



PATIENT

Lola Knoles

SPECIES

Canine

BREED

Brussels Griffon

SEX

FS

AGE

3

WEIGHT

2.5kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Callihan

HOSPITAL NAME

Animal Emergency
Care

REFERRING VET

Dr. Knoles
Maplewood AH

INVOICE

13489ag

DATE

04/16/2023

PRESENTING CLINICAL SIGNS

(This dog is owned by referring vet, Dr. Knoles) Lola was relinquished to Dr. Knoles today following about a week of vomiting, anorexia, progressive weakness. She has a history of occasional hypoglycemia that has been responsive to oral administration of glucose sources; she was seen by a different vet clinic earlier in the week and was given dexamethasone and appetite stimulant, owners continued trying to syringe feed through the week. She did have a normal bile acid assay last week. Hypoglycemic on presentation to Dr. Knoles yesterday 4/14/23, glucose 35. Was neurologically inappropriate but this resolved with dextrose supp. Was kept through day on IVF with dextrose, owners declined transfer to ER/specialty.

Abnormal PE/Chem/CBC/UA Results: She has elevated WBC count (24K today) with bands; low BUN, Cr, mild decrease total Ca; Na low (130's), Cl low 95, K 2.2. ACTH stim was normal today Radiographs suspicious with abnormal gas patterning and possible foreign material;

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra 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.

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 3.6 cm in length. The right kidney measured 3.5 cm in length.

The area of the aortic trifurcation was free of pathology.

Adrenal Glands

The left and right adrenal glands were not definitively visualized owing to increased peri adrenal omental artifact. No obvious pathology was present in the area of the bilateral adrenal glands.

Spleen

The spleen exhibited subnormal size consistent with volume contraction 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. 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 a strongly shadowing echo extending to the area of the pyloric outflow measuring ~ 2.2 cm in diameter. Possible prominent visualized gastric wall layering was present.



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The small intestine presented intact wall layering with evidence of mild suspect inflammatory criteria. The lumen of the small intestine contained segmental variable retained fluid and likely several strongly shadowing luminal echoes. Several segments of the intestine exhibited mild plication pattern and concurrent segments of empty small intestine containing mild gas.

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

Pancreas

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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

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Peri intestinal to generalized mild hyperechoic omentum was present.

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Intermittent scant pocket of peritoneal free fluid was present.

ULTRASONOGRAPHIC FINDINGS

- Gastric foreign material with extension into upper / mid intestine and concurrent segmental mild obstructive pattern, plication and probable multiple intestinal foreign bodies.
- Associated reactive to inflamed mesentery and very scant peritoneal free fluid.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Once the patient is stable for surgery yet as soon as possible, laparotomy with expectation for gastronomy and likely multiple enterotomies is recommended. Potential for emerging peritonitis or intestinal perforation and potential for resection / anastomosis possible and likely dependent on gross inspection of GI given potential time frame of clinical signs. Guarded prognosis indicated.

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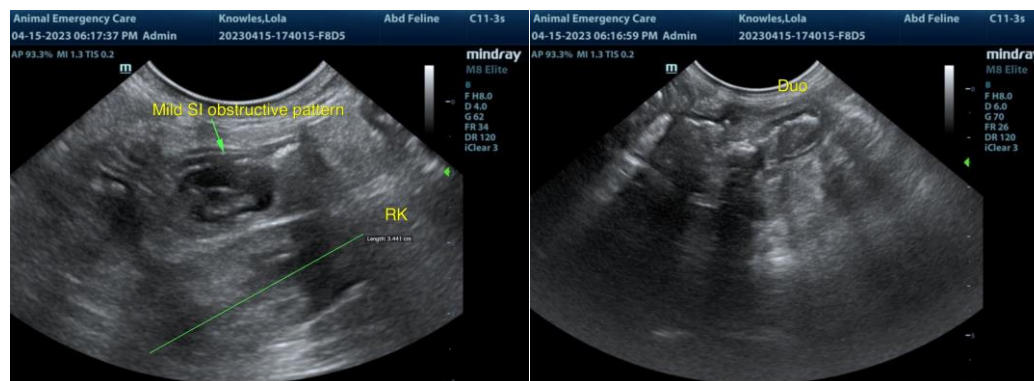
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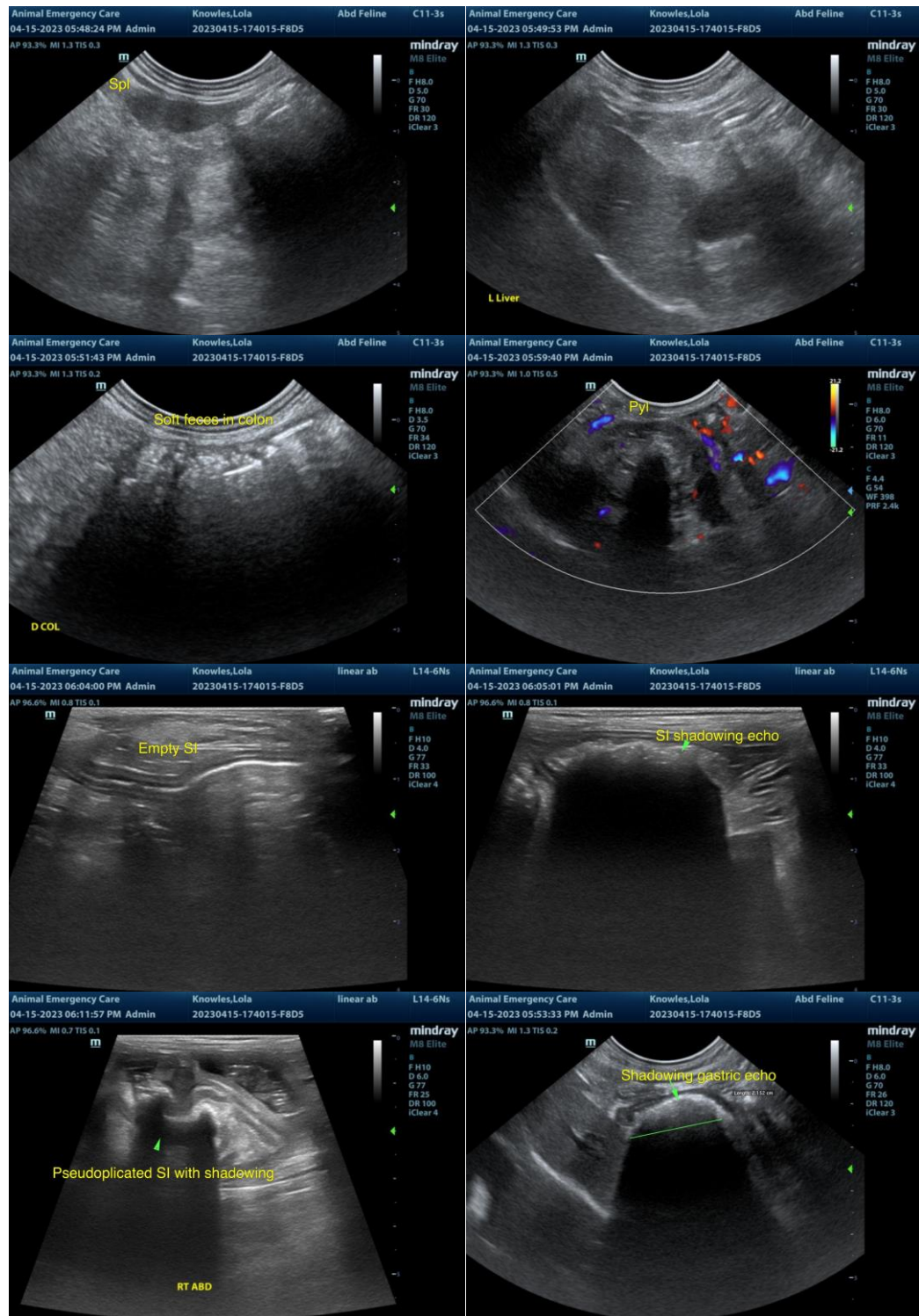
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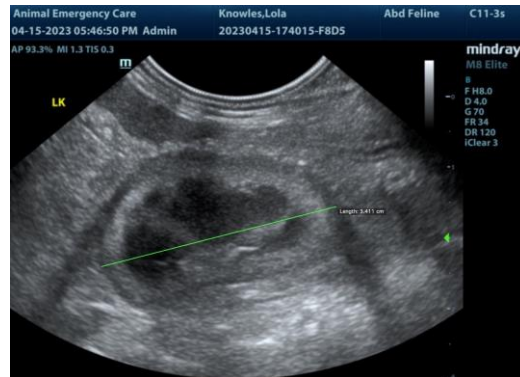
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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