

**PATIENT**

Greta Baker

SPECIES

Canine

BREED

Boxer

SEX

Intact Female

AGE

3 years

WEIGHT

66 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Sarah Pender, CVT

HOSPITAL NAME

SVS Imaging QC

REFERRING VET

Dr. Katie Merkes

INVOICE

12845

DATE

12/17/21

PRESENTING CLINICAL SIGNS

About 3 week history of inappetance. Elevated PLI after thanksgiving (was given a T bone), treated with IV fluids and cerenia and started eating again. Then she becomes randomly lethargic and won't eat. Owner was on vacation for about a week and dog sitter thought she wasn't eating because she was depressed. Vomits on occasion. Radiographs were taken initially and nothing overtly wrong was found. Ate a few pieces of a hotdog yesterday afternoon but vomited them back up and npo since. Abnormal PE/Chem/CBC/UA Results: Blood work is all normal. PLI is back in normal range. QAR, dumpy.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**Urinary System**

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 4.0 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 was noted.

No evidence of pathology associated with the uterus or bilateral ovaries was noted.

The area of the aortic trifurcation was free of pathology.

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 6.8 cm in length. The right kidney measured 6.6 cm in length.

Adrenal Glands

The left adrenal gland exhibited subjective mild flattened to subnormal size. The left adrenal gland measured 2.6 cm length x 0.34 cm width at the caudal pole. The right adrenal gland exhibited potential for mild subnormal, primarily mid to caudal size. The right adrenal gland measured 2.7 cm length x 0.38 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/ Gallbladder

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.

**PATIENT**

Greta Baker

Gastrointestinal**SPECIES**

Canine

The stomach presented intact yet subjective mild prominent wall layering with moderate retained anechoic to echogenic fluid. The gastric body wall width measured 0.48 cm. No overt evidence of mechanical pyloric outflow obstruction was noted.

BREED

Boxer

The small intestine presented intact wall layering with segmental, variable yet moderate fluid dilation. The fluid potentially appeared to be moving both orally and aborally. A distinct area of mechanical obstruction was not definitively evident. Segments of intestine were also empty without evidence of retained fluid. The jejunum wall width measured 0.36 cm.

SEX

Intact Female

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

AGE

3 years

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 were evident. Potential for low-grade pancreatitis, which may present as sonographically normal, cannot be definitively excluded yet is thought less likely.

WEIGHT

66 lbs.

Free Abdomen

Intermittent, mesenteric 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 lymph node measured 2.1 cm and 0.9 cm respectively. No evidence of peritoneal effusion was noted.

INTERPRETED BY

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

ULTRASONOGRAPHIC FINDINGS**IMAGING****PERFORMED BY**

Sarah Pender, CVT

Primary Findings

- Retained gastric fluid
- Segmental variable small intestinal fluid dilation
- Associated benign / reactive mesenteric lymph nodes
- Subjective potential subnormal bilateral adrenal size

HOSPITAL NAME

SVS Imaging QC

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**REFERRING VET**

Dr. Katie Merkes

Considerations for the retained gastric fluid and segmental variable intestinal retained fluid may include metabolic vs. mechanical ileus. However, segments of small intestine also presented empty without evidence of fluid dilation, ileus, or obstructive foreign material. Although a definitive area of mechanical obstruction was not observed, given the segmental intestinal fluid dilation with retained gastric fluid, potential for non-visualized area of mechanical obstruction is of concern.

INVOICE

12845

DATE

12/17/21

Based on these sonographic findings, patient history, and clinical signs, exploratory laparotomy is warranted in this case. Intestinal biopsies would be considered essential despite exploratory findings to assess for underlying gastrointestinal disease. Prior to surgical considerations, resting cortisol with



PATIENT

Greta Baker

full ACTH stimulation test, if resting cortisol is <2.0, is suggested to rule out the potential for Addison's Disease. Hospitalization with 24-48 hour supportive IV fluid protocol to correct potential electrolyte abnormalities or dehydration with recheck sonogram in 24 hours could also be considered.

SPECIES

Canine

BREED

Boxer

SEX

Intact Female

AGE

3 years

WEIGHT

66 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Sarah Pender, CVT

HOSPITAL NAME

SVS Imaging QC

REFERRING VET

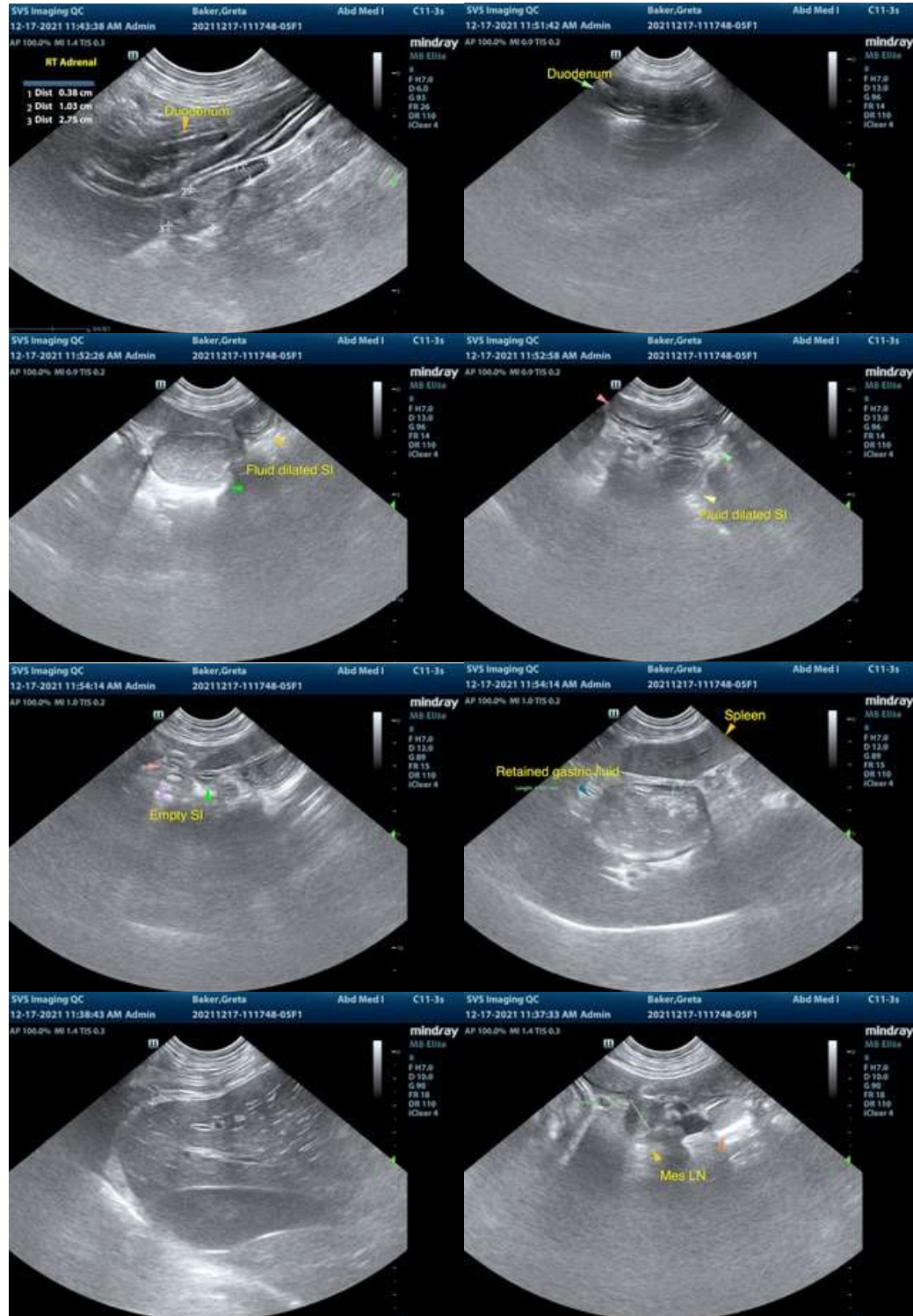
Dr. Katie Merkes

INVOICE

12845

DATE

12/17/21



IMAGING PERFORMED BY

svsmedicalimaging.com 309-337-3070



Clinical Sonography & Telectology

EDUCATIONAL TELECONSULTATION SERVICES™

1-800-838-4288 info@sonopath.com SonoPath.com

PATIENT

Greta Baker

SPECIES

Canine

BREED

Boxer

SEX

Intact Female

AGE

3 years

WEIGHT

66 lbs.

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

Sarah Pender, CVT

HOSPITAL NAME

SVS Imaging QC

REFERRING VET

Dr. Katie Merkes

INVOICE

12845

DATE

12/17/21



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