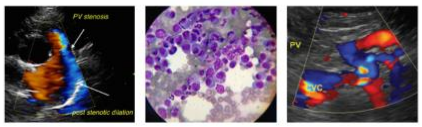
IMAGING PERFORMED BY
svsimaging.net 309-737-3070



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

PATIENT

Tallie Spencer

SPECIES

Canine

BREED

Lab

SEX

Spayed Female

AGE

2 Years

WEIGHT

78 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Sarah Pender, CVT

HOSPITAL NAME

SVS Imaging QC

REFERRING VET

Christine Rall, DVM

INVOICE

17951

DATE

11/4/22

PRESENTING CLINICAL SIGNS

History: Vomiting since 11/2/22, wasn't keeping food down; lethargic; decreased appetite
Abnormal PE/Chem/CBC/UA Results: Temp 102.7, all else unremarkable; neutrophils, monocytes, WBCs elevated; BUN slightly elevated

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 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 7.0 cm in length. The right kidney measured 6.8 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 2.5 cm in length x 0.49 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 2.3 cm in length x 0.53 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 intact and overtly normal wall layering. The lumen of the stomach contained a mild amount of retained anechoic fluid with strongly shadowing mildly irregular echo, subjectively within the area of the pylorus or potential pyloric outflow.

The small intestine exhibited intact wall layering and maintained 1:3 muscularis/mucosa ratio. Focal to suspect multifocal shadowing intestinal luminal echoes were noted with at least one luminal echo exhibiting subjective linear component with likely concurrent segmental intestinal plication. Areas of

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mild retained intestinal fluid noted, suggestive of mild to possibly partial obstructive pattern. Concurrent segments of small intestine were empty without evidence of mechanical/metabolic ileus.

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

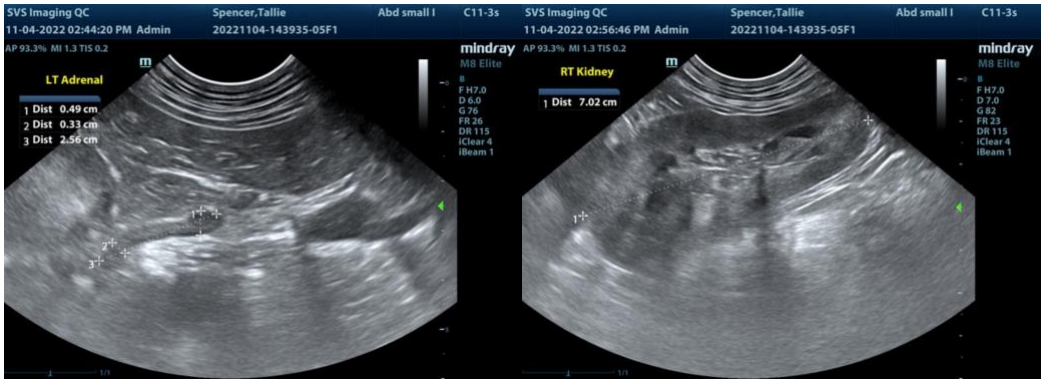
Overall normal omentum was noted, without evidence of overt peritonitis. No overt evidence of mesenteric lymphadenopathy.

ULTRASONOGRAPHIC FINDINGS

- Strongly shadowing pyloric echo with mild retained gastric fluid
- Small intestinal echo/possible multiple echoes with likely segmental linear component and secondary intestinal plication

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The study is consistent with pyloric and potential focal to multifocal intestinal foreign bodies with at least mild partial obstructive pattern and linear component with secondary intestinal plication. The segmental empty small bowel without evidence of mechanical/metabolic ileus suggests likely upper intestinal location of the intestinal foreign bodies. Exploratory laparotomy with expectation toward gastrotomy and potential multiple enterotomies are recommended. No evidence of intestinal perforation or peritonitis.



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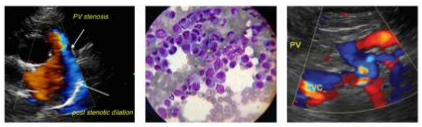

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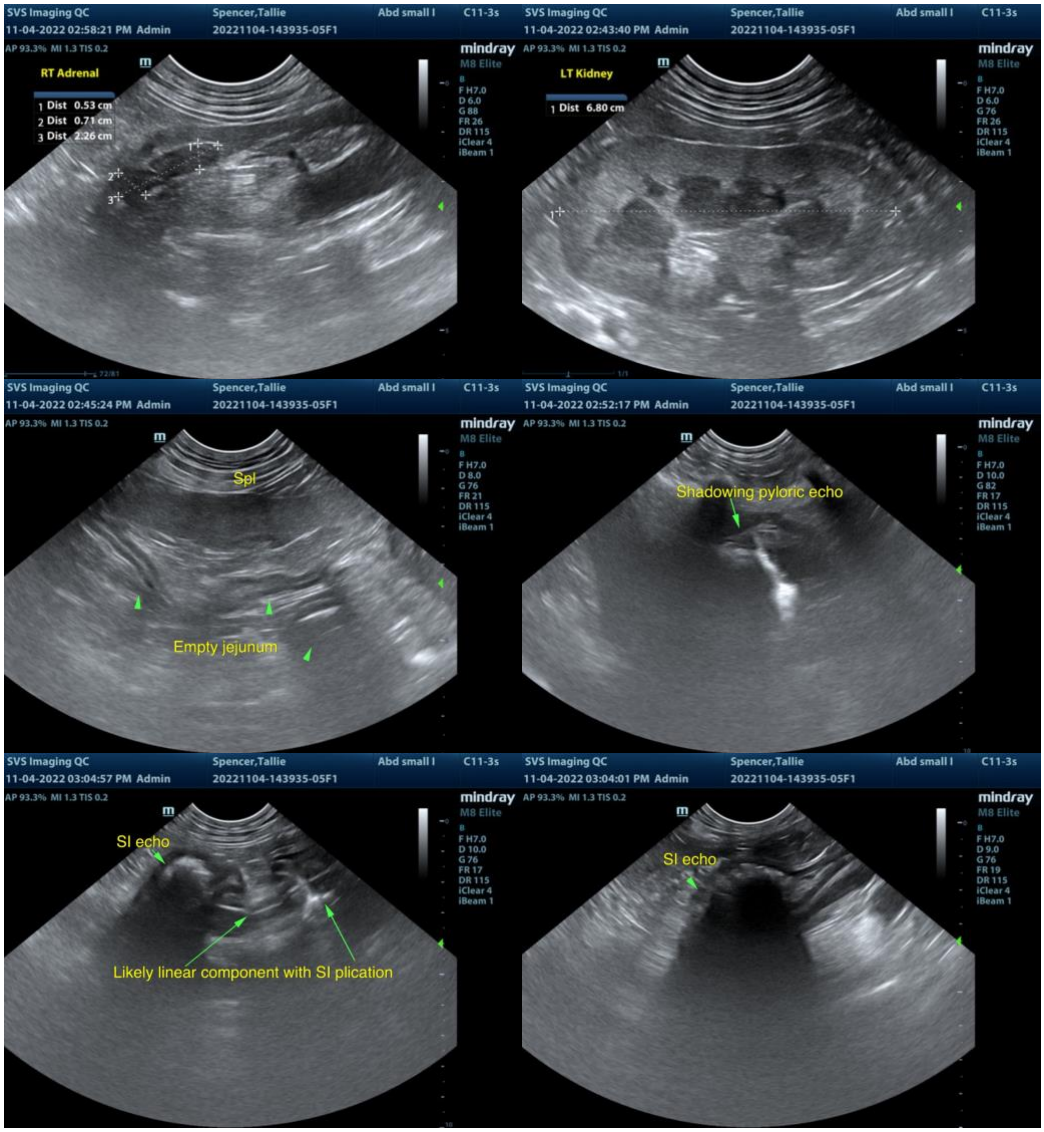

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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