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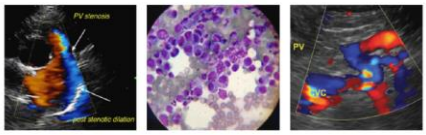
fredgromalak@gmail.com



SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™
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PATIENT

Josie Burdick-Nelson

SPECIES

Canine

BREED

Great Dane

SEX

FS

AGE

6yr

WEIGHT

54.5kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Tom McNeill

HOSPITAL NAME

SVS Imaging CT

REFERRING VET

Madison Veterinary Specialists Dr. Maller

INVOICE

12544ag

DATE

12/26/2022

PRESENTING CLINICAL SIGNS

Josie presented to the MVS Emergency Service on Dec 26, 2022, at (11am), for evaluation of vomiting and inappetence. Josie has been inappetent for the past 72 hours and she started vomiting around the same time frame. She initially vomited up undigested food, then the next day she vomited bile, and the day after that did not have any vomiting. She has additionally been a bit more lethargic than usual, but otherwise drinking and voiding normally.

Abnormal PE/Chem/CBC/UA Results: % dehyd.8-10% Abdomen: tense and painful on palpation; mildly distended PCV - 75% GLU- 211 SDMA- 20 CREA- 2.7 BUN- 66 PHOS- 9.2 Na- 134 K- 6.6 Cl- 104 A 8 Fr nasogastric tube was placed in the left nares and advanced in to the stomach. The tube was secured to the nose with 3/0 suture. A radiograph was taken that confirmed placement. 150 mls of green gastric fluid was removed from the stomach.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 4 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 8.7 cm in length. The right kidney measured 8.4 cm in length.

The area of the aortic trifurcation was free of pathology.

Intermittent mildly prominent to enlarged medial iliac 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). No evidence of lymphatic neoplastic criteria. An example measured 3.1 cm x 0.61 cm.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.69 cm width at the caudal pole and 0.60 cm width at the cranial pole. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.67 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. Probable small intraparenchymal cyst present in the left medial to lateral liver measuring 1.2 cm in diameter. The hepatic and portal

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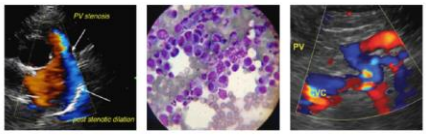

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vasculature were normal in appearance without signs of congestion. No overt pathology in the area of the gallbladder/common bile duct.

Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained mild retained anechoic fluid with no signs of ileus, obstruction or foreign material. The ventral gastric body wall measured 0.50 cm in width.

The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. Mild concurrent duodenal ileus pattern exhibited by mild retained anechoic fluid extending caudally was present. The jejunum and ileum to the level of the colon appeared to be primarily empty without ileus, obstruction or foreign material. The duodenum wall measured 0.49 cm width. The jejunum wall measured 0.43 cm width.

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.

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 2.3 cm x 1.3 cm.

ULTRASONOGRAPHIC FINDINGS

- Sonographically unremarkable kidneys-possible acute renal insult
- Gastroduodenitis pattern with non-obstructive gastroduodenal hypomotility-suspect metabolic ileus without mechanical obstructive pattern/foreign material
- Sonographically unremarkable bilateral adrenal glands
- Intermittent subjectively benign mesenteric and medial iliac lymphadenopathy-likely incidental, potential focal mesenteric lymphadenitis secondary to inflammatory bowel episode

Secondary

- Small intra-hepatic cyst-incidental

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The small intestinal presentation is suggestive of acute gastrointestinal episode in conjunction with possible acute renal insult. Consideration for infectious disease (leptospirosis), toxin or other possibly indicated. A leptospirosis titer/PCR may be considered if clinically indicated or if potential exposure/endemic to the area. A full urinary workup including UA, C/S +/- baseline UPC if clinically indicated is recommended. Although considered unlikely considering normal adrenal presentation, a resting cortisol level to rule out occult Addison's disease is recommended.

Hospitalization with aggressive rehydration protocol, electrolyte supplementation, reassessment of renal enzymes as well as GI support would be reasonable. Recheck sonogram recommended if progressive azotemia or evidence of persistent/progressive GI stasis.

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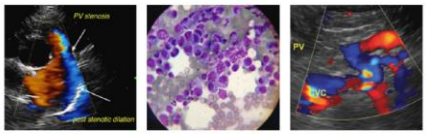

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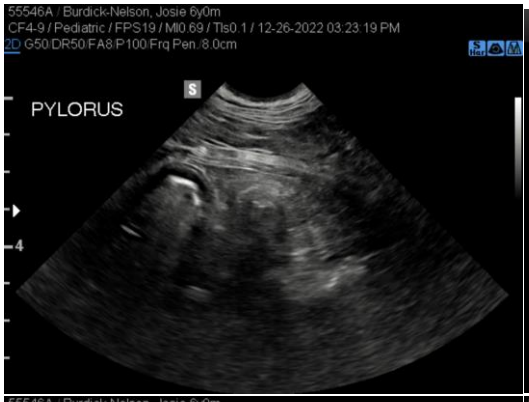

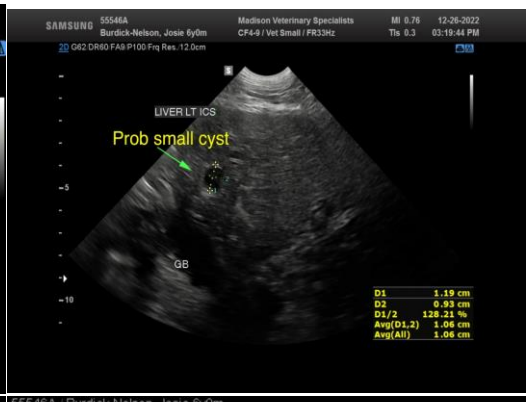

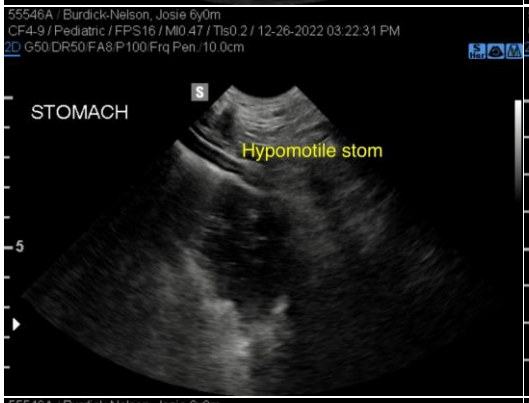

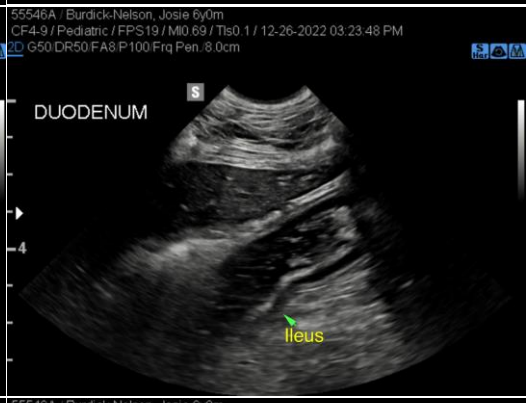

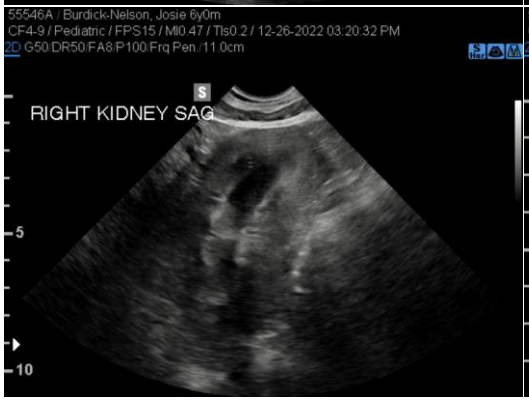

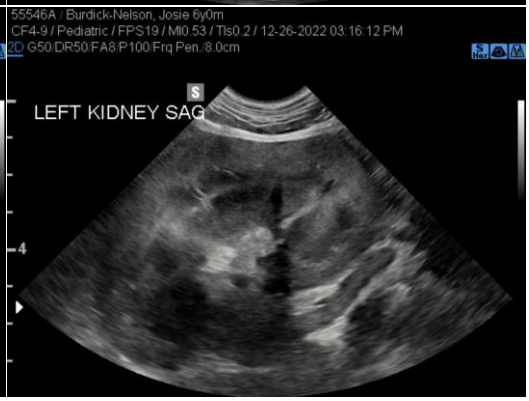

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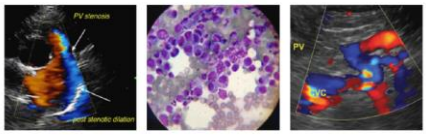

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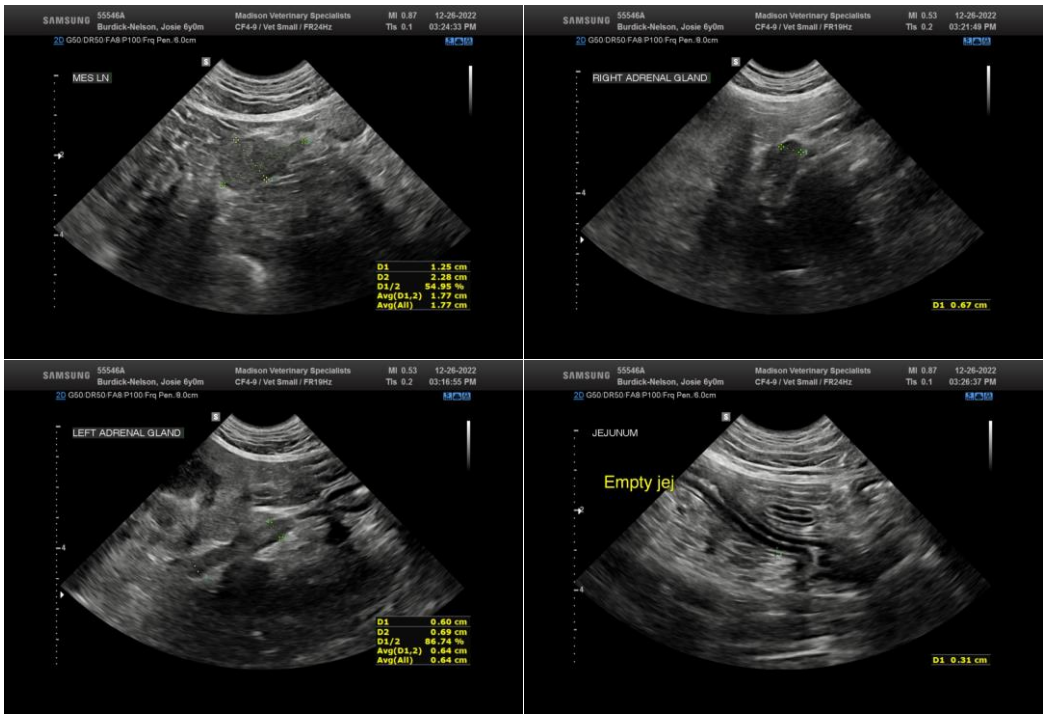

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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