

PATIENT PRESENTING CLINICAL SIGNS

Zarah Mollica History: hasn't eaten since Jan 30, vomiting Monday, had diarrhea Tuesday meds: metronidazole, ampicillin, famotidine

SPECIES Abnormal PE/Chem/CBC/UA Results: Please see attached labs and rads

Canine **ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

BREED *Urinary System*

Shep The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 5.0 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.

SEX The area of the uterine remnant was free of pathology.

Spayed Female No evidence of medial iliac or sublumbar lymphadenopathy.

AGE 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 6.2 cm in length. The right kidney measured 6.1 cm in length.

WEIGHT

83.2 Pounds *Adrenal Glands*

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.57 cm width at the caudal pole and 0.54 cm width at the cranial pole.

INTERPRETED BY The right adrenal gland was not visualized.

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

Spleen

IMAGING PERFORMED BY 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.

Kelly Reschny

HOSPITAL NAME

Liver

Dog & Cat Clinic of
Niagra

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.

REFERRING VET

Dr. Nick

Gastrointestinal

INVOICE The stomach presented mild wall thickening secondary to echogenic mucosa hypertrophy. Intact mildly prominent wall layering was present. The stomach was subjectively empty without overt evidence of gastric distention with retained ingesta fluid or foreign material.

20948

DATE

2/3/23



PATIENT

Zarah Mollica

The small intestine presented generalized intact wall layering and maintained 1:3 muscularis/mucosa ratio with segmental to generalized, primarily mild intestinal ileus pattern with concurrent segments of empty small. Intestine also visualized.

SPECIES

Canine

Possible, although not definitive, segmental emerging to mild thickened small intestine vs colon, potentially within the cranial abdomen. Possibly thickened intestine vs colon measured up to 1.66 cm wall width. By comparison, intact small intestinal wall layering measured 0.36 cm.

BREED

Shep

The colon presented intact wall layering. The proximal colon appeared to be mildly distended with non-formed to liquid fecal matter, with semi-formed to soft non-formed fecal matter present in the descending colon.

Pancreas

SEX

Spayed Female

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.

AGE

11 Months

Free Abdomen

Intermittent, enlarged 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 to periintestinal mesentery was present. No overt evidence of peritoneal effusion.

WEIGHT

83.2 Pounds

ULTRASONOGRAPHIC FINDINGS

INTERPRETED BY

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

- Acute gastroenterocolitis pattern with segmental to generalized, primarily mild intestinal ileus pattern
- Possible, although not definitive emerging to mild thickened cranial abdominal small intestine vs colon
- Possible concurrent typhlitis
- Associated intermittent nonhomogenous mesenteric lymphadenopathy- suspect secondary or reactive lymphadenitis or lymphoid hyperplasia

IMAGING PERFORMED BY

Kelly Reschny

HOSPITAL NAME

Dog & Cat Clinic of
Niagra

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Definitive evidence of obstructive foreign material or enterocolic mural pathology was not visualized. The degree of intestinal ileus was not overtly consistent with obstructive pattern. However, the possibility of nonvisualized nonobstructive to passing foreign material, which may not be obstructive to chyme, fluid or barium flow, as well as the possibility of emerging small intestinal vs colonic mural pathology, cannot be definitively excluded.

REFERRING VET

Dr. Nick

INVOICE

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Hospitalization with aggressive therapy for acute gastroenterocolitis with coverage for potential infectious component, IV fluids gastroprotectants, empirical antibiotics with sonographic reassessment in 24-hours would be reasonable. If persistent or progressive inappetence or gastrointestinal signs, despite aggressive supportive care, exploratory laparotomy for gross inspection of the intestinal tract and with enterocolic biopsies considered essential, should be considered.

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PATIENT

Zarah Mollica

Parvo test and resting cortisol level to assess for or rule out occult disease as a contributing factor prior to any potential surgical considerations or if not done is suggested.

SPECIES

Canine

BREED

Shep

SEX

Spayed Female

AGE

11 Months

WEIGHT

83.2 Pounds

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**IMAGING
PERFORMED BY**

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REFERRING VET

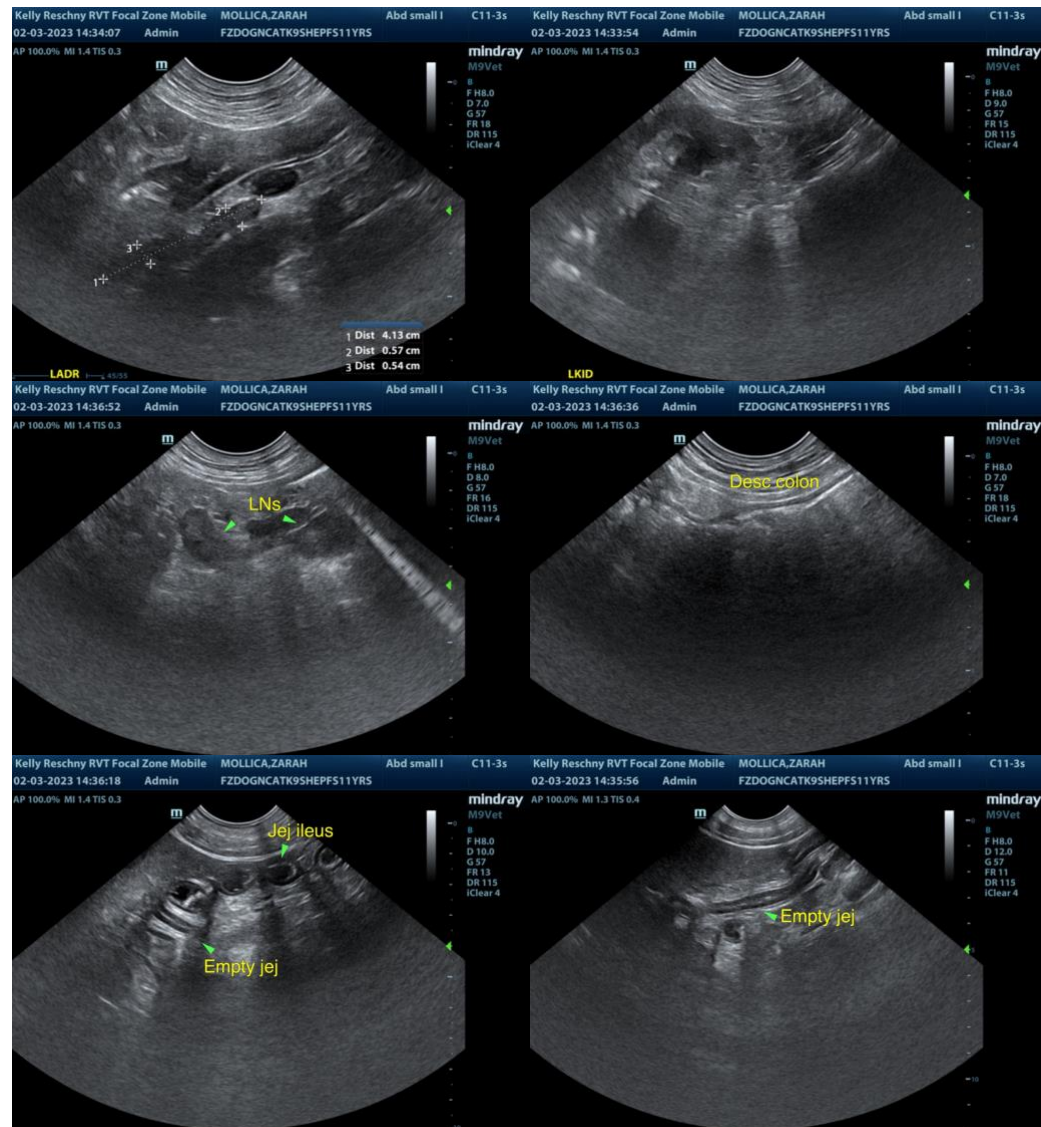
Dr. Nick

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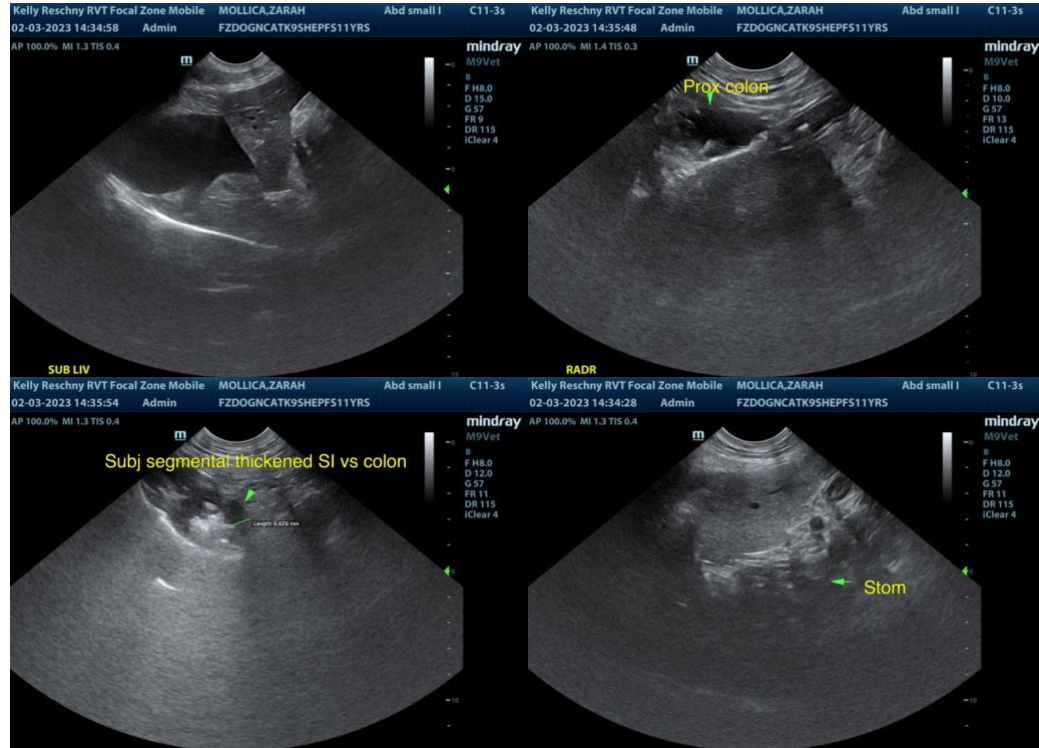
Dr. Nick

INVOICE

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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)
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