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Clinical Sonography & Telecytology
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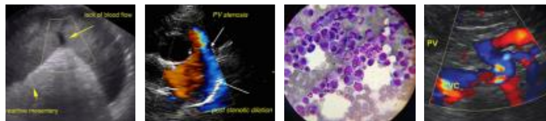


ANIMAL SOUNDS NW
MOBILE VETERINARY ULTRASOUND
IMAGING PERFORMED BY
AnimalSoundsNW.com 541-357-9423

PATIENT
Sarge Heiselt

SPECIES
Canine

BREED
German Shepherd

SEX
Neutered Male

AGE
3 Years

WEIGHT
72.4 Lbs.

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

IMAGING PERFORMED BY
Jenna Walsh, CVT

HOSPITAL NAME
West Hills AH

REFERRING VET
Dr. Yuko Eguchi-coe

INVOICE
13133

DATE
12/21/21

PRESENTING CLINICAL SIGNS

History: ER intake 12-19 P possibly ate two jalapeno poppers with 3.75-inch skewers on wednesday. P was doing fine while eating i/d in bulk and bread until last night when P became lethargic and started straining to defecate with no production. P also vomited once last night and once this morning. P did not want to eat dinner last night or breakfast this morning. No coughing or sneezing. No diarrhea. Up to date on vaccines. patient was discharged yesterday - Last night he ate a piece of chicken, but no strong appetite. He is lethargic and restless all night. Diarrhea this AM. He is crying out when he moves. Radiographic Findings 3 view abdominal radiographs: Normal serosal detail. Stomach is empty/contains small amount of gas. Majority of SI small/fluid-filled with few more gas-dilated loops concerning for poss obstruction. Small amount of formed feces in colon Primary Question/Differential to Be Answered in This Exam Where are the toothpick Does he need an explore

Abnormal PE/Chem/CBC/UA Results: slight neutrophilia

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2.0 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.

Aortic trifurcation was normal.

Normal size and margination was 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 7.7 cm in length. The right kidney measured 8.4 cm in length.

Adrenal Glands

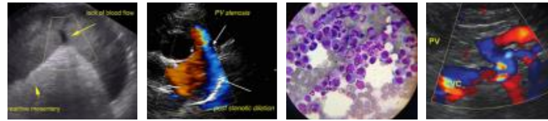
The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 3.3 cm in length x 0.54 cm width at the caudal pole.

The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 4.0 cm in length x 0.64 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



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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 mild dependent nonorganized gallbladder debris. The cystic duct and common bile ducts were normal without evidence of dilation.

Gastrointestinal

The stomach exhibited sonographically unremarkable wall layering with mild retained echogenic fluid and chyme. No overt evidence of gastric foreign material or mechanical pyloric outflow obstruction.

The echogenic fluid and chyme extended throughout the upper mid and distal duodenum with subtle evidence of oral and aboral movement of the fluid and chyme within the duodenum. Intact wall layering was maintained in the duodenum without overt evidence of significant mural inflammation. The duodenum wall measured 0.36 cm. No overt evidence of obstructive duodenal foreign body. The jejunum and ileum to the level of the colon presented primarily empty with mild segmental jejunal gas pattern yet without evidence of jejunal mechanical or metabolic ileus. The jejunum wall measured 0.34 cm.

The colon exhibited sonographically unremarkable wall layering with generalized colonic distention with semi- to non-formed feces. The descending colon wall measured 0.29 cm.

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

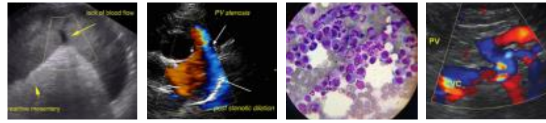
No omental masses, lymphadenopathy or evidence of peritoneal effusion/peritonitis.

ULTRASONOGRAPHIC FINDINGS

- Mild retained gastroduodenal echogenic fluid/chyme
- Overtly normal jejunoileum with segmental subjective mild jejunal gas pattern- no evidence of jejunal ileal mechanic/metabolic ileus
- Generalized mild colonic distention with semi- to non-formed feces

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The mild retained gastroduodenal ingesta/chyme may indicate metabolic upper gastrointestinal ileus potentially owing to gastroduodenitis. Overt evidence of obstructive gastrointestinal foreign body (i.e., toothpick) given the patient's history was not definitively evident in this study yet given the segmental mild gastrointestinal gas pattern, the possibility of a non-visualized nonobstructive to partially obstructive foreign body cannot be definitively excluded. Likewise, the possibility of potential foreign



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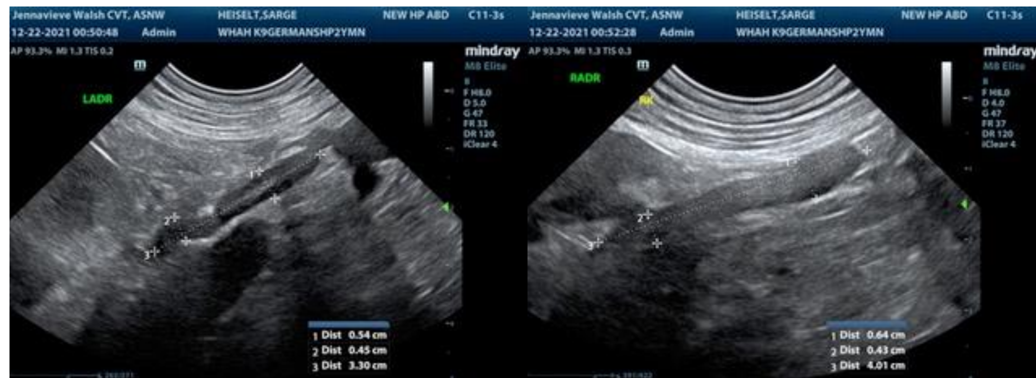
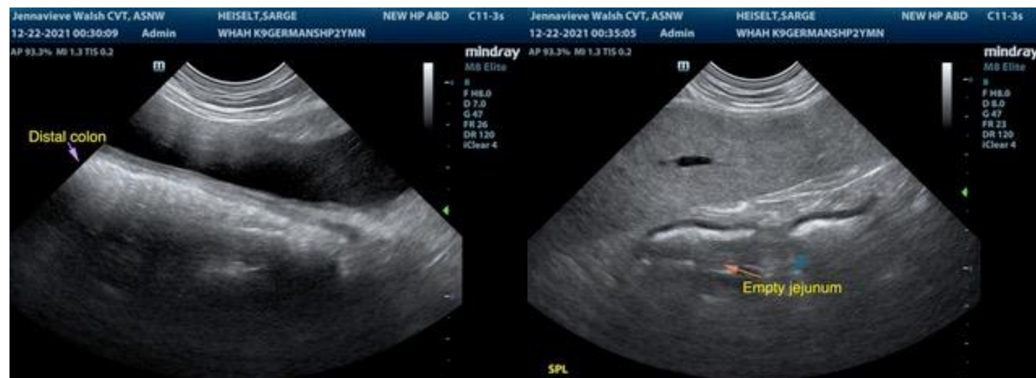
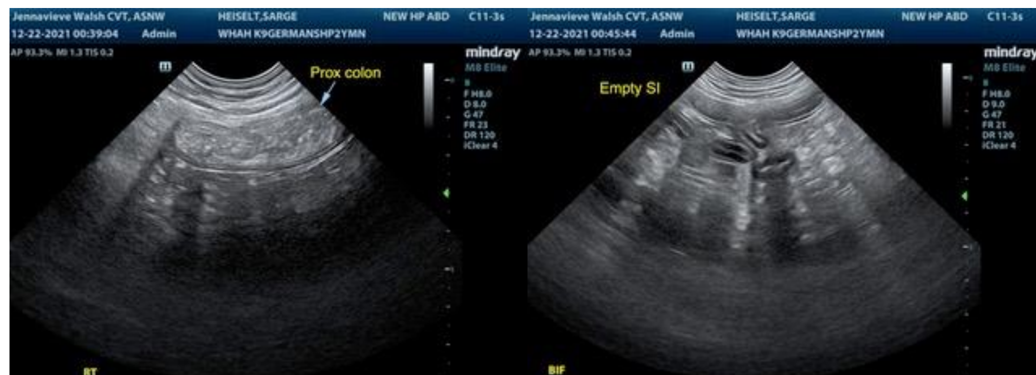
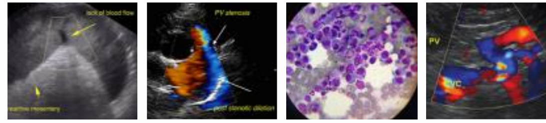
body (such as toothpick) which has passed into the colon, resulting in the patient's current clinical signs, including tenesmus, cannot be definitively excluded. Some degree of colitis, owing to dietary indiscretion, may also be possible. Rectal palpation suggested to rule out obstructive distal colon to colorectum foreign body. Monitoring for developing diarrhea recommended. Given the lack of definitive gastrointestinal obstructive pattern or overt foreign body, no obvious indication for immediate surgical intervention. However, exploratory laparotomy for gross inspection of the gastrointestinal tract with gastrointestinal biopsies considered essential, given the breed disposition for dysbiosis, may be considered, if clinical signs continue or strong suspicion of nonobvious foreign body.









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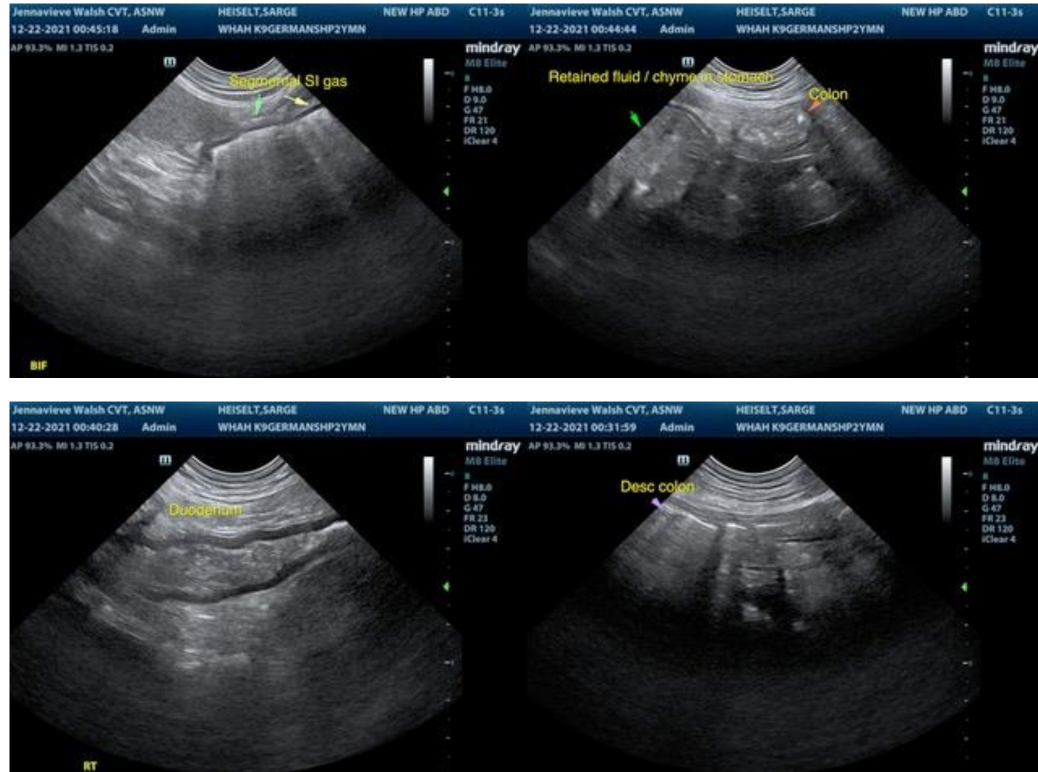

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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