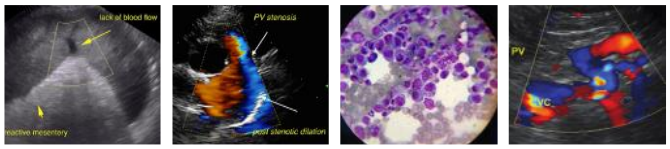
SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™



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

PATIENT

Ganso Noah

SPECIES

Canine

BREED

German Wirehaired Pointer

SEX

MN

AGE

1yr

WEIGHT

63.4lb

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Evoniuk

HOSPITAL NAME

State Avenue Vet Clinic

REFERRING VET

Dr. Casas-Dolz

INVOICE

12116ag

DATE

11/08/2022

PRESENTING CLINICAL SIGNS

11/07/2022 V+ started saturday night V+ water and first time was food Hasn't eaten at all since Saturday night O did try some canned food and P didn't want that either No D+, did have a normal BM yesterday Lethargtic Meds- O has the ones P was sent home with but P has been spitting them out, hasn't not swollowed any since Sat morning hrw Physical Exam: BAR; freindly; p/m mm; CRT 1-2s; no mur/arrh; no abn lung sounds; no abd dist; no pain or abns on abd palp; eye, ears, LNs WNL; ambulating normally; T-100.4F; pulled blood; placed IVC; started on IV fluids; abd US- no free fluid; sm, empty stomach, normal colon, no sig SI distention; tried to feed; no interest; bright and alert 11-07-2022 5:57:52pm Dr.Raul Assessment: Ileous vs adhesions vs FB vs open inappetitance, post foreign body surgery

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2 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.

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 7.5 cm in length. The right kidney measured 7.5 cm in length.

The area of the aortic trifurcation was free of pathology.

The area of the residual prostate appeared normal and free of pathology.

Adrenal Glands

The left and right adrenal glands were not definitively visualized.

Spleen

The area of the spleen was free of pathology.

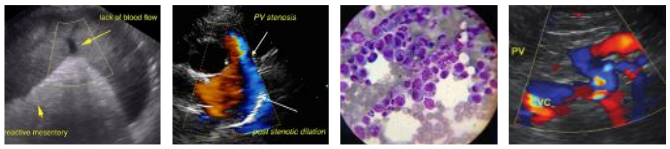
Liver

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 wall thickening secondary to echogenic mucosa hypertrophy. Intact wall layering was maintained and distinct. Moderate to marked gastric distension with retained primarily anechoic fluid was present as well as non-specific progressively shadowing ingesta in the area of the pyloric outflow.

The small intestine presented intact variably prominent wall layering. The lumen of the small intestine exhibited strongly shadowing segmental luminal echo/echoes in the mid abdominal intestine likely indicative of jejunal location with segmental mild to moderate obstructive pattern containing retained



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echogenic fluid and chyme likely proximal. Empty small intestine without evidence of ileus was present likely distal. The echo potentially measured 2-3 cm in length. Regional peri-intestinal hyperechoic mesentery was present. Intermittent pockets of peri-intestinal free fluid were present. Segmental mild intestinal corrugation was present without evidence of intestinal plication potentially indicative of spasming bowel.

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

Intermittent pockets of peri-intestinal free fluid were present.

Focal, mildly prominent to enlarged 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).

ULTRASONOGRAPHIC FINDINGS

- Hypomotile stomach with non-specific progressively shadowing pyloric ingesta
- Strongly shadowing small intestinal echo consistent with foreign body with mild to moderate obstructive pattern subjectively proximal, empty small intestine exhibiting minor segmental corrugation subjectively distal
- Suspect mild regional peri-intestinal peritonitis with associated benign/reactive mesenteric lymphadenopathy

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Exploratory laparotomy with expectation for enterotomy/ies +/- gastrotomy is recommended. Id this patient had a prior surgery, the possibility of concurrent omental adhesions to the intestinal tract cannot be definitively excluded. Gross inspection of the GI tract at the time of surgery with intestinal biopsies is suggested particularly if this patient has had recurrent history of foreign body ingestion. The possibility or potential resection and anastomosis cannot be definitively excluded. Perioperative antibiotics recommended given potential for peritonitis. A full CBC/chemistry panel is suggested prior to surgery.

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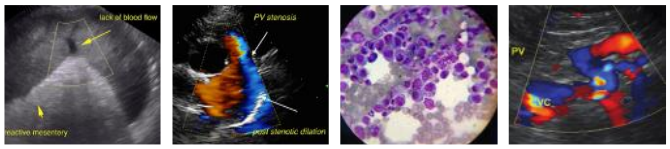

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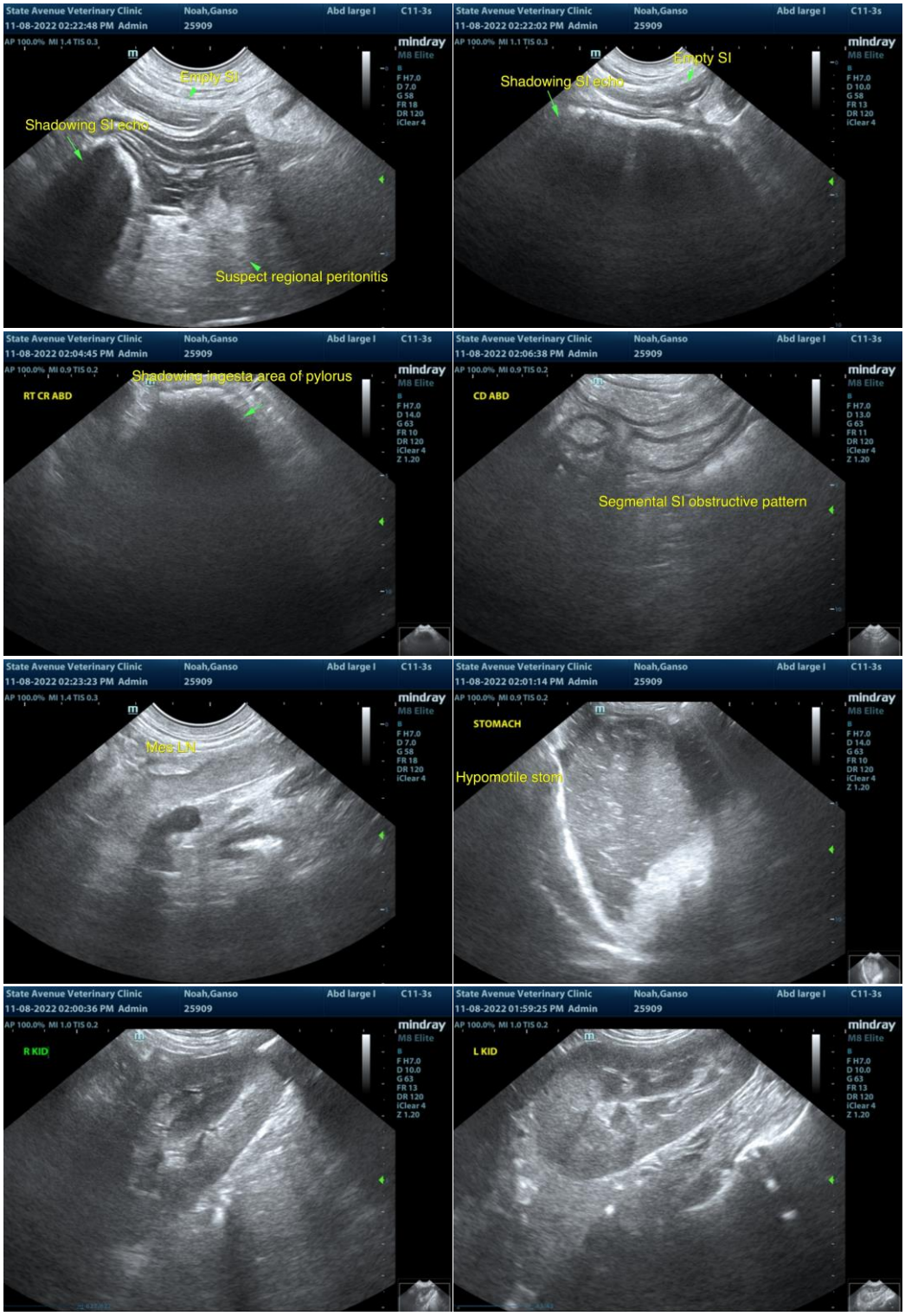
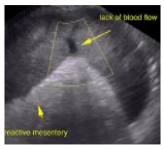
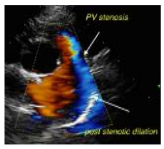
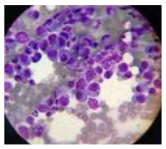
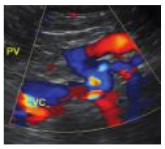


The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

Thank you for this referral. If the clinical or image interpretation does not parallel your findings or if I





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can be of any further assistance please contact me.

R. McKenzie Daniel, DVM, DABVP (Canine / Feline Practice)

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