

**PATIENT**

Sierra Chavis

SPECIES

Canine

BREED

Terrier X

SEX

Spayed Female

AGE

2 Years

WEIGHT

16.2 Pounds

INTERPRETED BYR. McKenzie Daniel,
DVM, DABVP
(Canine and Feline)**IMAGING PERFORMED BY**

Amy Mayhew, LVT

HOSPITAL NAME

SVS Imaging MI

REFERRING VETWixom Family Pet
Practice**INVOICE**

37112

DATE

4/25/22

PRESENTING CLINICAL SIGNS

Patient History: Tech notes: Patient ate a bottle of organic almond oil sometime last night. Patient also has a history of eating toys and paper towels. Per owner patient was lethargic last night. Owner woke up this morning to a pile of vomit containing fabric and paper towel. Patient vomited 3 more times this morning, mainly foam and bile per owner. Patient was interested in eating food this morning, did get into food bowl per owner had a few bites. Patient just hacking now and not bringing anything up. Patient more peppy and herself per owner. Owner unsure if patient is defecating, has not gone out with patient to monitor.

Abnormal PE/Chem/CBC/UA Results: Doctor Notes: Presented today following ingestion of sweet almond oil- O opened case with pet poison hotline (see linked document). Almond oil should not cause toxicity but may cause GI upset and there is a risk of aspiration- reviewed with O- no current respiratory concerns, however may take 24-48 hours to see changes. Return asap if coughing, labored breathing. Consider base line thoracic rads today O provided vomitus for us to evaluate- multiple small purple fabric pieces present with small blue plastic pieces. Missing cap to Almond oil container- O did locate this at home. Reviewed concerns for fb/obstruction, Recommended AUS today for imaging- reviewed limitations with imaging since P ate this morning. **See attached BW and abdominal rads.

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.

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 kidney measures 4.2 cm each.

Adrenal Glands

The adrenal glands were uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.38 cm at the cranial pole and 0.46 cm at the caudal pole. The right adrenal gland measured 0.44 cm at the cranial pole and 0.42 cm at the caudal pole.

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.

Liver

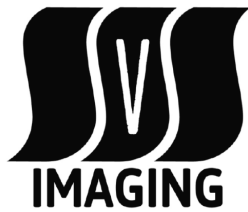
The liver was subjectively normal in size, structure, and contour. The liver parenchyma was uniform and hypoechoic to the spleen with a mild coarse echotexture. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.

Gastrointestinal

The stomach exhibited intact and sonographically unremarkable wall layering. Moderate retained, mildly hyperechoic ingesta was present, exhibiting multiple areas of strong distal acoustic shadowing. An area

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of strong distal acoustic shadowing gastric ingesta measured 1.4-1.5 cm in diameter. No evidence of mechanical pyloric outflow obstruction.

The small intestine presented intact wall layering with generalized propensity for mild subjective prominent duodenojejunal mucosa exhibiting mild, non-specific increased duodenojejunal mucosal echogenicity. The lumen of the small intestine was empty with no signs of mechanical/metabolic ileus or overt foreign material. Duodenum wall measured 0.53 cm. Jejunum wall measured 0.47 cm.

Normal visible colon wall layers were present with apparent 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

A solitary medial iliac lymph node was present, measuring 1.4 cm x 0.37 cm. The lymph node was essentially isoechoic to adjacent omentum without evidence of peripheral inflammation and maintaining a normal width: length ratio (<0.5). This lymph node is incidental and not consistent with inflammatory or neoplastic criteria.

No peritoneal effusion.

A focal small area of hyperechoic omentum was noted in the left cranioventral abdomen. Although non-specific, this focal area of hyperechoic omentum is suggestive of focal steatitis, which is likely incidental and not considered of pathological significance.

Other

No overt pathology in the area of the uterine remnant.

ULTRASONOGRAPHIC FINDINGS

- Moderate retained multifocal, strongly shadowing gastric ingesta
- Empty small bowel exhibiting subjective non-specific mild increased mucosa echogenicity

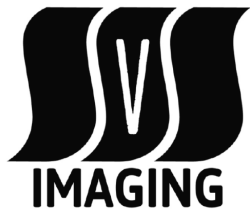
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Strongly shadowing gastric ingesta is non-specific, given patient history of dietary indiscretion, vomiting up small amounts of foreign material, and reported meal ingestion prior to the ultrasound. However, the strongly shadowing nature of the gastric ingesta is concerning for continued retained gastric foreign material. Likewise, the moderate gastric distention is not overtly consistent with reported potential for small meal. Correlation with amount of food ingested prior to the ultrasound recommended. \

Although not definitive, potential for underlying generalized gastroenteropathy may be possible, given the patient's history of PICA. 24-hour hospitalization with IV fluid and gastrointestinal support with either sonographic or radiographic monitoring for evidence of gastric emptying following documented 12-14 hour fast (if persistent retained gastric ingesta) recommended. Exploratory laparotomy should be considered with gastrointestinal biopsies considered essential despite exploratory findings.

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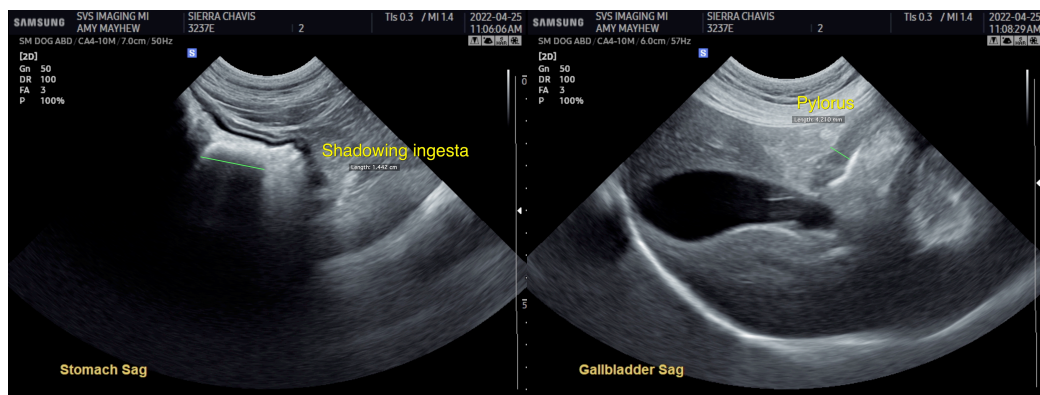
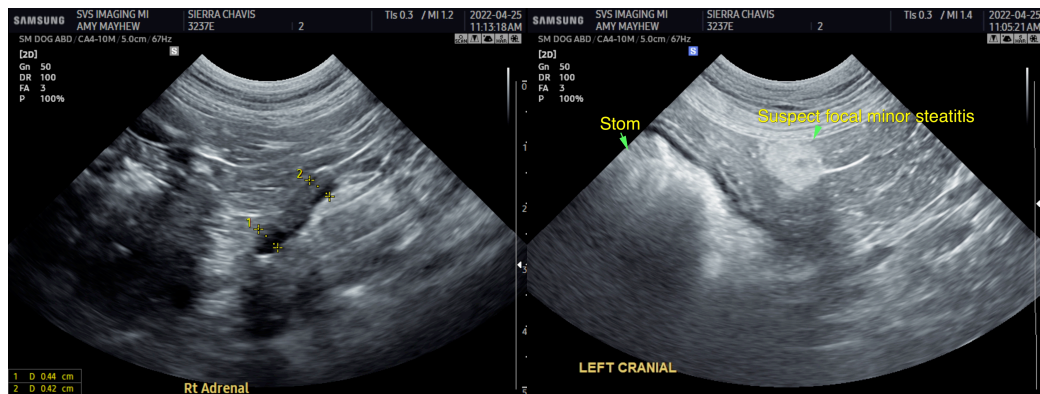
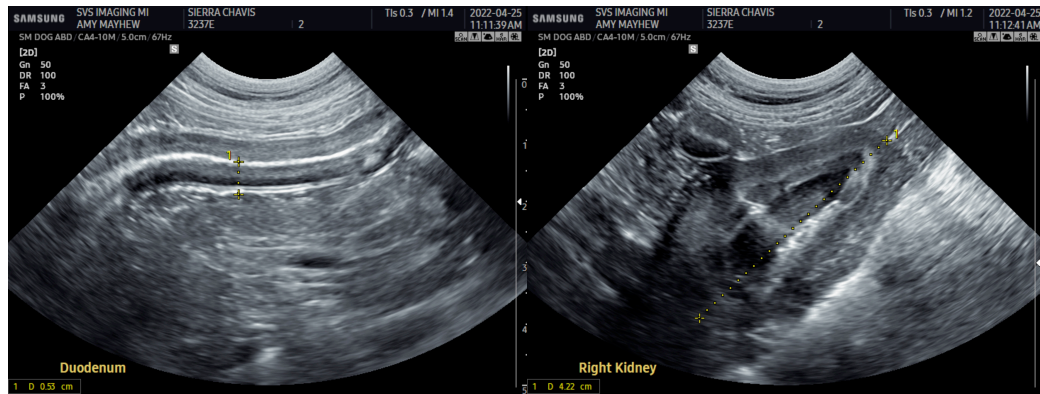
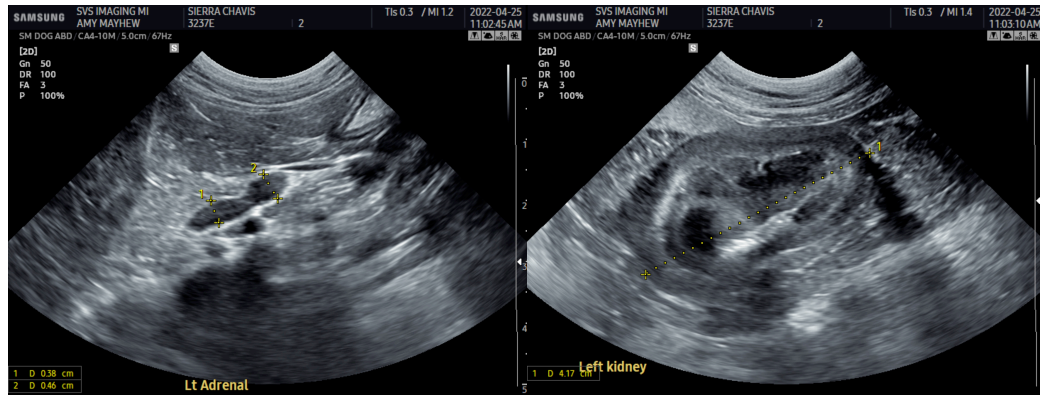
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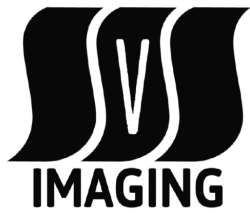
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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