visualized to the level of the ileocolic junction.

Normal visible colon wall layers were present with apparent segmental non formed feces in the proximal to transverse 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 was evident.

### *Free Abdomen*

No omental masses or peritoneal effusion was present.

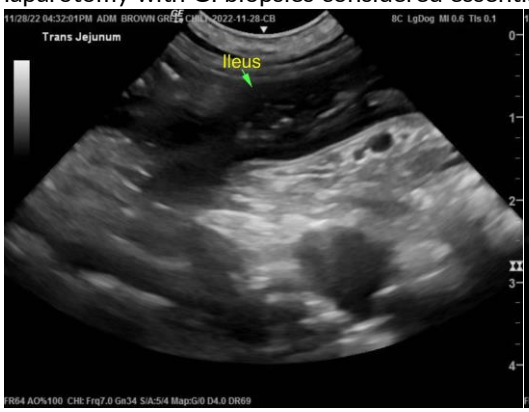
Intermittent enlarged mid abdominal mesenteric lymph nodes were present. These lymph nodes were homogenous, mildly hypoechoic and smoothly marginated. A normal width: length ratio was maintained (<0.5). Evidence of perilymphatic inflammation was evident. An example of lymph node size was 1.8 cm x 0.74 cm.

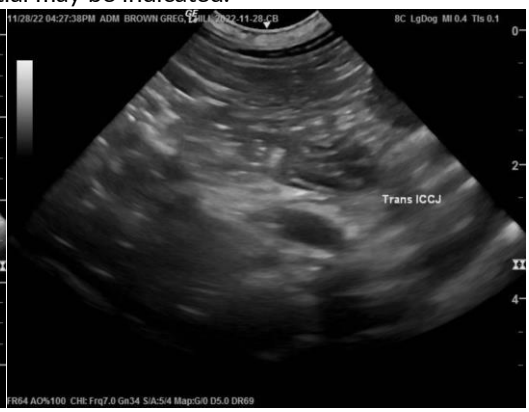
## ULTRASONOGRAPHIC FINDINGS

- Acute gastroenterocolitis pattern with gastric ingesta and segmental to generalized intestinal ileus pattern
- Non-specific non-obstructive shadowing gastric echoes
- Sonographically unremarkable pancreas-suspect reactive pancreatic enzyme elevations
- Intermittent benign/reactive mesenteric lymphadenopathy-suspect secondary hyperplasia, reactive lymphadenitis owing to inflammatory bowel episode, potential for immunologic immaturity

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The GI presentation may indicate an acute inflammatory bowel episode secondary to dietary indiscretion, occult parasitism, infectious gastroenterocolitis or similar. Some concern for gastric foreign material with the possibility of non-visualized or passing partially obstructive small intestinal foreign material is warranted. Hospitalization with 24-hour IVF and GI support with recheck sonogram in 12 hours for reassessment of the GI tract would be reasonable. If evidence of persistent shadowing gastric echoes or intestinal ileus pattern and GI signs despite conservative therapy, exploratory laparotomy with GI biopsies considered essential may be indicated.



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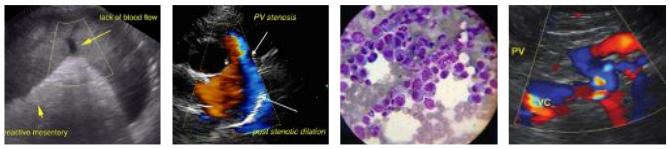

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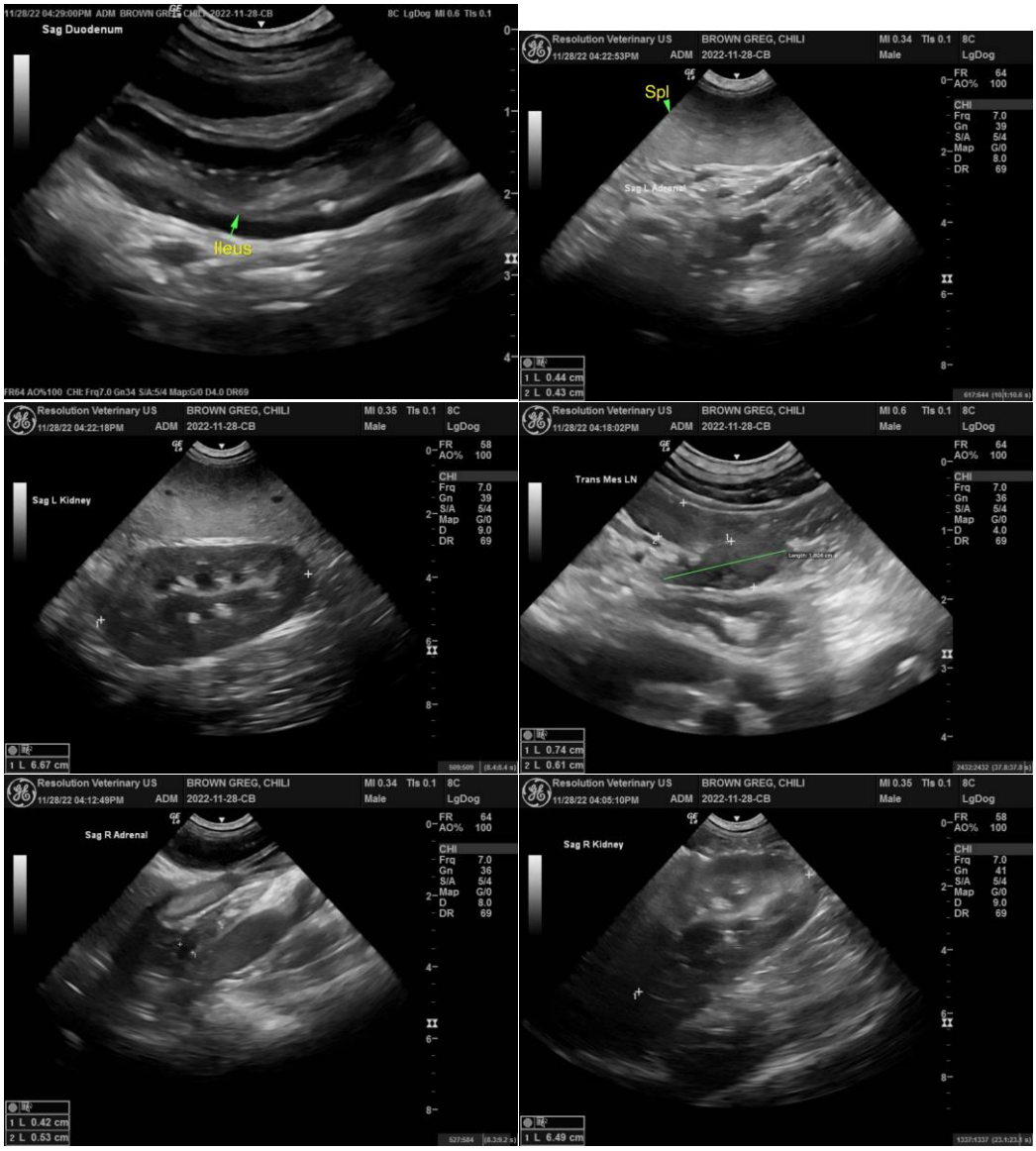


**The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.**

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)**
mac.daniel@sonopath.com