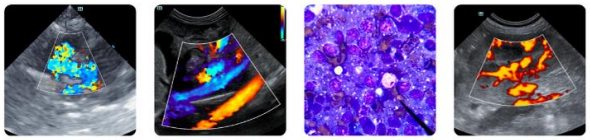


PATIENT

Raya Maddex

SPECIES

Canine

BREED

German Shepherd Dog

SEX

FS

AGE

5Y, 6M

WEIGHT

78

INTERPRETED BY

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

IMAGING PERFORMED BY

Melanie Harms LVT

HOSPITAL NAME

Thorn Avenue Animal Hospital

REFERRING VET

Dr. Alyce Schaefer

INVOICE

74426

DATE

4-1-26

PRESENTING CLINICAL SIGNS

- Vomiting all day yesterday, uncontrolled. About 10-12 times total. Came in for appt and got Cerenia and SQ LRS
- unable to settle/lay down. Panting and pacing
- Regurgitating water through cerenia
- xrays- intestines remain gas distended however able to follow LI and large amount of fecal material in LI, moving. SI gas distended. no obvious mass or obstruction seen on todays images as well
- ultrasound- to be sent for review.
- Discussed with owner the primary finding is constipation- large bowel. However this is not typical for dogs, and not typically a cause for acute, repetitious vomiting/regurgitation and inappetance. Will send images for review in conjunction with bw, looking for underlying cause while treating the obvious constipation with more fluids.

Abnormal PE/Chem/CBC/UA Results: Blood pending. Rads sent via email, not for interpretation but for supporting info

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 3.0 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.

No evidence of pathology in the area of the aortic trifurcation.

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 7.5 cm in length. The right kidney measured 8.1 cm in length.

Adrenal Glands

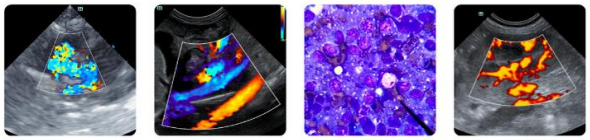
The adrenal glands were overtly normal in size, position, and shape. The left adrenal gland measured 0.62 cm. The right adrenal gland measured 0.46 cm.

Spleen

The spleen exhibited mild caudomedial folding and 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. Normal hepatic vascular volume was present. The liver parenchyma was uniform and hypoechoic to the spleen with a mild coarse



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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 minor hyperechoic dependent lumen debris. The cystic and common bile ducts were normal.

Gastrointestinal

The stomach presented overtly normal intact visible wall. The stomach exhibited moderate distension with retained fluid. No obvious visualized obstruction to the pyloric outflow.

The visualized segment of the small intestine exhibited overall intact wall layering and maintained wall layer ratio. Empty intestinal segments with concurrent segmental intestinal ileus were noted. Indistinctly visualized yet subjective segmental thickened small intestine in potential mid to caudal abdomen with thickened intestine measuring 0.86 cm wall width. Suspicious shadowing intestinal content unable to be differentiated between small intestine versus large intestine within the mid abdomen.

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

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 was evident.

Free Abdomen

Mid abdomen to primarily generalized nonhomogeneous hyperechoic omentum and mild volume peritoneal effusion were present.

Subjective mildly swollen homogeneous to hypoechoic mesenteric lymph node within the ventral abdomen measuring 3.9 x 1.5 cm.

ULTRASONOGRAPHIC FINDINGS

- Distended stomach with retained fluid.
- Nonspecific enteropathy exhibiting segmental empty small intestine with mild segmental intestinal ileus.
- Indistinctly visualized yet subjective thickened segmental intestine.
- Suspicious shadowing intestinal content – small vs large intestine.
- Nonhomogeneous hyperechoic peri intestinal to mid abdomen omentum, mild volume effusion, and subjective mildly swollen mesenteric lymphadenopathy – hyperplasia lymphadenitis, neoplastic lymphadenopathy, and probable peritonitis.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

In conjunction with clinical and radiographic history, exploratory laparotomy with gross inspection of the gastrointestinal tract is recommended. Significant metabolic vs mechanical gastrointestinal ileus owing to nonobvious mechanical obstruction, primary gastrointestinal mural disease in conjunction with peritonitis, and neoplasia are all potentials. Gastrointestinal biopsies despite exploratory findings indicated. Initial effusion analysis to assess for evidence of septic abdomen could be considered.

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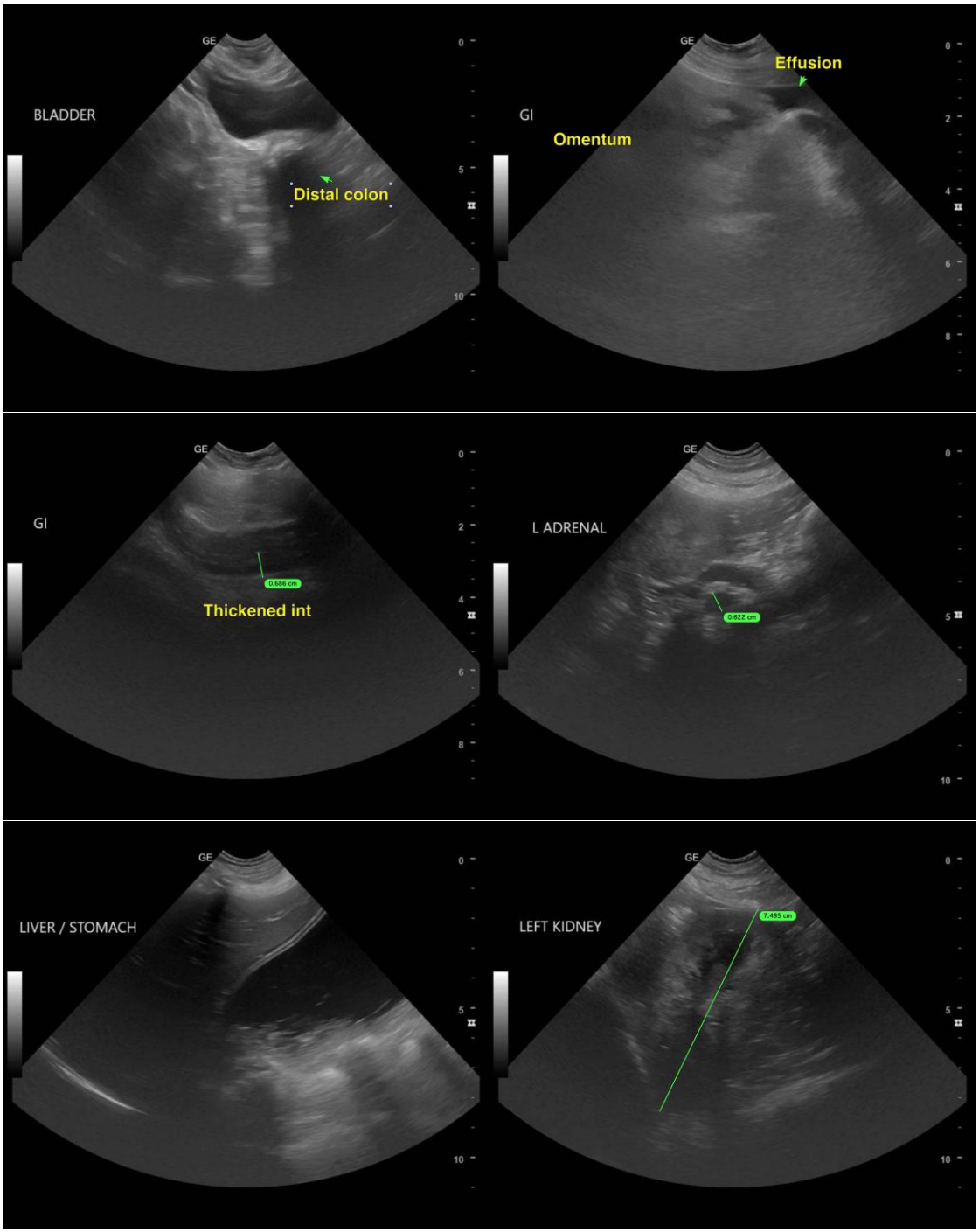
Hospitalization with 12 hour gastrointestinal support including IV fluids. Empirical therapy for acute gastroenteritis/peritonitis with close clinical and sonographic monitoring would be more conservative yet exploratory laparotomy is recommended in this patient.



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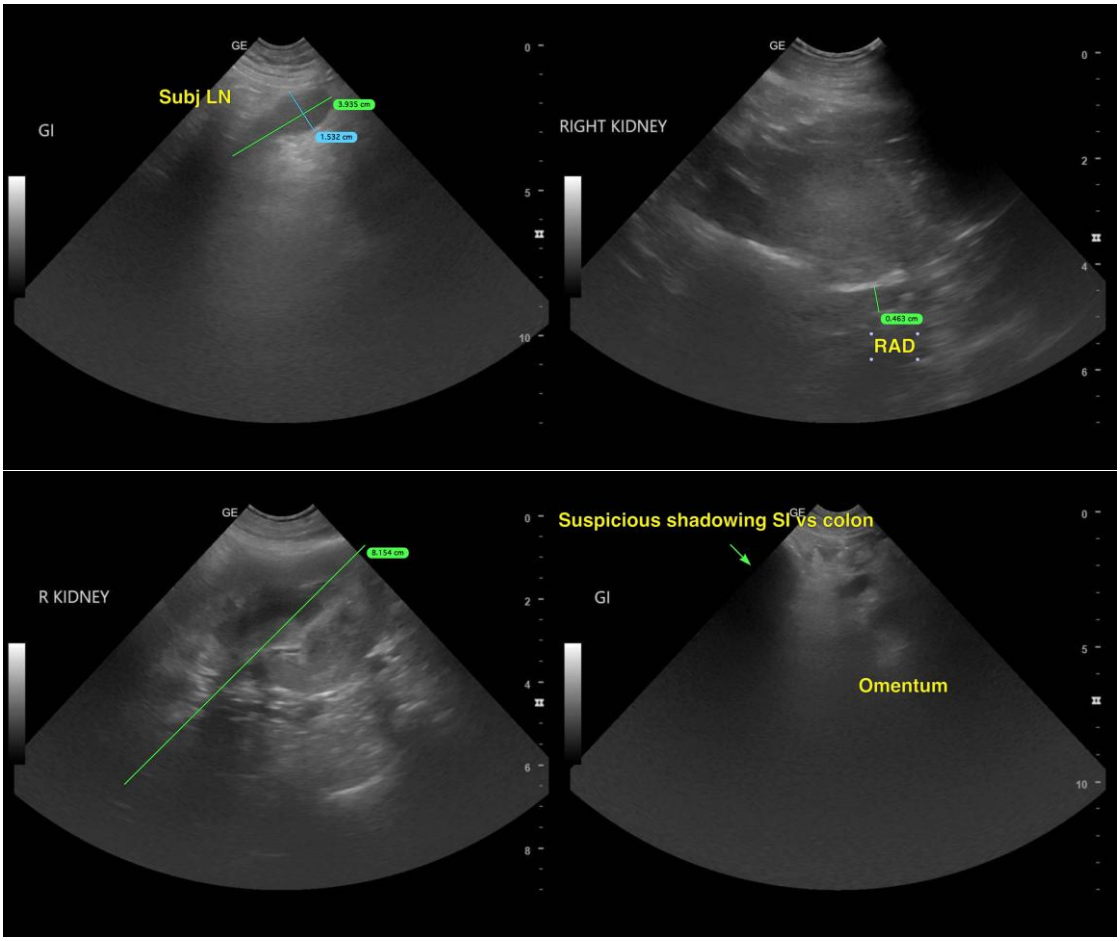

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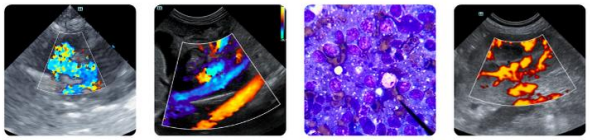

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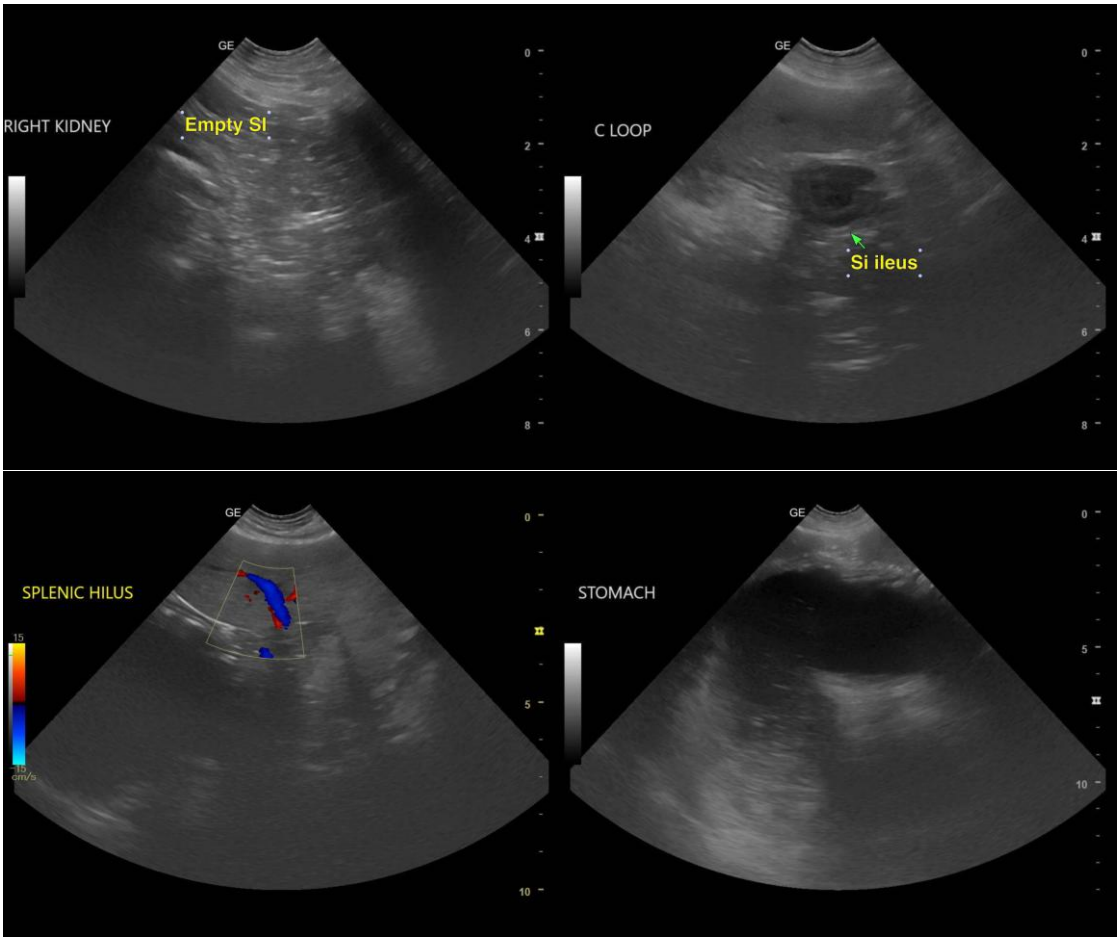

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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