



PATIENT

Sadie Bussy

SPECIES

Canine

BREED

Peekapoo

SEX

F/I

AGE

2 years

WEIGHT

2.57 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Guenther

HOSPITAL NAME

Central Island
Veterinary Emergency
Hospital

REFERRING VET

Dr. Guenther

INVOICE

16330

DATE

3/9/23

PRESENTING CLINICAL SIGNS

Repeat Ultrasound. P had linear FB removed via 2 enterotomies (one in duodenum and one in jejunum). Dehiscence 2 days later repaired surgically as well as intrabdominal abscess marsupialized. Septic peritonitis managed in hosp. P had prolonged anorexia and recurrent regurgitation making NG tube feeding difficult. Initial ultrasound dt P continuing to do poorly (frequent regurgitation, lethargy). Had shown evidence of pancreatic necrosis and abscessation with another abscess mid abdomen which may correlate with the abscess that was drained intraoperatively. P has not had further surgery and has been managed medically. JP drain now removed dt minimal production and cytology shows no further bacteria or WBCs. Eating on her own without regurgitation. No pyrexia and more energetic. Plan is to discharge. Has been in hosp 12 days.

Abnormal PE/Chem/CBC/UA Results: CBC: microcytic, hypochromic nonregen anemia is now regenerative. Persistent marked neutrophilia (25.7) w/ left shift Persistent lymphocytosis Chem: hyperbilirubinemia has resolved. hypoalbuminemia is improving (now 19) ALP (619) and GGT (34) have increased mildly P now maintaining normoglycemia without supplementation.

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 minor, non-dependent, particulate sediment, which may indicate cellular debris / protein, crystalline debris, or mucus. 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 uterus or bilateral ovaries.

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 corticomodullary 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 3.7 cm in length. The right kidney measured 4.2 cm in length. No overt evidence of previously noted pyelectasia.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 1.7 cm length x 0.51 cm width at the caudal pole. The area of the right adrenal gland was free of overt pathology.

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.



PATIENT

Liver/ Gallbladder

Sadie Bussy

The liver presented as mildly enlarged in size. The parenchyma of the liver was subjectively normal in echogenicity compared to the spleen and renal cortices. The liver parenchyma was uniform with a mildly coarse echotexture. The capsule of the liver was symmetrically rounded to mildly swollen in margination. The hepatic and portal vasculature were normal in appearance without signs of congestion.

SPECIES

Canine

BREED

Peekapoo

The gallbladder was non-distended in size containing anechoic content with mild congealed yet nonorganized gallbladder debris. No evidence of gallbladder or peripheral gallbladder inflammatory criteria was noted. No evidence of post-hepatic obstructive criteria was noted. The gallbladder was non-distended in size with primarily anechoic luminal content. The cystic and common bile ducts were normal.

SEX

F/I

AGE

2 years

Gastrointestinal

The stomach presented intact mildly prominent wall layering and mildly prominent gastric rugal folds. Intact wall layering was maintained and distinct. A mild amount of retained anechoic fluid was present with no evidence of retained ingesta or mechanical pyloric outflow obstruction.

WEIGHT

2.57 kg

The intestinal walls demonstrated intact wall layering and maintained 1:3 muscularis / mucosa ratio. The mucosa exhibited mildly decreased echogenicity with occasional mucosal speckling. A minor segmental nonobstructive jejunal ileus pattern consisting of mild fluid accumulation in the intestinal lumen was present without obstruction or foreign material. Minor segmental jejunal corrugation was noted.

INTERPRETED BY

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

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

IMAGING PERFORMED BY

Dr. Guenther

Pancreas

The right pancreatic limb was subjectively normal in size with areas of capsule asymmetry and mild nonhomogeneous hypoechoic parenchyma. Mildly prominent left pancreatic limb caudal to the stomach was present exhibiting capsule asymmetry and nonhomogeneous hypoechoic parenchyma extending caudally into the subjective mid to cranial abdomen.

HOSPITAL NAME

Central Island
Veterinary Emergency
Hospital

Free Abdomen

Midabdominal primarily ovoid cystic structure, which appeared to be thinly walled containing anechoic fluid with minor echogenic component was present measuring 2.4 cm in diameter. Generalized primarily midabdominal peripancreatic hyperechoic omentum was noted. No evidence of significant free fluid was noted.

REFERRING VET

Dr. Guenther

INVOICE

16330

DATE

3/9/23

ULTRASONOGRAPHIC FINDINGS

- Mild persistent generalized peritonitis and mild gastroenteritis pattern
- Persistent variable pancreatitis pattern with persistent possible active left pancreatitis vs. pancreatic necrosis
- Midabdominal omental vs. nonobvious intestinal mural cyst vs. cystic or abscess mesenteric lymph node
- Benign hepatopathy



PATIENT

- Gallbladder debris (non-mucocele)

Sadie Bussy

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

SPECIES

Evidence of persistent omental pancreatic, gastrointestinal +/- lymphatic inflammatory criteria was still present, yet given the clinical improvement in this patient, continued medical management with sonographic monitoring of the abdominal cavity would be reasonable. FNA cytology / centesis of the midabdominal cystic structure for fluid analysis cytology +/- C/S if clinically indicated could be considered.

Canine

BREED

Peekapoo

SEX

The area of inflammation / necrosis mid-abdomen within the left pancreatic limb may indicate continued pancreatic inflammation or necrosis while the possibility of previous enterotomy site and secondary to persistent intestinal inflammatory criteria are all potentials.

F/I

AGE

Immediate sonographic reassessment is strongly suggested if patient is discharged and clinical signs consistent with recurrent peritonitis are present.

2 years

WEIGHT

2.57 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Guenther

HOSPITAL NAME

Central Island
Veterinary Emergency
Hospital

REFERRING VET

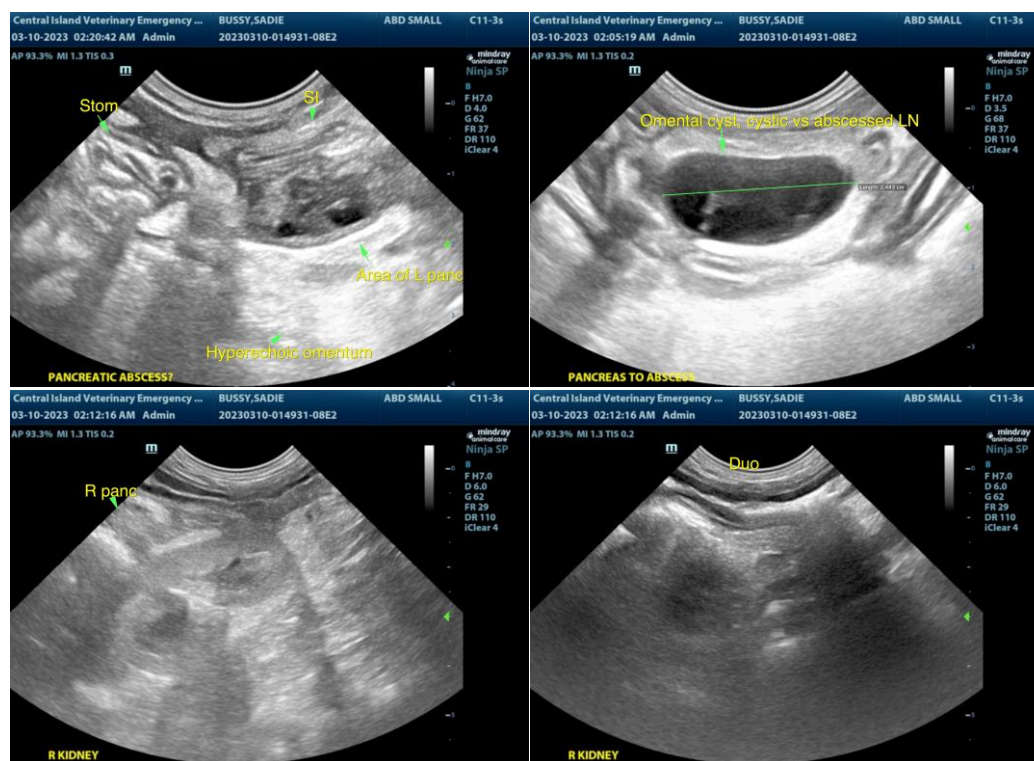
Dr. Guenther

INVOICE

16330

DATE

3/9/23





PATIENT

Sadie Bussy

SPECIES

Canine

BREED

Peekapoo

SEX

F/I

AGE

2 years

WEIGHT

2.57 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Guenther

HOSPITAL NAME

Central Island
Veterinary Emergency
Hospital

REFERRING VET

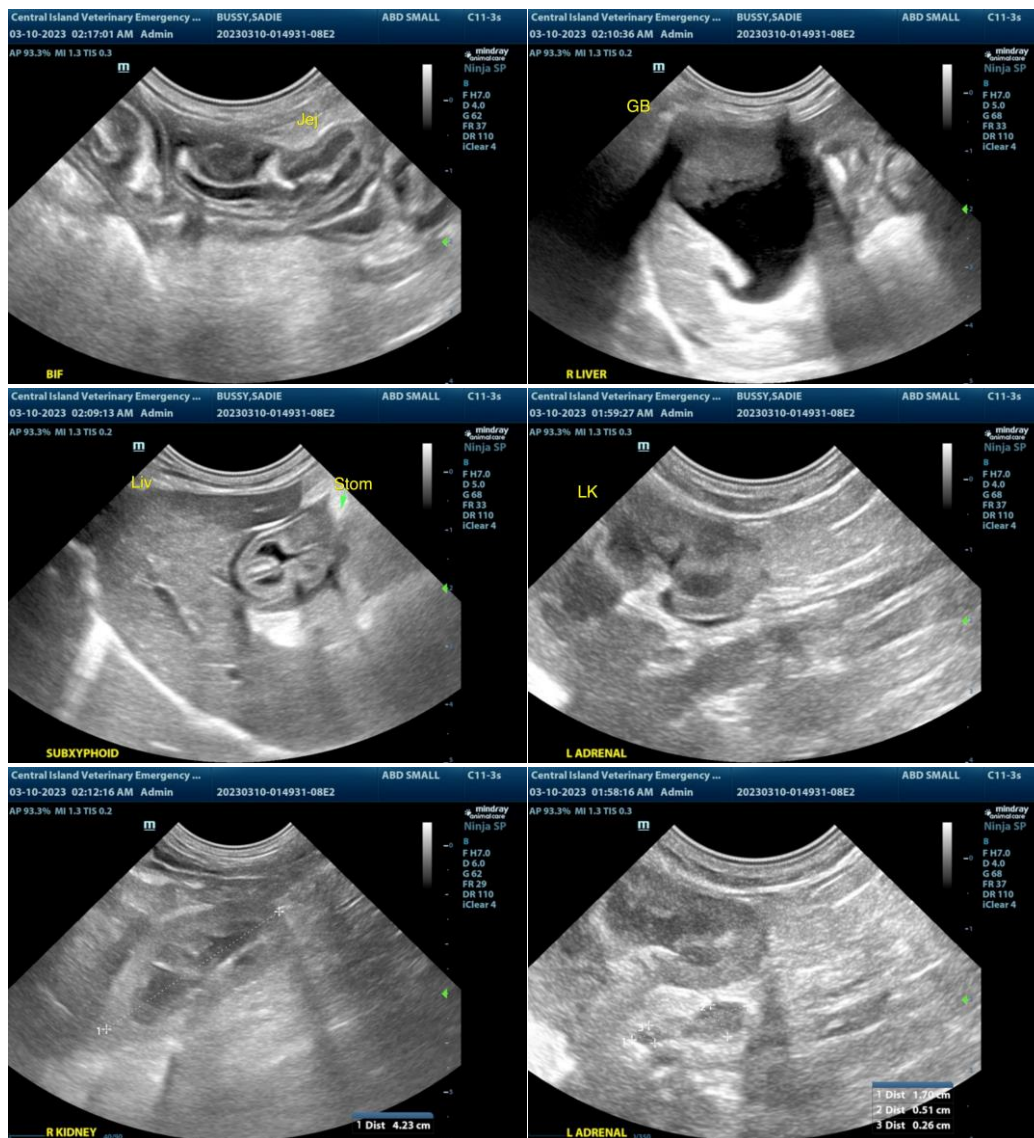
Dr. Guenther

INVOICE

16330

DATE

3/9/23



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)
info@SonoPath.com