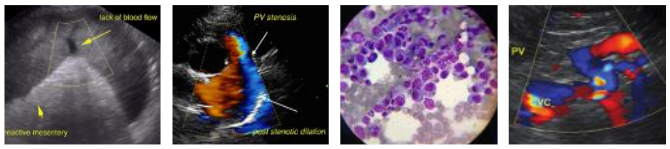
SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™



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

PATIENT

Izzy Tooz

SPECIES

Canine

BREED

German Wirehair Pointer

SEX

FS

AGE

3yr

WEIGHT

55.60lb

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Casas Dolz

HOSPITAL NAME

State Avenue Vet Clinic

REFERRING VET

Dr. Lenz

INVOICE

12115ag

DATE

11/08/2022

PRESENTING CLINICAL SIGNS

Last time she ate was sunday, ate the wet dog food in the morning some dry dog food in the after noon did not eat at all yesterday when she eats now does not eat very much before she would eat a lot and now she is now was around 64 65 lbs now is 56 lbs looking better today is attentive, yesterday was glazed over has been vomitting chances of getting into thinks o is not sure highly restricted things, out in the yard with the other dog quite a bit has her chew antler all started on sunday has not gone anywhere, last time she was borded was two weeks ago did good there ate through that one had surgery 3-4 weeks ago has not been hunting lately v/d- this morning vomitted, grey matter, no food c/s- none l/b- none medications- none tried to make chicken and rice was not interested in that e/d- drinking water last time she drank water was when they were leaving the house concerns- what can we do has been less aggressive since the last surgery jk thin has lost weight temp of 103

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 7.1 cm in length. The right kidney measured 6.8 cm in length.

The area of the aortic trifurcation was free of pathology.

Adrenal Glands

The left and right adrenal glands were not definitively visualized.

Spleen

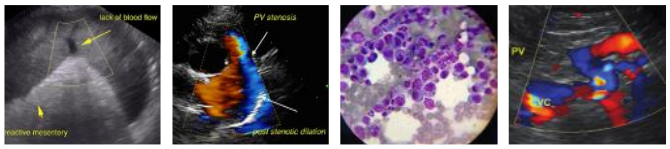
The spleen exhibited a finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. The capsule was smooth and regular without apparent expansion. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis. Acute 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 mild to moderate variable wall thickening secondary to echogenic mucosa hypertrophy. Intact wall layering was maintained and distinct. Mild gastric distension with primarily anechoic fluid was present. No obstructive pyloric mural pathology or overt foreign material was present.



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The small intestine exhibited segmental to generalized intact to prominent wall layering with previously noted minor segmental mural proliferation. Segmental empty lumen was present without evidence of mechanical or metabolic ileus along with concurrent segmental moderate ileus to potential partial obstructive pattern primarily in cranial abdominal intestinal segments. Potential subjective increased segmental gas pattern was observed.

The visualized colon exhibited strongly shadowing fecal matter in the proximal to transverse colon caudal to the stomach.

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 small pockets of scant peri intestinal free fluid were present.

Mild regional peri-intestinal hyperechoic mesentery was 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). An example of a lymph node measured 2.0 cm x 0.6 cm.

ULTRASONOGRAPHIC FINDINGS

- Mild hypomotile gastritis pattern
- Segmental to diffuse prominent small bowel walls exhibiting segmental empty small bowel with concurrent segmental moderate ileus to possible partial obstructive pattern
- Subjective strongly shadowing fecal matter in the proximal to transverse colon caudal to the stomach
- Regional mild per-intestinal hyperechoic mesentery and associated subjective benign/reactive mesenteric lymphadenopathy

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Assuming no evidence of neoplastic criteria on previous small intestinal biopsies, sonographically the appearance of the small intestinal wall was most suggestive of persistent inflammatory criteria. An obvious cause of the segmental intestinal ileus to potential partial obstructive pattern was unclear. This may be associated with functional metabolic ileus or segmental dysfunctional bowel partial obstruction secondary to recurrent adhesions while the possibility of recurrent non-visualized foreign body given the patient history cannot be definitively excluded.

Given this presentation, 24 hour hospitalization with IVF support, documented NPO and as needed GI support with recheck sonogram is recommended with hopes that the ileus to partial obstructive pattern will resolve with restitution of hydration. Underlying intestinal disease may still be a concern in this patient. Pending further sonographic reassessment, re-exploratory laparotomy with intestinal biopsies considered essential may be indicated.

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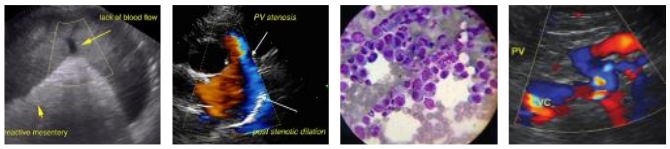

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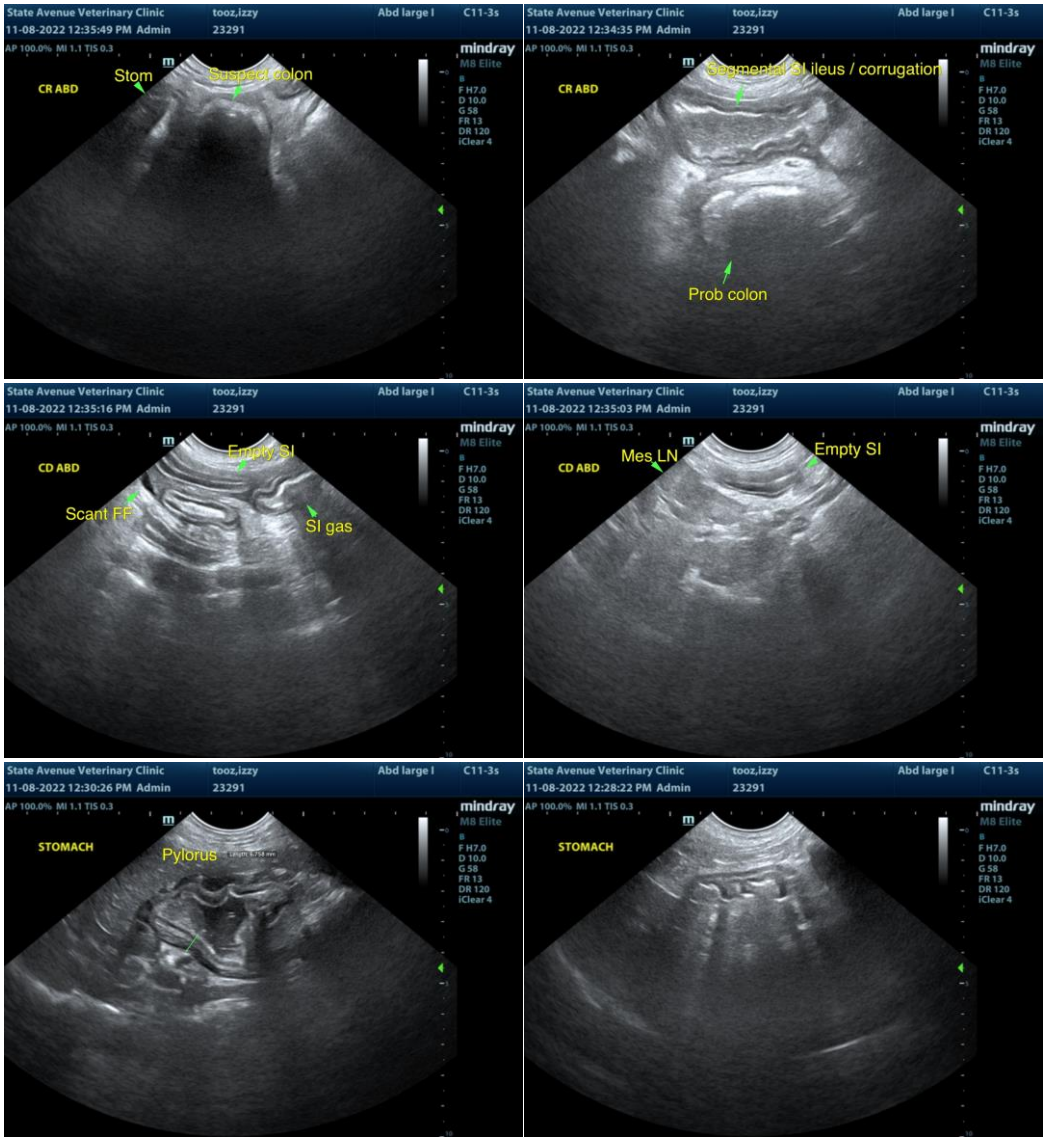

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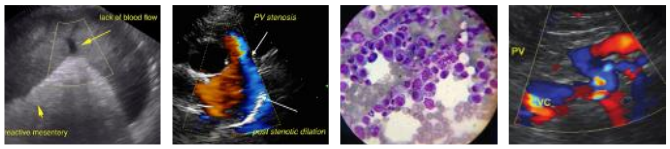

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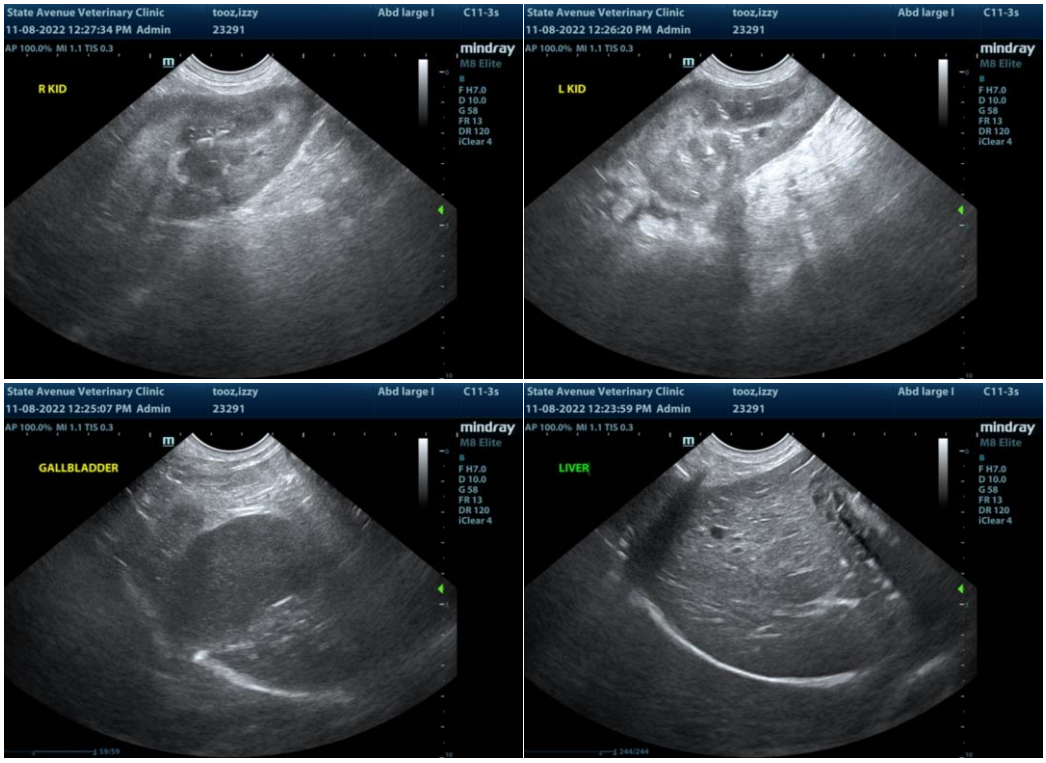

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)

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