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Clinical Sonography & Telecytology
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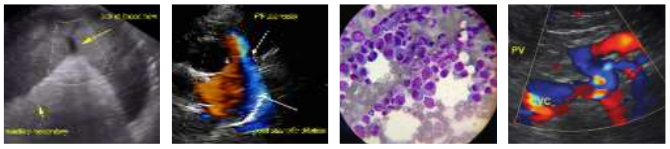


SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Ally Looney

SPECIES

Canine

BREED

German Shepherd

SEX

FS

AGE

7 years 1 months

WEIGHT

90.8 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Amanda Crook - SDEP Certified Clinical Sonographer

HOSPITAL NAME

Rivers Edge PMC

REFERRING VET

Dr. Bridget Hayes /Dr. David Gray

INVOICE

12887

DATE

12/28/21

PRESENTING CLINICAL SIGNS

Linear foreign body surgery on 12/25 that was tethered in the stomach and extended through the entire GI tract to the colon. One gastrotomy performed and 2 enterotomies performed (jejunal and ilieal). Entire GI tract was bruised however seemed viable at time of surgery. Patient is 3 days post op, and bedside abdominal ultrasound performed due to regurging this morning, P is not recovering as anticipated.
Abnormal PE/Chem/CBC/UA Results: No labwork has been performed recently Abdominocentisis fluid showed 2.8 protein and highly cellular neutrophilia not toxic, band cells and hypersegmented

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.

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 8.5 cm in length. The right kidney measured 8.9 cm in length.

Adrenal Glands

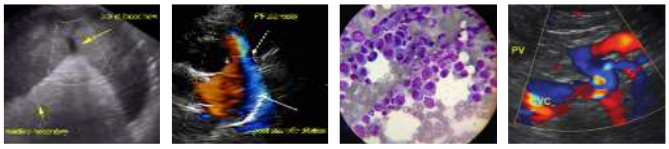
The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.52 cm width at the caudal pole and 0.50 cm width at the cranial pole. The right adrenal gland was not definitively visualized owing to regional omental artifact and peritoneal free fluid.

Spleen

The spleen exhibited primarily finely textured parenchyma which was hyperechoic to the liver and renal cortical parenchyma. Mild generalized parenchyma heterogeneity was present without evidence of nodular changes. 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. The parenchymal heterogeneity is likely consistent with benign changes such as extramedullary hematopoiesis or age-related remodeling with minor potential for inflammatory or neoplastic disease.

Liver/ Gallbladder

The liver exhibited potential for mild generalized enlargement. The hepatic parenchyma revealed diffuse reduced echogenicity compared to the spleen and renal cortical parenchyma 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



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normal in appearance. The gallbladder was normal in size with minor debris likely owing to fasting present. The cystic and common bile ducts were normal.

Gastrointestinal

The stomach presented wall thickening secondary to echogenic mucosa hypertrophy. Intact wall layering was maintained and distinct. Mild gastric distension was noted. Moderate retained primarily anechoic fluid was present in the stomach, along with pockets of luminal gas and potential focal nonobstructive shadowing echo, measuring 2.0-3.0 cm in diameter present in the gastric antrum and pylorus. The gastric body wall width measured 0.60 cm.

The small intestine exhibited generalized mild to moderate yet variable ileus pattern with primarily Intact wall layering and maintained 1:3 muscularis/ mucosa ratio. Several areas of the small intestine exhibited subtle mural hypertrophy and altered muscularis/mucosa ratio. An ill-defined, nonhomogeneous, Intestinal to peri intestinal omental lesions adjacent to several segments of mid-abdominal small intestine. An example of a nonhomogeneous, ill-defined lesion measured approximately 6.0-7.0 cm in diameter. Overt evidence of retained small intestinal foreign material was not definitively evident, yet cannot be definitively excluded.

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

Pancreas

The left limb, right limb, and base of the pancreas presented hypoechoic to heterogeneous echogenicity compared to adjacent omental fat. Mild asymmetrical capsule margination was present with mild variable parenchymal swelling and mild peripancreatic reactivity / inflammation. No overt evidence of neoplasia.

Free Abdomen

Generalized, nonuniform hyperechoic mesentery and moderate peritoneal free fluid exhibiting mild cellular component was noted. No overt evidence of significant lymphadenopathy was noted, although potential for minor mesenteric lymphadenopathy is suspected.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Moderate hypomotile stomach with potential, although not definitive, nonobstructive shadowing antrum / pyloric echo
- Generalized small intestinal hypomotility and corrugation, potential for ill-defined intestinal to peri intestinal omental nonhomogeneous lesions - generalized acute severe enteritis and metabolic ileus owing to previous foreign body / laparotomy, intestinal necrosis, or potential dehiscence associated with enterotomy sites possible
- Peritonitis exhibited by generalized nonuniform hyperechoic mesentery and cellular peritoneal free fluid
- Possible mild concurrent pancreatitis
- Subjective mild hypoechoic liver - suspect benign, likely reactive hepatopathy

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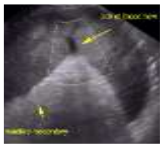
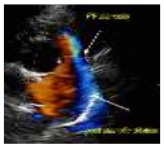
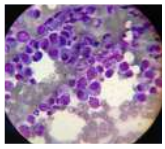
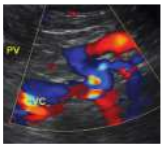

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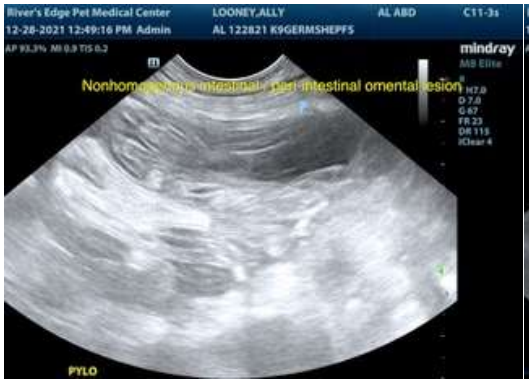
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Peritoneal effusion analysis cytology +/- C/S is recommended. Assuming no previous peritoneal lavage at the time of surgery with fluid left in the abdomen, the peritoneal free fluid in this case is suspected to be secondary to inflammation with possible intestinal necrosis or dehiscence.

Given these findings, laparotomy with gross inspection of the gastrointestinal tract and areas of previous gastrotomy / enterotomy is warranted. Alternatively, pending effusion analysis cytology +/- C/S, the following protocol with as-needed GI support and close sonographic monitoring of the gastrointestinal tract, peritoneal cavity, and clinical response could be considered. Potential guarded prognosis is Indicated.

Colloids/Hetastarch
10 to 20 mL per kilogram per hour and dogs
10 to 15 mL per kilogram per hour cats
(Can bolus first 1/3 of dose over 15 minutes)
Plasma 10 mL / kilogram IV over 4 hours
Buprenorphine 0.02 mg/kg IV IM SC q4-6 hours **Or CRI Lidocaine** 30-50 ug/kg/min
Dolasetron for nausea: 0.6-1 mg/kg/day Iv or PO
Famotidine 1 mg/kg IV IM p.o. dc s.i.d. /b.i.d.
Sucralfate 0.5-1 g p.o. t.i.d. dogs, 0.5 g bid cats in slurry **Or Misoprostol** 1-5 ug/kg po tid
Clindamycin 10mg/kg IV p.o. bid
Enrofloxacin 10-15 mg/kg IV p.o. s.i.d. dogs, 5 mg/kg Iv po Sid cats
Metronidazole 10-20 mg/kg IV p.o. b.i.d.
Dexamethasone physiological 1 mg/kg to treat adrenal burnout if long standing sickness, shock dose 4-10 mg/kg.



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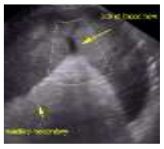
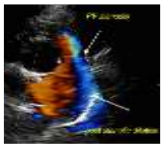
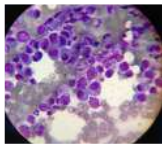
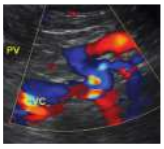

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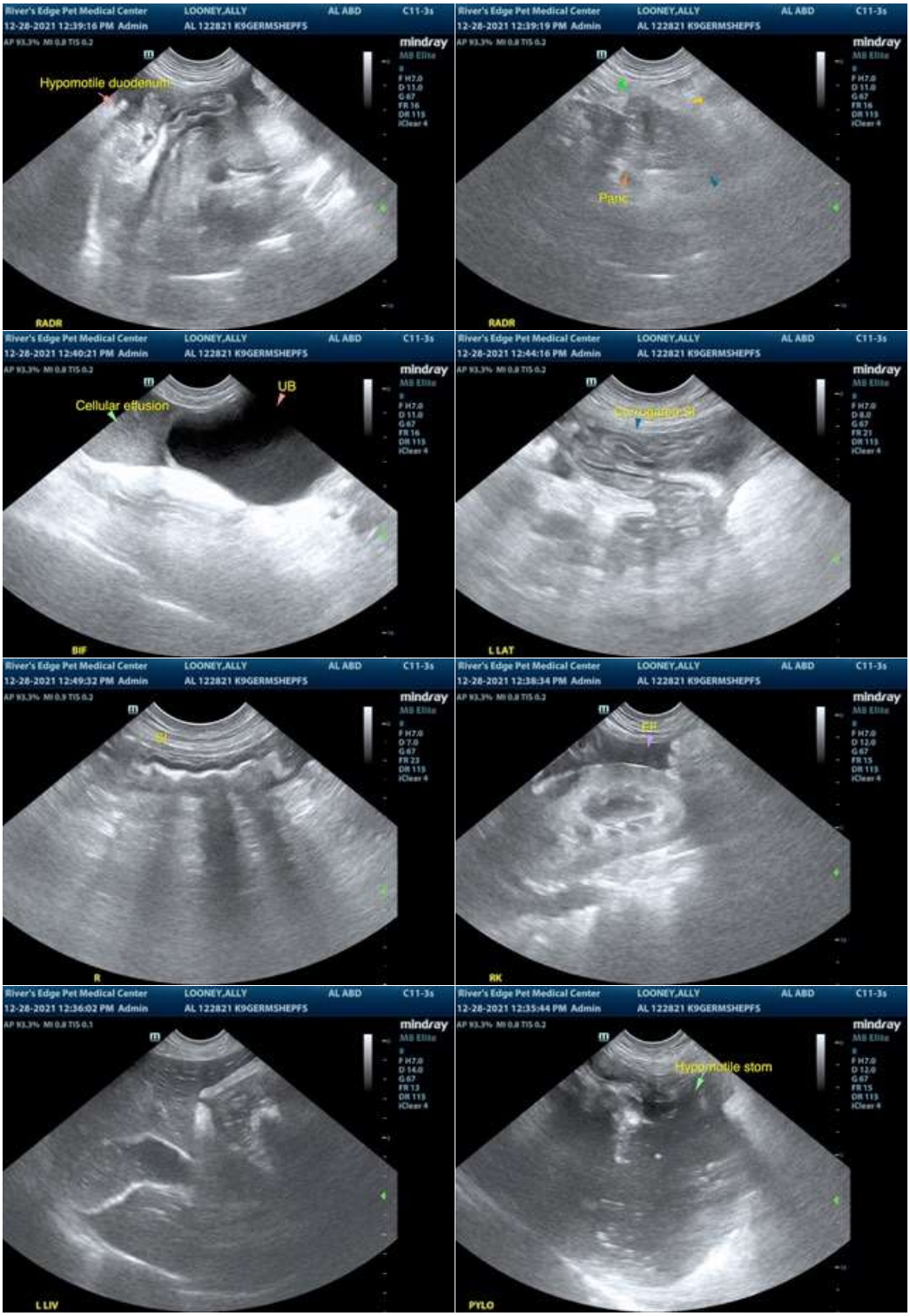

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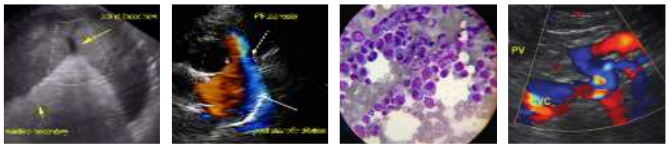

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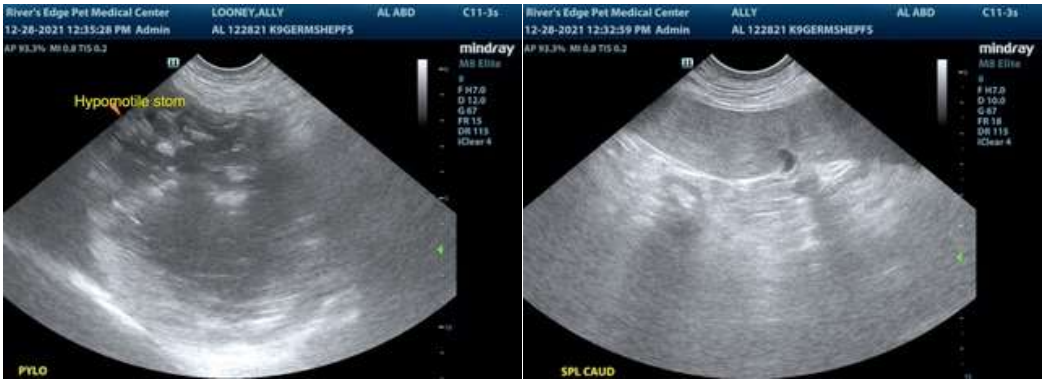

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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