SonoPath
Clinical Sonography & Telecytology
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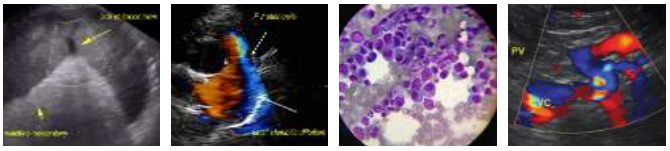

SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT
Luna Herzig

SPECIES
Canine

BREED
Poodle

SEX
FS

AGE
1.5 Years

WEIGHT
22.5 lbs

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

IMAGING PERFORMED BY
Kelly Vazquez

HOSPITAL NAME
New Bridge VH

REFERRING VET
Dr. Glennon

INVOICE
48620

DATE
11-29-21

PRESENTING CLINICAL SIGNS

Patient presents for several days of anorexia and vomiting. Being treated with Cerenia. Previous history of eating tissues from garbage - no known FB ingestion recently.
Abnormal PE/Chem/CBC/UA Results: CPLI - WNL.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2.0 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.

No evidence of pathology in the area of the aortic trifurcation.

Normal size and margination was 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 5.1 cm in length. The right kidney measured 5.1 cm in length.

Adrenal Glands

Both adrenal glands exhibited potential for mild subnormal size yet normal structure and capsule contour. The left adrenal gland measured 0.30 cm width at the caudal pole and 0.2 cm width at the cranial pole. The right adrenal gland measured 0.21 cm width at the caudal pole and 0.26 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 / 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 intact yet prominent wall layering. A mild amount of retained anechoic fluid along with luminal gas present in the stomach. No evidence of ileus, obstruction, or foreign material. The gastric body wall width measured 0.45 cm.

The small intestine exhibited primarily intact wall layering with maintained 1:3 muscularis/mucosa ratio. The majority of the small intestine was empty although potential segments of small intestine exhibited subjective mild increased gas pattern with the possibility of concurrent subjectively nonobstructive shadowing echo within the mid abdomen and medial to the spleen. The jejunum wall width measured 0.25 cm.

The visualized colon was sonographically unremarkable with shadowing ingesta and luminal gas.

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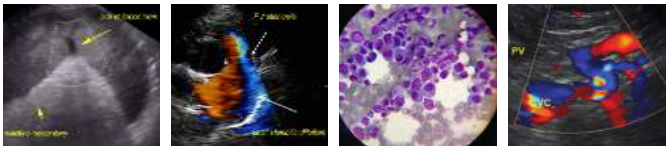

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Pancreas

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

Intermittent, mildly prominent jejunocolic lymph nodes were present. The lymph node was essentially isoechoic to adjacent omentum without evidence of peripheral inflammation and maintaining a normal width: length ratio (<0.5). An example of a lymph node measured 0.5 cm width.

No overt peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

- Gastritis with mild gastric stasis.
- Possible segmental intestinal luminal shadowing with associated gas pattern.
- Intermittent mild benign / reactive mesenteric lymph nodes.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

A definitive obstructive pattern within the gastrointestinal tract was not present in the study. However, technically the possibility of nonobstructive areas of intestinal foreign material exhibited by potential shadowing and associated gas pattern or the possibility of foreign material that has passed through the small intestine into the colon may be possible. Given these findings, no overt indication for immediate surgical intervention.

Hospitalization with 24-48 hour IV fluid and gastrointestinal support with monitoring of clinical response as well as radiographic monitoring would be reasonable. Adrenal screening with resting cortisol is warranted to rule out occult Addison's disease given the breed and sex of the patient.

Pending additional diagnostics and monitoring, or if continued clinical signs are noted despite conservative support, exploratory laparotomy for gross inspection of the small intestinal tract may be indicated. Intestinal biopsies would be considered essential despite exploratory findings if surgery elected.

Three view chest radiographs suggested to rule out occult thoracic or esophageal pathology.

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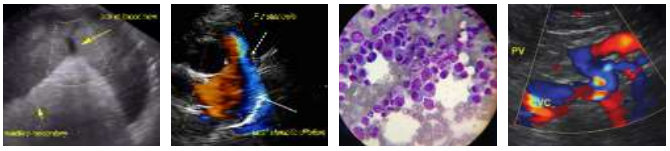

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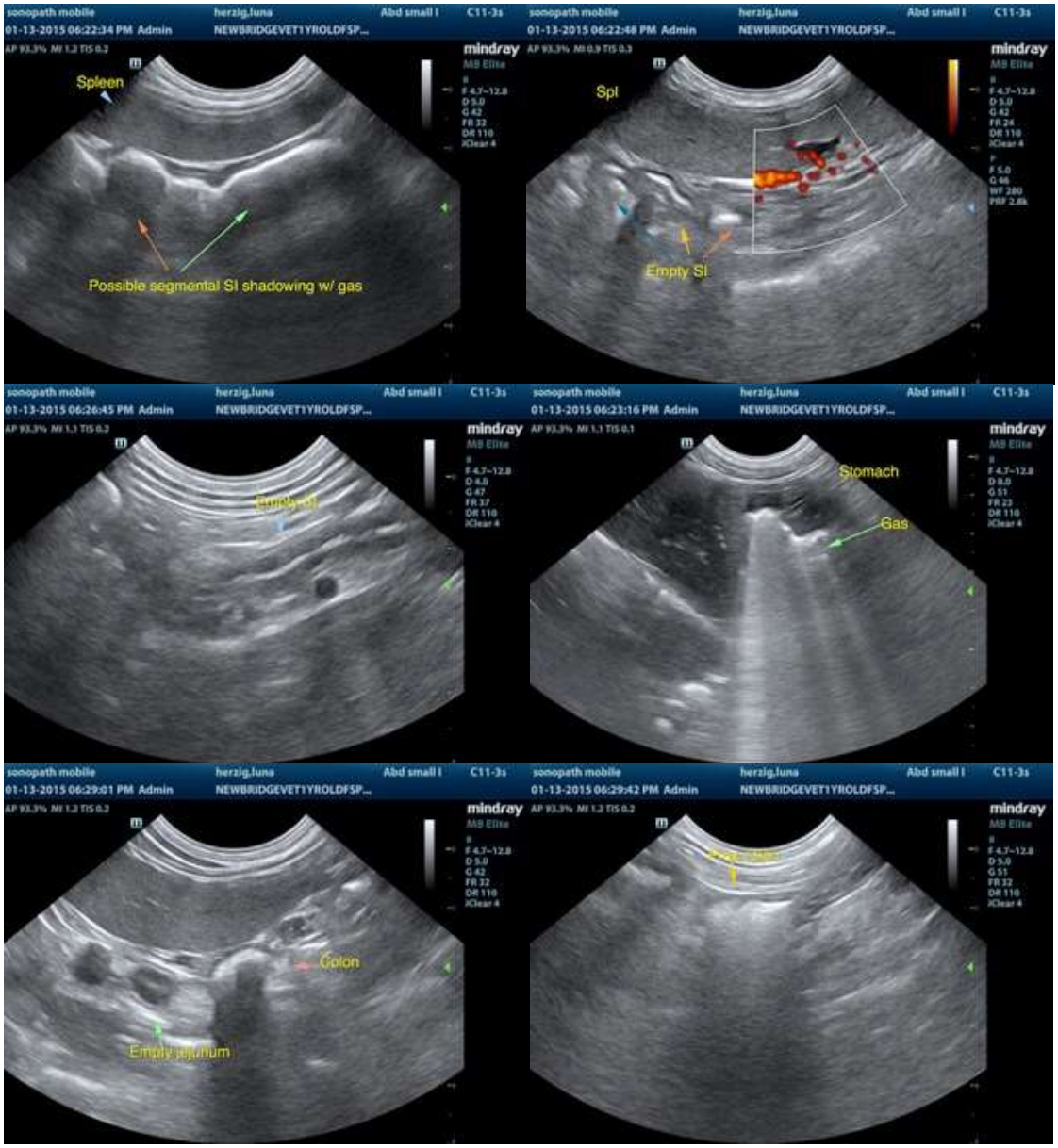

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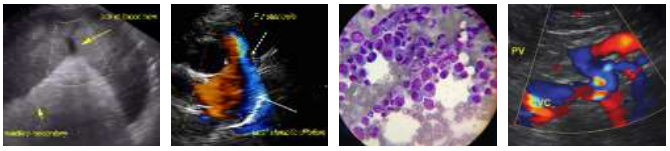

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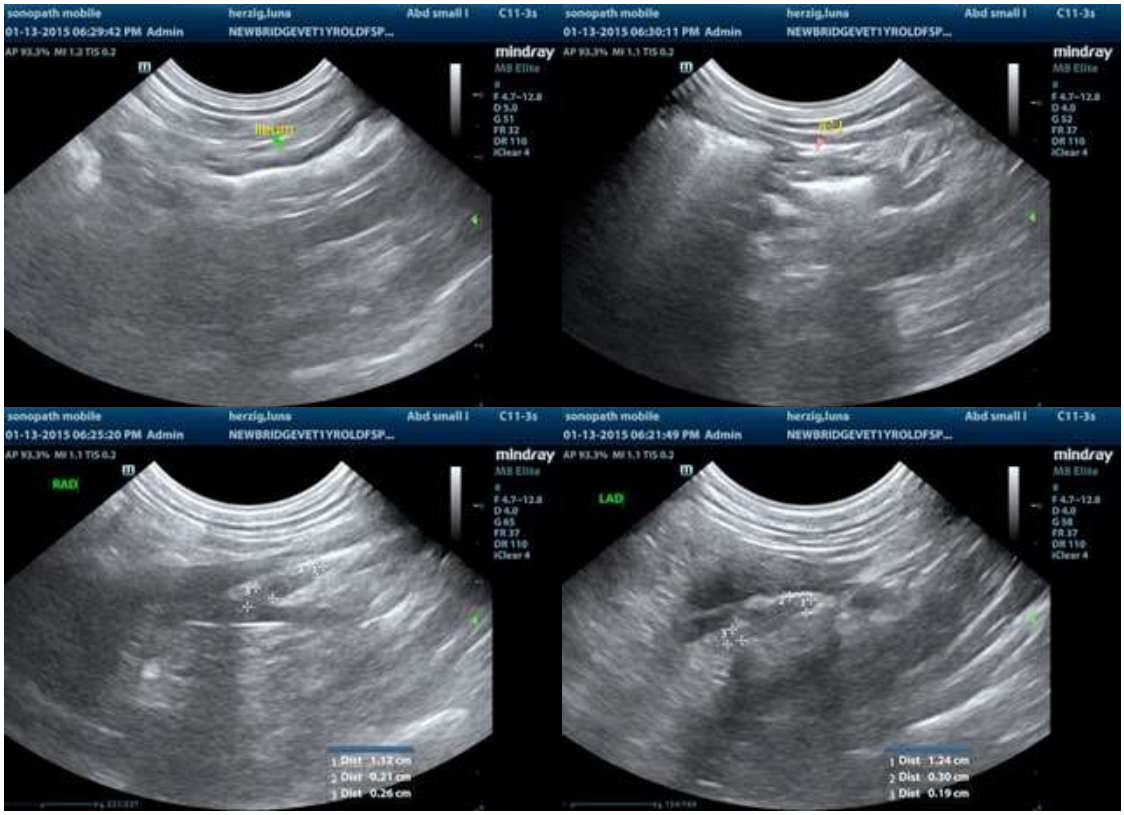

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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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