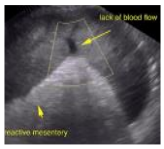

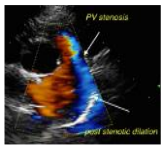

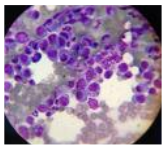
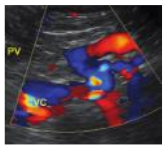

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PATIENT

Pumba Espinoza

SPECIES

Canine

BREED

Lab

SEX

MN

AGE

4

WEIGHT

63

INTERPRETED BY

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

IMAGING PERFORMED BY

Jenn

HOSPITAL NAME

Rockaway Animal Hospital

REFERRING VET

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DATE

04/03/2023

PRESENTING CLINICAL SIGNS

re check patient was d/c came back 2 days later for vomiting decreased thirst tender and distended abd , lost weight prev u/s 3/27 showed gastroenteritis mildly thickened transverse colon with strong shadowing fecal material/luminal echo

RECHECK ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 3 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 left kidney measured 7.4 cm in length. The right kidney measured 7.0 cm in length.

The area of the aortic trifurcation was free of pathology.

The area of the residual prostate appeared normal and free of pathology.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.60 cm width at the caudal pole. The right adrenal gland was not definitively visualized.

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.

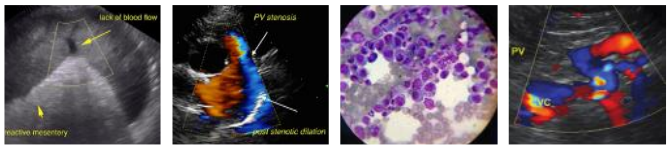
Liver/Gallbladder

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 intact wall layering with a normal wall layer ratio. The lumen of the stomach contained mild retained echogenic to subtle progressively shadowing ingesta and luminal gas with no signs of ileus, obstruction or foreign material.

The small intestine presented overall intact wall layering with 1:3 muscularis/mucosa ratio. Segments of the intestine appeared to exhibit moderate fluid distention and hypomotility with concurrent segments of empty small intestine. No definitively visualized area of overt mechanical intestinal obstruction.



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The colon walls presented intact yet prominent wall layering with mild thickened to echogenic submucosa. Mild non-formed fecal matter was present in the colon lumen with lumen dilation. The previously noted strongly shadowing colic luminal echo was not definitively visualized.

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

No omental masses or overt lymphadenopathy. Mild volume anechoic peritoneal free fluid was present. Mild regional primarily peri intestinal hyperechoic omentum was present.

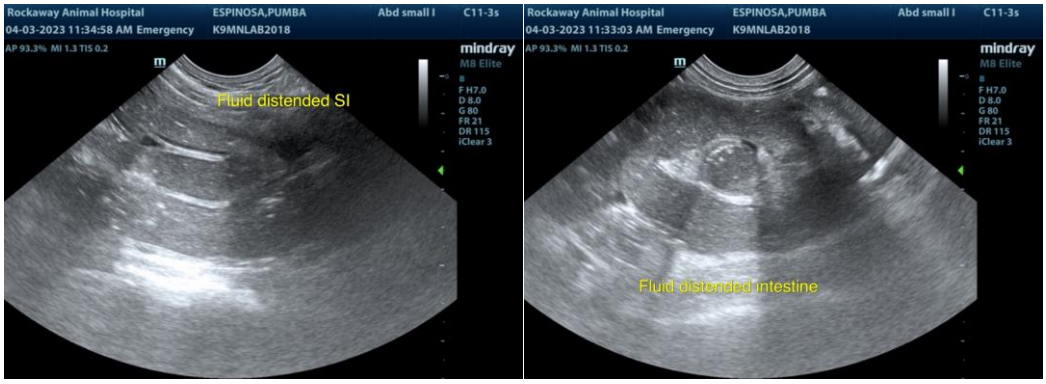
ULTRASONOGRAPHIC FINDINGS

- Finding non-distended stomach with mild retained ingesta/gas.
- Enterocolopathy with segmental fluid distended/hypomotile intestine with concurrent segmental empty intestine.
- Mild volume peritoneal free fluid.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Recurrent to progressive non-specific inflammatory gastroenterocolopathy, dysbiosis, IBD, occult infiltrative neoplasia, non-visualized mechanical intestinal obstruction or foreign body are all possible. The peritoneal effusion may indicate non-septic or septic effusion. Correlation with effusion analysis cytology +/- C/S if clinically indicated is suggested. Given concurrent dilated intestine with segmental empty small intestine the possibility of a non-visualized area of mechanical intestinal obstruction may be of concern.

Given this presentation with progressive clinical signs and evidence of weight loss, exploratory laparotomy with gross inspection of the intestine and with intestinal biopsies considered essential is recommended.



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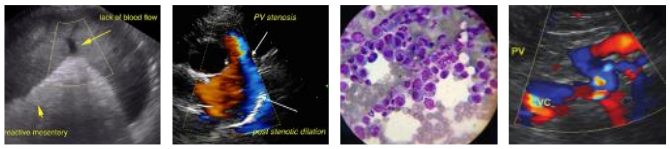

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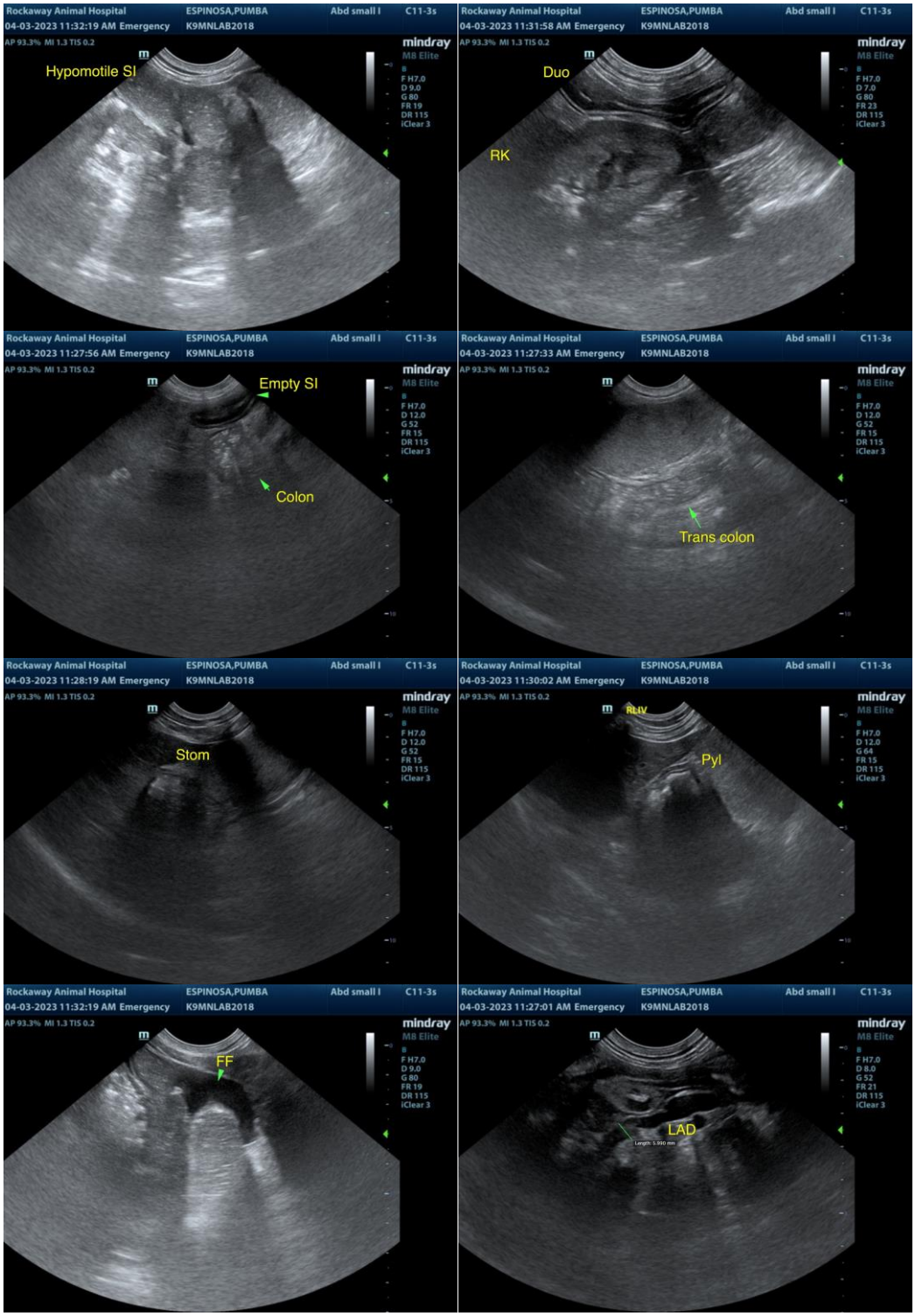

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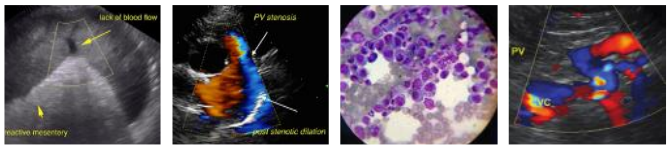

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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mac.daniel@sonopath.com