SonoPath
Clinical Sonography & Telecytology
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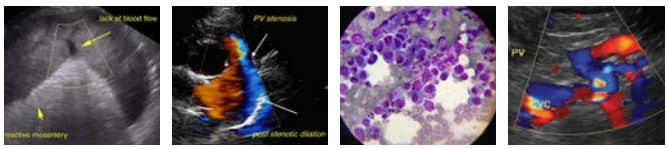


SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT
Charlie Davila

SPECIES
Canine

BREED
Pit X

SEX
Neutered Male

AGE
7 Years

WEIGHT
66 Pounds

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

IMAGING PERFORMED BY
Jenn

HOSPITAL NAME
Rockaway AH

REFERRING VET
Dr. Maniar

INVOICE
33151

DATE
12/2/21

PRESENTING CLINICAL SIGNS

vomiting and anorexia for a week came from Banfield

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 3.0 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 were noted.

No overt pathology in the area of the residual prostate.

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 6.9 cm. The right kidney measured 6.5 cm.

The area of the aortic trifurcation was 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 2.2 cm length x 0.60 cm at the caudal pole. The right adrenal gland was 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.

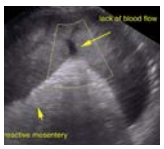
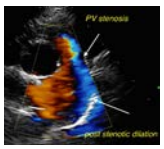
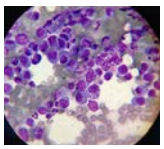
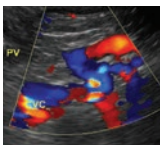
Liver

The liver presented normal in size. The hepatic parenchyma was mildly hypoechoic with a mild coarse echotexture. Increased portal vein prominence was evident. The capsule of the liver was normal in margination. Distinct masses or nodules were not evident. The hepatic and portal vasculature were normal in appearance. The gallbladder was non-distended in size with primarily anechoic luminal content. The cystic and common bile ducts were normal.

Gastrointestinal

The stomach presented intact yet mild prominent wall layering. The stomach exhibited moderate distention with retained anechoic fluid extending into the area of the pylorus and gastroduodenal junction. No evidence of retained gastric ingesta or overt foreign material, as well as no overt evidence of mechanical pyloric outflow obstruction. Gastric body wall measured 0.22 cm.

The small intestine exhibited primarily intact wall layering and maintained 1:3 muscularis/mucosa ratio with segments of intestine exhibiting moderate fluid retention, decreased mural echogenicity, and potential segmental indistinct wall layering. Overt evidence of small intestinal foreign material was not definitively evident, yet potential for mechanical obstruction (given the degree of intestinal fluid dilation) cannot be excluded. No overt evidence of intestinal masses. Generalized echogenic mesentery with

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moderate peritoneal free fluid exhibiting subjective mild cellular component noted. At least one suspected hypoechoic to swollen mesenteric lymph node adjacent to a segment of jejunum was noted measuring 3.3 cm x 2.3 cm.

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

Pancreas

The pancreas was indistinctly visualized. No overt evidence of pancreatic pathology such as inflammation or neoplastic criteria, although potential for low-grade to mild pancreatitis cannot be definitively excluded.

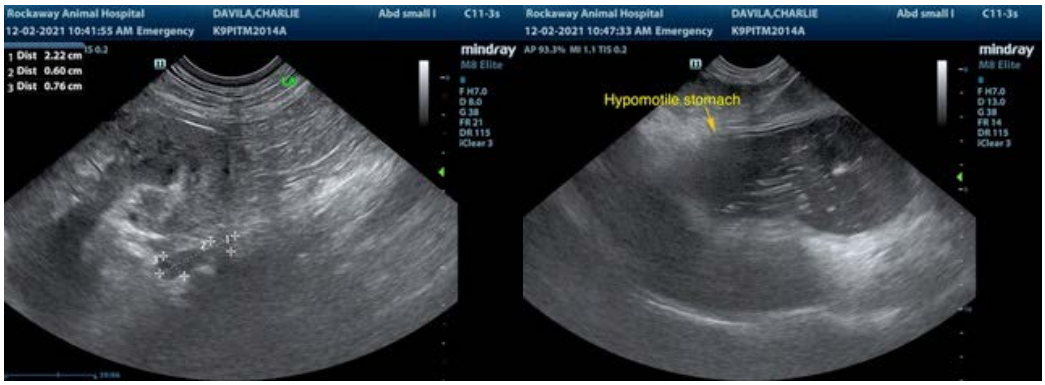
ULTRASONOGRAPHIC FINDINGS

- Segmental to generalized severe gastroenteropathy with segmental to diffuse gastrointestinal stasis – metabolic versus potential mechanical stasis possible.
- Generalized peritonitis exhibited by reactive to echogenic mesentery and moderate peritoneal free fluid.
- Suspect mid abdominal hypoechoic to swollen mesenteric lymph node

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Considerations for the small intestine may include severe acute to subacute gastroenteritis owing to gastroenterotoxic insult, dietary indiscretion/food hypersensitivity, occult parasitism, infectious gastroenteritis, non-obvious foreign body, occult infiltrative gastrointestinal neoplasia, necrosis, torsion, or other.

Abdominocentesis for peritoneal effusion analysis and cytology to assess for evidence of septic abdomen recommended. However, given the patient's history and presentation of the small intestine, exploratory laparotomy for further assessment with intestinal biopsies considered essential at the time of surgery would be appropriate. Stabilization prior to surgery with perioperative antibiotics recommended. However, very guarded to potentially unfavorable prognosis indicated given the appearance of the gastrointestinal tract and potential for peritonitis.



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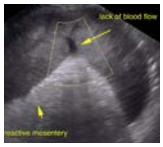
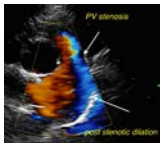
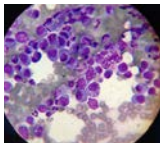
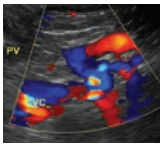

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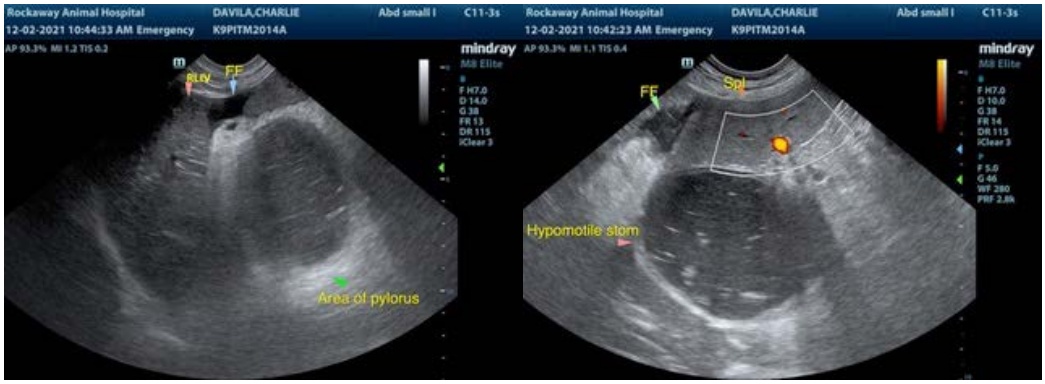

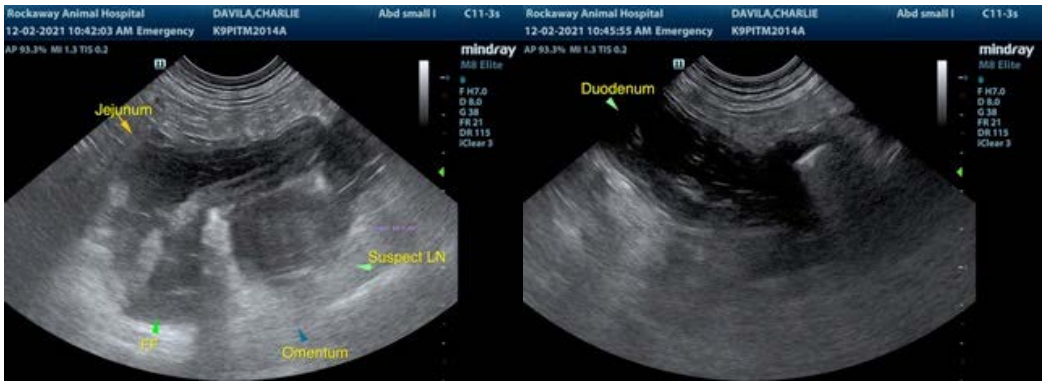

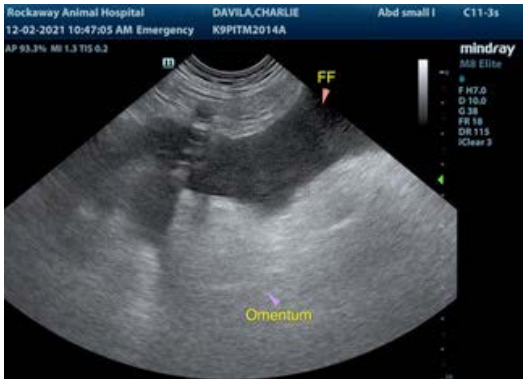

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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