


PATIENT PRESENTING CLINICAL SIGNS

Winston Johnston-Jewell

SPECIES

Canine

BREED

Vizsla

SEX

MI

AGE

8 Months

WEIGHT

52 lbs

INTERPRETED BY

 R. McKenzie Daniel,
 DVM, DABVP

IMAGING PERFORMED BY

Kelly Reshny, RVT

HOSPITAL NAME

Southside Pet Hospital

REFERRING VET

Velez

INVOICE

48621

DATE

11-29-21

Patient was presented today after having spend the last day and half at an ER hospital for vomiting. Patient was kept on IV fluids, cerenia, Pantprazole . Had abdominal X rays performed. Mild gas accumulation through out small intestine . Some ingesta in the he stomach. Was eating fine at the ER however today Monday 29th he looks a little lethargic and has developed diarrhea . BAR - Temp 37.7 5% Dehydrated Mild generalized muscle wasting Abdominal palpation : gas filled intestinal loops - non painful on palpation - Rectal exam - no feces in rectum - no traces of blood Abdominal X rays performed - Gas filled intestinal loops through (small and large intestine) - stomach is full with ingesta.

Abnormal PE/Chem/CBC/UA Results: rads: Abdominal X rays performed - Gas filled intestinal loops through (small and large intestine) - stomach is full with ingesta.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN
Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 3.0 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.

The prostate was of expected size and presentation for a young intact male canine.

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 6.0 cm in length. The right kidney measured 6.1 cm in length.

Adrenal Glands

No overt pathology in the area of the left adrenal gland.

The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 2.8 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

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 containing echogenic to strongly shadowing ingesta to potential echoes. Example of strongly shadowing ingesta or echo in the stomach measured 1.7 cm diameter.



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The small intestine exhibited intact wall layering with maintained 1:3 muscularis/mucosa ratio. The small intestine was primarily empty with minor segmental retained chyme along with segmental subjectively prominent gas pattern. The small intestinal gas pattern prevented to some degree full evaluation of the small bowel lumen.

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

Pancreas

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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

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Variable yet prominent in size, mid abdominal mesenteric to mesenteric root 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 4.8 x 1.4 cm width.

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No overt peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

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- Moderate echogenic to strongly shadowing gastric ingesta to potential luminal echoes.
- Primarily empty small bowel with segmental increased gas pattern and retained chyme, no overt small bowel obstructive pattern.
- Prominent mesenteric lymph nodes - immunologic immaturity, hyperplasia, or reactive lymphadenitis potential owing to inflammatory bowel episode possible. The possibility of neoplastic lymphatic criteria considered unlikely.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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While in the ER, the presence of echogenic to shadowing ingesta may correlate with recent meal ingestion or some degree of metabolic gastric stasis. However, the degree of shadowing gastric ingesta would be unexpected if documented NPO 12 hours prior to the ultrasound which may indicate the possibility of gastric foreign material. Likewise, technically the possibility of nonobstructive material within the gastrointestinal tract cannot be excluded, although an obstructive pattern was not present in the small intestine.

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Given these findings, continued hospitalization with documented fast and monitoring for evidence of gastric emptying would be appropriate. If available, endoscopy could be considered for further assessment of the gastric ingesta. Inflammatory bowel episode and infectious gastroenterocolitis also possible.

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If continued retained gastric ingesta despite fasting, exploratory laparotomy for further assessment with intestinal biopsies considered essential despite exploratory findings may be indicated. Fresh fecal analysis +/- parvo test may be considered if not done.

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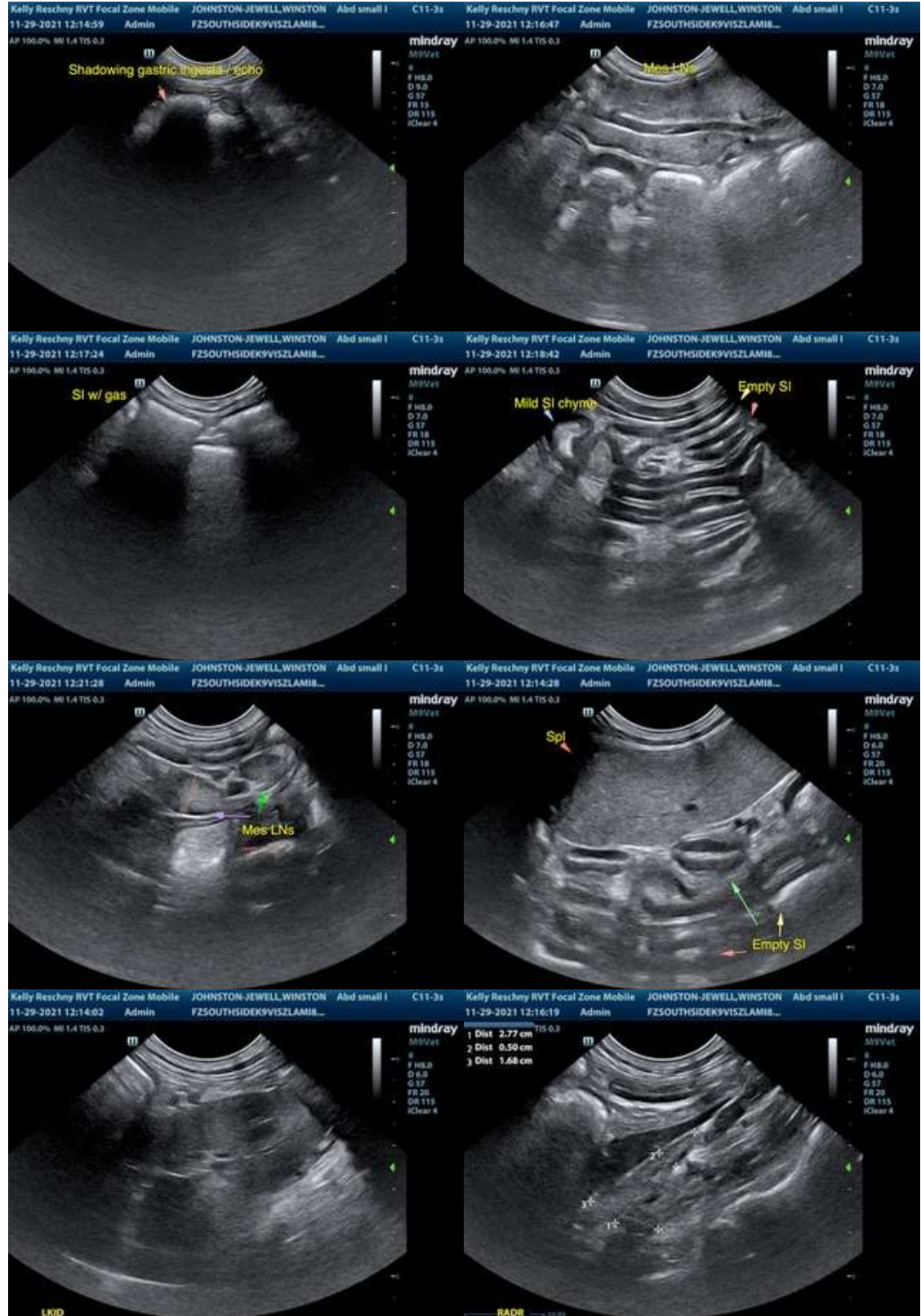
Velez

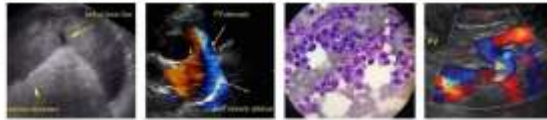
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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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info@SonoPath.com

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