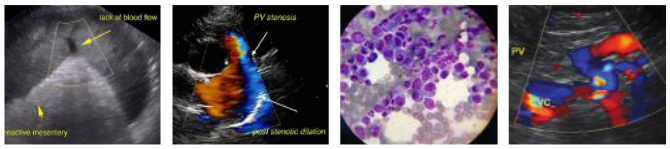
SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™



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

PATIENT
Gracie Gammon

SPECIES
Canine

BREED
Golden Retriever

SEX
FS

AGE
8mo

WEIGHT
55lb

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

IMAGING PERFORMED BY
Dr. Ebersole

HOSPITAL NAME
Scanvet

REFERRING VET
Dr. Walsh Meiczinger

INVOICE
12104ag

DATE
11/08/2022

PRESENTING CLINICAL SIGNS

Chewed up corded airpods 4 days ago. Has been vomiting once daily for the last 3 days ago. Has been having BM, with pieces of the cord. This morning vomited up breakfast and won't take treats.

Abnormal PE/Chem/CBC/UA Results: PE: QAR BW: mild monocytosis, otherwise WNL. RADS: mild to moderate gas distended intestines, stool in colon.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 3 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 6.6 cm in length. The right kidney measured 6.1 cm in length.

The area of the aortic trifurcation was free of pathology.

The area of the uterine remnant appeared normal and free of pathology.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.39 cm width at the caudal pole and 2.0 cm length. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.58 cm width at the caudal pole and 2.6 cm length.

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 retained non-shadowing ingesta/chyme along with non-specific focally shadowing small gastric luminal echoes, an example measuring 1.0 cm in diameter. No overt mechanical pyloric outflow obstruction was observed.

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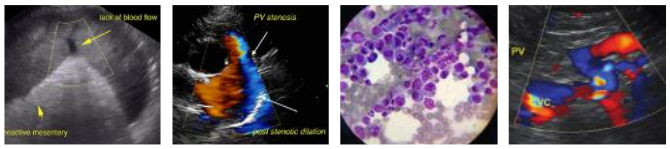

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The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. Generalized mild retained non-shadowing duodenal and segmental jejunal chyme was present along with increased jejunal gas pattern. No signs of obstruction or definitively visualized foreign material.

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

No omental masses or peritoneal effusion was present.

Several focally 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 4.6 cm x 1.4 cm.

ULTRASONOGRAPHIC FINDINGS

- Mild retained gastric ingesta/chyme with several small non-specific shadowing gastric luminal echoes
- Segmental duodenojejunal ileus pattern exhibiting mild segmental retained chyme and segmental increased intestinal gas pattern

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The mild retained gastric ingesta/chyme including the non-specific non-shadowing luminal echoes may indicated retained gastric ingesta owing to mild gastric hypomotility secondary to low grade gastritis/gastroenteritis. However, given the reported daily vomiting including vomiting prior to ultrasound and assumed NPO, the small shadowing gastric echoes are concerning for small pieces of non-obstructive gastric foreign material. A definitive obstructive pattern was not present within the small intestine yet given the history and clinical presentation, small amounts of passing foreign material which may be obscured by segmental increased gas pattern could also be present.

Without definitive obstructive pattern in this patient, hospitalization with 24-hour IVF and gastrointestinal supportive protocol with recheck sonogram in 24 hours to reassess the stomach and small bowel would be reasonable. Alternatively, if available, gastric endoscopy could be considered for further assessment of the shadowing echoes. If evidence of persistent shadowing gastric echoes or if persistent/progressive GI signs and inappetence, exploratory laparotomy may be indicated.

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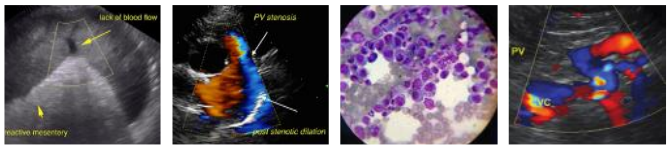

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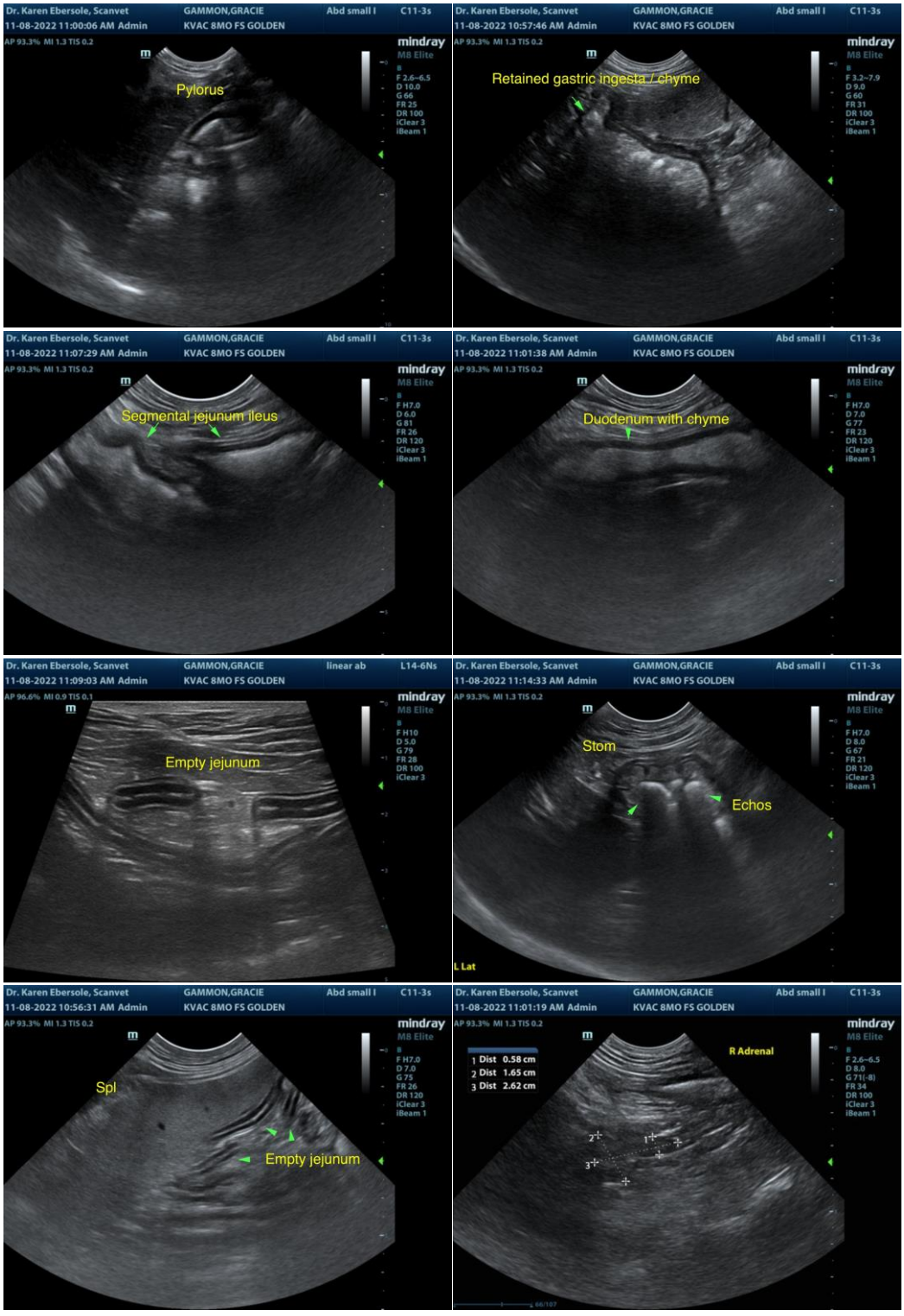

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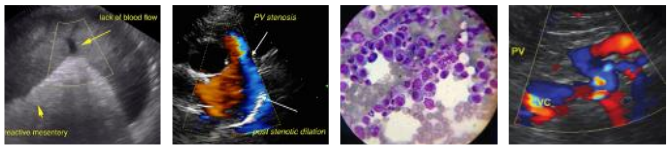

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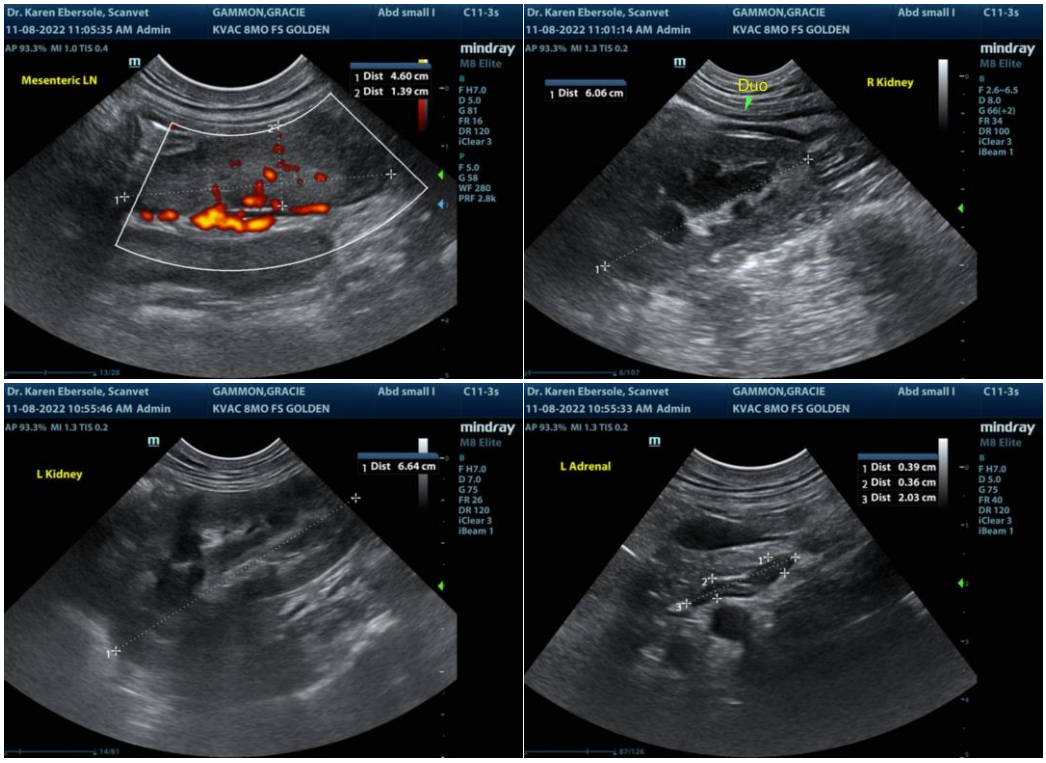

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)

info@SonoPath.com