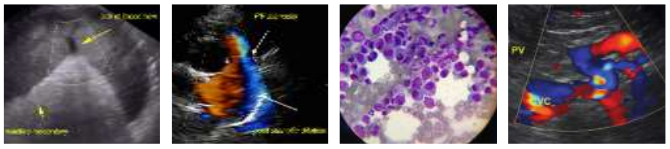
SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™



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

PATIENT

Sage Hinz

SPECIES

Canine

BREED

Lab Retriever

SEX

Intact Female

AGE

5 months

WEIGHT

30.14

INTERPRETED BY

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

IMAGING PERFORMED BY

Kim Liedberg

HOSPITAL NAME

SVS Imaging WI

REFERRING VET

MVS

INVOICE

12879

DATE

12/27/21

PRESENTING CLINICAL SIGNS

Vomiting since 12/26/21 am. continued vomiting yesterday and becoming lethargic, not eating. Check for FB

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 was noted.

No overt pathology associated with the uterus or the bilateral ovaries was 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 5.9 cm in length. The right kidney measured 5.4 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 0.54 cm width at the caudal pole and 0.50 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 0.57 cm width at the caudal pole and 0.54 cm width at the cranial 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.

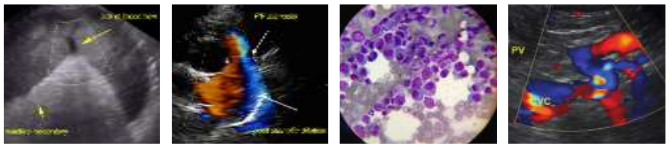
Liver/ Gallbladder

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.

Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. Mild retained anechoic fluid was present in the gastric lumen without overt evidence of retained gastric ingesta, foreign material, or mechanical pyloric outflow obstruction. The ventral gastric body wall width measured 0.36 cm.

The small intestine presented intact wall layering and maintained a 1:3 muscularis/mucosa ratio without overt evidence of structural pathologies such as intestinal masses or intussusception. Variable, primarily mild to moderate duodenojejunal ileus pattern was present. A solitary subtle progressively shadowing



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intestinal echo measuring approximately 3.0-4.0 cm in diameter was present potentially within the distal small intestine or within the adjacent colon.

The colon exhibited segmental generalized to variable distention containing non-formed to liquid feces suggestive of current to impending diarrhea. The visualized colon walls were sonographically normal.

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.

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 0.5 cm diameter. No evidence of peritoneal effusion or peritonitis was noted.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Mild retained gastric fluid - likely mild metabolic gastric stasis
- Acute enteritis pattern with segmental primarily mild to moderate duodenojejunal Ileus pattern
- Intermittent reactive mesenteric lymph nodes

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Overt evidence of definitive mechanical gastrointestinal obstruction was not overtly evident. Dietary indiscretion, infectious enteritis, or enterotoxin insult, occult parasitism or acute inflammatory bowel episode are possible. The potential for focal nonobstructive to partially obstructive density suggestive of potential hairball, fabric, or similar within the distal small Intestine cannot be definitively excluded yet this density may possibly be in the colon and pass without incident.

Hospitalization with 24-48 hour IV fluid and gastrointestinal support with ideally sonographic monitoring of the gastrointestinal tract would be appropriate. Monitoring for impending or current diarrhea with fresh fecal analysis +/- Parvo test if clinically indicated is recommended. Potentially, exploratory laparotomy for further assessment and with gastrointestinal biopsies considered essential may be required in this case. However, conservative therapy is recommended at this time.

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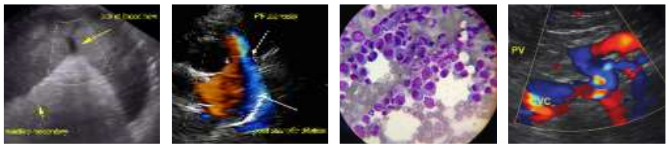

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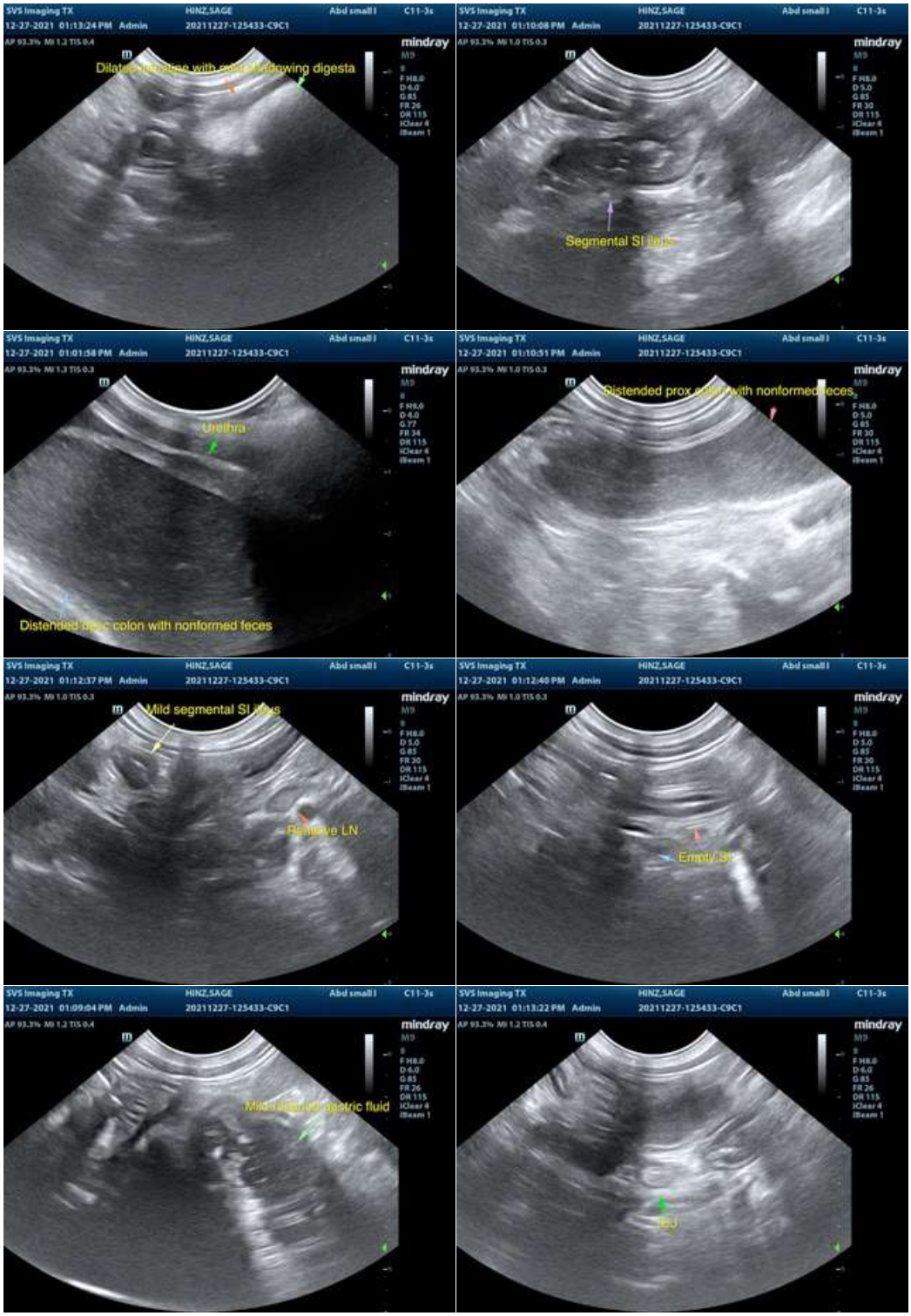

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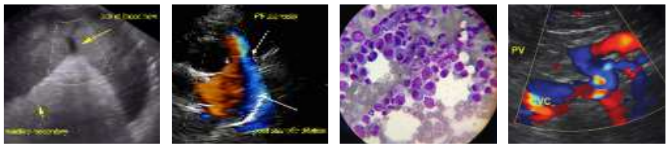

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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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