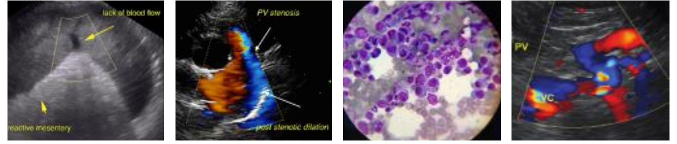
SonoPath

Clinical Sonography & Telecytology

EDUCATIONAL TELECONSULTATION SERVICES™



SonoPath.com™
1-800-838-4268 info@sonopath.com

PATIENT

Jake Christie

SPECIES

Canine

BREED

Boxer Mix

SEX

Neutered male

AGE

2 years

WEIGHT

27.7 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Patti Mayfield DVM

HOSPITAL NAME

Bend Animal Emergency and Specialty Center

REFERRING VET

Dr. Patti Mayfield DVM

INVOICE

10286ag

DATE

04/02/2022

PRESENTING CLINICAL SIGNS

History: Patient transferred from Blue Sky for abdominal ultrasound and potential FB surgery, based upon radiographs that demonstrated mild stacked gas pattern with possible plication effect. Patient has been vomiting and having diarrhea for about 48 hours. Abdominal radiographs suspicious for potential FB. Blood work was performed today: was documented as normal. Became anorexic on Wednesday (4 days ago) Diarrhea was noted 3 days ago, along with persistent anorexia. Watery liquid consistency. May have had some blood. Large volumes initially. Yellowish foam to the stools. No profound tenesmus. Increased licking at his penis as well. Vomiting began last night when he was placed into the crate whilst driving. Vomited once again this morning in the home (bilous). He did eat some rice this morning-- happily. Has not vomited since. He is not profoundly lethargic today, but was lethargic over the last few days. The clients have been at the Oregon coast for the last 2 weeks, where Jake was off leash. There were fish on the shore and Jake was rolling in dead fish at one point. Neorickettsia helminthoeca is known to exist in Salmonoid species of fish on the OR coast.

Abnormal PE/Chem/CBC/UA Results: PE: <5% dehydrated. Slightly tense abdomen, but no splinting. No palpable masses, organomegaly, fluid wave. Watery, yellow stools on rectal exam. Otherwise unremarkable. Radiographs: Mild gas stacking and fluid-filled loops of SI that appear to have potential plicated effect (from primary care DVM) Blood work: Reported as normal Fecal: No Nanophyetus salmincola fluke eggs identified

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 6.2 cm in length. The right kidney measured 6.5 cm in length.

The area of the aortic trifurcation was free of pathology.

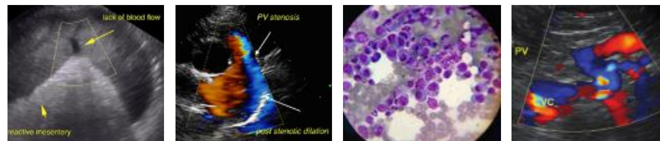
No overt pathology in the area of the residual prostate.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.73 cm width at the caudal pole and 3.3 cm length. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.62 cm width at the caudal pole and 2.7 cm length.

Spleen

The spleen exhibited mild subjective enlargement with medial folding of the cranial and caudal spleen and maintained 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



SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Jake Christie

SPECIES

Canine

BREED

Boxer Mix

SEX

Neutered male

AGE

2 years

WEIGHT

27.7 kg

INTERPRETED BY

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

IMAGING PERFORMED BY
Patti Mayfield DVM

HOSPITAL NAME

Bend Animal Emergency and Specialty Center

REFERRING VET

Dr. Patti Mayfield DVM

INVOICE

10286ag

DATE

04/02/2022

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

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 yet subjective mild prominent wall layering. The lumen of the stomach contained a mild amount of retained nonshadowing ingesta/chyme and mild luminal gas with no signs of ileus, obstruction or foreign material. The ventral gastric body wall measured 0.40 cm in width.

The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio and normal mural echogenicity. Segmental areas of mild nonobstructive jejunal ileus were present. The jejunum wall measured 0.42 cm in width. The duodenum wall measured 0.54 cm in width.

The colon walls presented intact yet prominent wall layering with mild thickened to echogenic submucosa. Semi formed to soft fecal matter was present in the colon lumen with lumen dilation. The descending colon wall measured 0.28 cm in width.

Pancreas

The right pancreatic limb exhibited normal size and contour with subtle uniform hypoechoic parenchyma compared to the adjacent omental fat. The visible pancreatic duct was normal. No signs of active inflammation or neoplastic disease was evident.

Free Abdomen

Intermittent to multiple focally enlarged jejunocolic and focal medial iliac 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 minor perilymphatic reactive mesentery was evident. An example of lymph node size was 1.2 cm in width.

ULTRASONOGRAPHIC FINDINGS

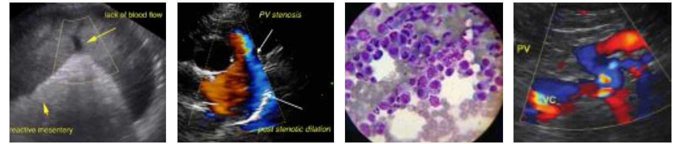
- Acute subjectively mild gastroenterocolitis pattern with segmental mild nonobstructive jejunal ileus.
- Concurrent jejunocolic and focal medial iliac lymphadenopathy-hyperplasia reactive/infectious lymphadenitis suspected. Not overtly consistent with neoplastic criteria.
- Mild subjective splenomegaly with cranial and caudal folding-subjectively benign, patient variant, hyperplasia, hematopoiesis or potential incidental or concurrent splenitis suspected.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Acute inflammatory gastroenterocolic episode, dietary indiscretion/food hypersensitivity, infectious gastroenterocolitis (salmon poisoning disease), IBD or other gastroenterocolopathy are possible. No evidence of overt gastroenterocolic foreign material or mechanical obstructive pattern was observed. Further assessment may include a GI panel to include PLI/TLI/Cobalamin/Folate. Empirical therapy for acute gastroenterocolitis with coverage for potential salmon poisoning disease would be reasonable with assessment of clinical response.

SonoPath

Clinical Sonography & Telecytology



EDUCATIONAL TELECONSULTATION SERVICES™

SonoPath.com™

1-800-838-4268 info@sonopath.com

PATIENT

Jake Christie

SPECIES

Canine

BREED

Boxer Mix

SEX

Neutered male

AGE

2 years

WEIGHT

27.7 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Patti Mayfield DVM

HOSPITAL NAME

Bend Animal Emergency and Specialty Center

REFERRING VET

Dr. Patti Mayfield DVM

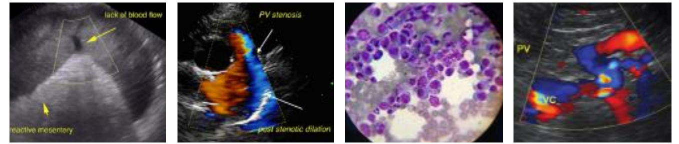
INVOICE

10286ag

DATE

04/02/2022

SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™



SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Jake Christie

SPECIES

Canine

BREED

Boxer Mix

SEX

Neutered male

AGE

2 years

WEIGHT

27.7 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Patti Mayfield DVM

HOSPITAL NAME

Bend Animal Emergency and Specialty Center

REFERRING VET

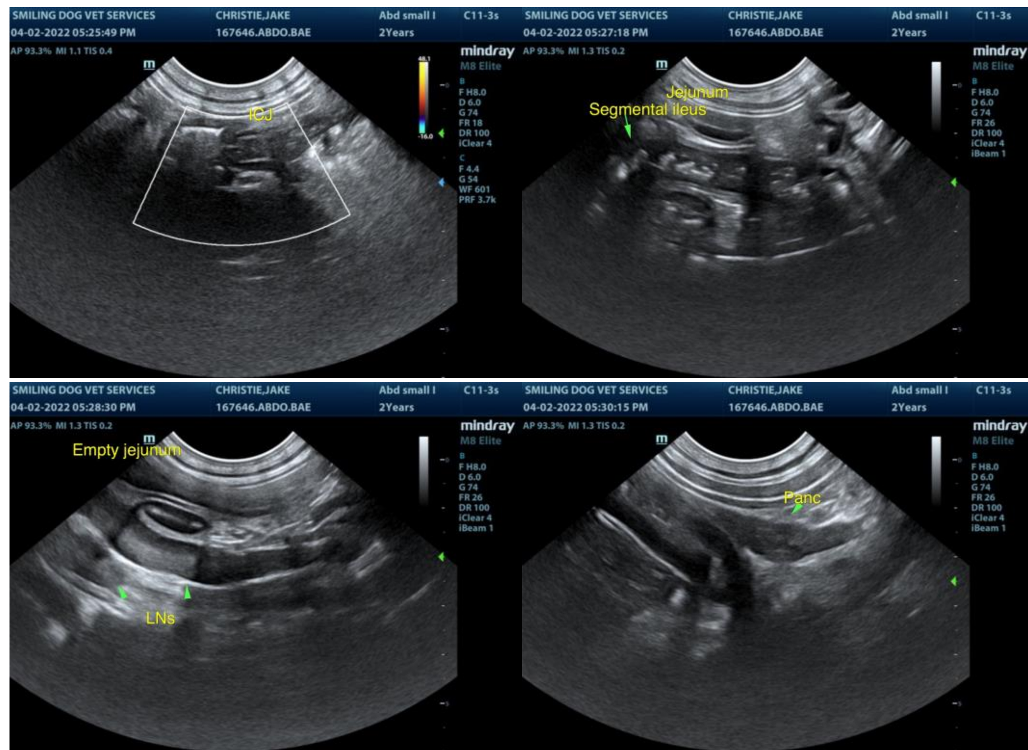
Dr. Patti Mayfield DVM

INVOICE

10286ag

DATE

04/02/2022



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