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SVS Mobile Imaging CT 262 - 366 - 3970
fredgromalski@gmail.com

SVS IMAGING

SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™
1-800-838-4268 info@sonopath.com SonoPath.com

PATIENT

Gus Kersels
4836A

SPECIES

Canine

BREED

Weimeraner

SEX

Neutered Male

AGE

1.6 years

WEIGHT

38.5 kg

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

INVOICE

13232

DATE

2/2/22

PRESENTING CLINICAL SIGNS

Initially presented to pDVM on 1/27/22 for vomiting. Treated as an outpatient. Exploratory laparatomy on 1/31 with a resection and anastamosis performed. Early this morning he was found drooling in his kennel, hiding, and breathing heavy. Mild tachycardia on physical exam.
Abnormal PE/Chem/CBC/UA Results: Leukocytosis characterized by neutrophilia and monocytosis.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, and cystourethral junction 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 was noted in the area of the residual prostate, although not definitively visualized.

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. Mild pyelectasia was present in the left kidney. The left kidney pyelectasia was nonspecific and may be owing to IV fluid therapy. The left kidney measured 9.6 cm in length. The right kidney measured 7.4 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 0.66 cm width at the caudal pole and 0.62 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.

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 and sonographically unremarkable wall layering. The stomach was mildly distended with retained fluid, ingesta, and gas.

The small intestine exhibited generalized intact wall layering and maintained 1:3 muscularis / mucosa ratio. Segmental areas of corrugated small bowel were present subjectively in the mid to cranial

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abdomen. The duodenum exhibited mild retained fluid, as well as segmental areas of nonobstructive jejunal ileus. The duodenum wall width measured 0.34 cm. The jejunum wall width measured 0.36 cm.

The colon was empty with intact yet mildly prominent wall layering present in the descending colon.

Pancreas

The right pancreatic limb medial to the duodenum exhibited mild prominent size with mild hypoechoic parenchyma.

Free Abdomen

Intermittent, medial iliac, and mesenteric lymph nodes were present. The lymph node was essentially isoechoic to adjacent omentum without evidence of peripheral inflammation and maintaining a normal width: length ratio (<0.5). An example of a medial Iliac lymph node measured 3.0 cm x 0.93 cm. An example of a mesenteric lymph node measured 0.73 cm width. The lymph nodes were not overtly consistent with neoplastic or inflammatory criteria and suggestive of reactive lymphoid hyperplasia.

Regional to generalized primarily peri intestinal reactive mesentery was present subjectively and primarily within the mid to cranial abdomen. Very small pockets of scant free fluid noted primarily adjacent to the small intestine were present.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Segmental acute enteritis pattern exhibiting segmental corrugated bowel and non-obstructive segmental duodenojejunal ileus
- Associated regional primarily peri-intestinal reactive to potential inflamed mesentery with intermittent subjectively benign mesenteric / medial iliac lymphadenopathy and small pockets of scant free fluid
- Retained gastric ingesta / chyme with minor fluid and gas
- Mildly hypoechoic to prominent right pancreas

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Given the recent resection anastomosis, the sonographic Intestinal and omental abnormalities may indicate post-surgical segmental intestinal inflammatory and hypomotility with concurrent omental Inflammatory changes. Overt evidence of retained foreign material or mechanical obstruction was not present.

Given the minor peritoneal free fluid, overt evidence of resection anastomosis leakage or peritonitis was not definitively evident, yet the possibility for emerging peritonitis or compromise of segmental small bowel wall cannot be definitively excluded. Potential for emerging pancreatitis, although thought less likely, may be possible owing to surgery or if the resection anastomosis site was adjacent to the pancreas.

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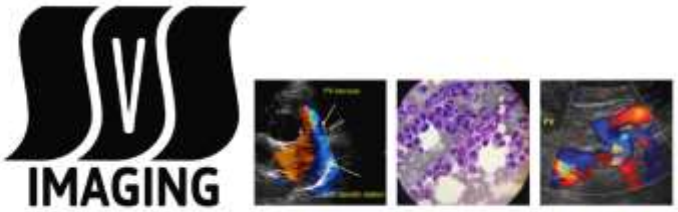

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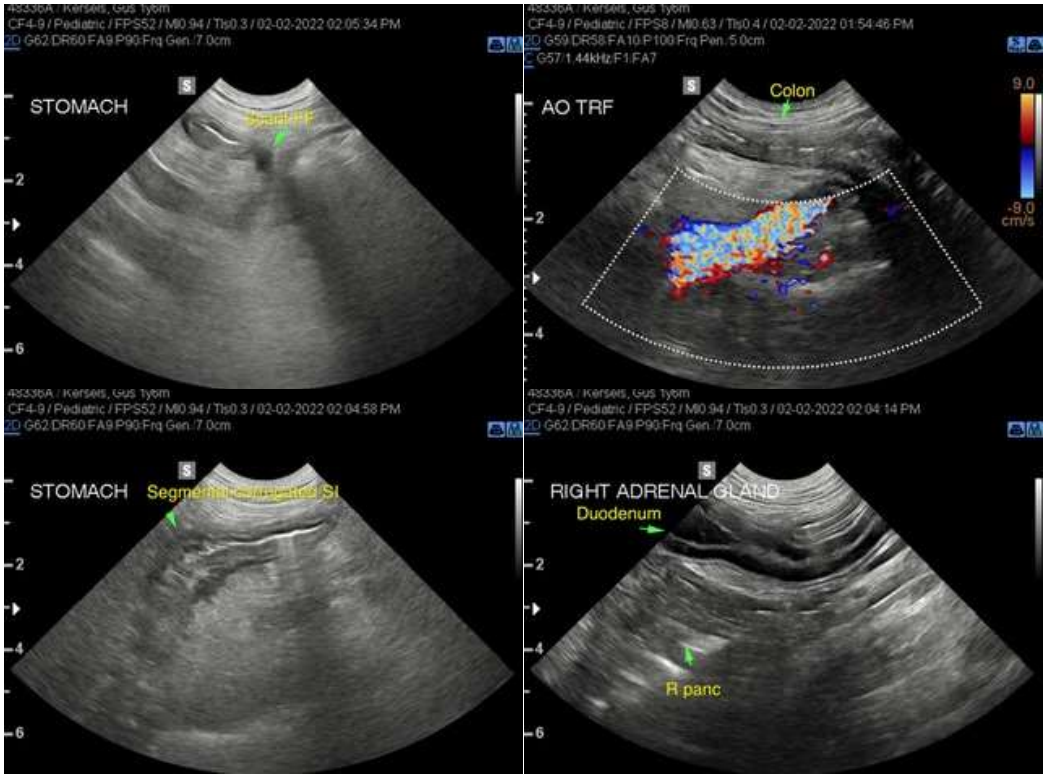
Hospitalization with aggressive gastrointestinal support and supportive therapy for pancreatitis with close monitoring of clinical response and ideally, sonographic monitoring for evidence of increasing fluid accumulation or inflammatory gastrointestinal / omental changes is recommended.

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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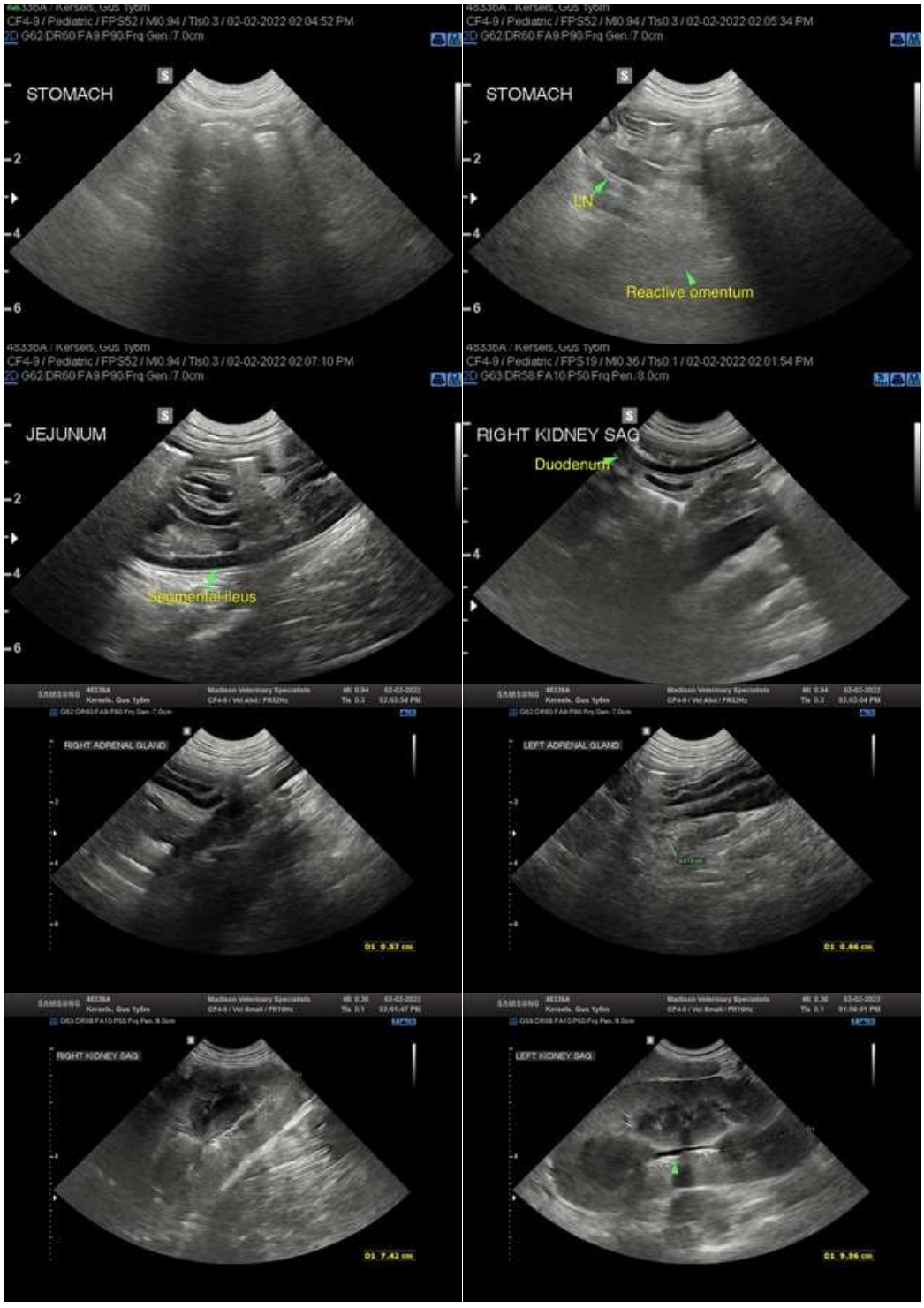

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

Thank you for this referral. If the clinical or image interpretation does not parallel your findings or if I

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can be of any further assistance please contact me.

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