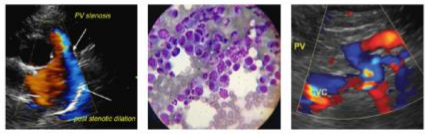
IMAGING PERFORMED BY
SVS Mobile Imaging CT 262-366-5970
fredgromalak@gmail.com



SonoPath
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PATIENT

Nora Sennett

SPECIES

Canine

BREED

Labrador Retriever

SEX

FS

AGE

3 years

WEIGHT

65 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Tom McNeill

HOSPITAL NAME

SVS Imaging CT

REFERRING VET

Badger Veterinary Hospital- Dr. Gould

INVOICE

14631

DATE

4/6/22

PRESENTING CLINICAL SIGNS

Acute onset of vomiting and diarrhea for 3-4 days after returning from a boarding facility. Today emesis contained foreign material.

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 was noted.

The residual prostate was symmetrically normal in size with uniform parenchyma and slight coarse echotexture measuring – cm in diameter.

The area of the aortic trifurcation was free of pathology.

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 6.1 cm in length. The right kidney measured 5.4 cm in length.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.78 cm width at the caudal pole and 0.53 cm width at the cranial pole.

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

Spleen

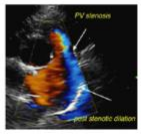
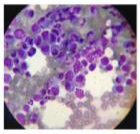
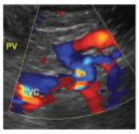
The spleen exhibited a finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. The capsule was smooth and regular without apparent expansion. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis. Acute to chronic inflammatory, neoplastic, or benign parenchyma changes were not noted.

Liver/ 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 wall thickening secondary to echogenic mucosa hypertrophy. Intact wall layering was maintained and distinct. The gastric body wall measured 0.59 cm width. Mild gastric

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distension with mild to moderate retained anechoic fluid without evidence of overtly retained gastric ingesta or foreign material.

The small intestine presented intact wall layering with primarily maintained 1:3 muscularis/mucosa ratio. Generalized subjective mild decreased small mucosa echogenicity along with primarily generalized duodenojejunal ileus. Overt evidence of definitive mechanical obstruction or foreign material within the small intestine was not obviously visualized. The jejunum wall measured 0.30 cm. The duodenum wall measured 0.35 cm.

The colon exhibited sonographically unremarkable wall layering yet generalized colonic distention with non-formed feces, consistent with diarrhea.

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 were evident.

Free Abdomen

Multiple, mid abdominal enlarged mesenteric 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 perilymphatic inflammation was evident. An example of lymph node size was 2.5 cm x 0.81 cm. No evidence of peritoneal free fluid.

ULTRASONOGRAPHIC FINDINGS

- Acute gastroenterocolitis pattern, exhibiting generalized gastrointestinal ileus
- Associated mesenteric lymphadenopathy- suspect mild mesenteric lymphadenitis, secondary to gastroenterocolitis

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The overall presentation of the gastrointestinal tract is suggestive of acute inflammatory bowel episode, such as dietary indiscretion/food intolerance, infectious gastroenterocolitis, enterotoxaemia or similar. Potential for occult gastrointestinal neoplasia and lymphadenopathy is considered unlikely. No overt evidence of definitive gastrointestinal foreign body, although potential for nonobstructive or passing small foreign body, technically, cannot be definitively excluded. Given the lack of definitive obstruction pattern or foreign material, hospitalization with aggressive therapy for acute gastroenterocolitis, ideally with sonographic monitoring of the gastrointestinal tract and lymphadenopathy would be reasonable.

Further assessment may include a GI panel to include PLI/TLI/Cobalamin/Folate, fresh fecal analysis to rule out parasitic ova/Giardia +/- resting cortisol level to rule out occult Addisons disease, although the bilateral adrenal glands appear to be sonographically normal.

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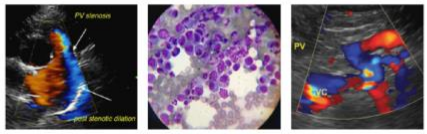

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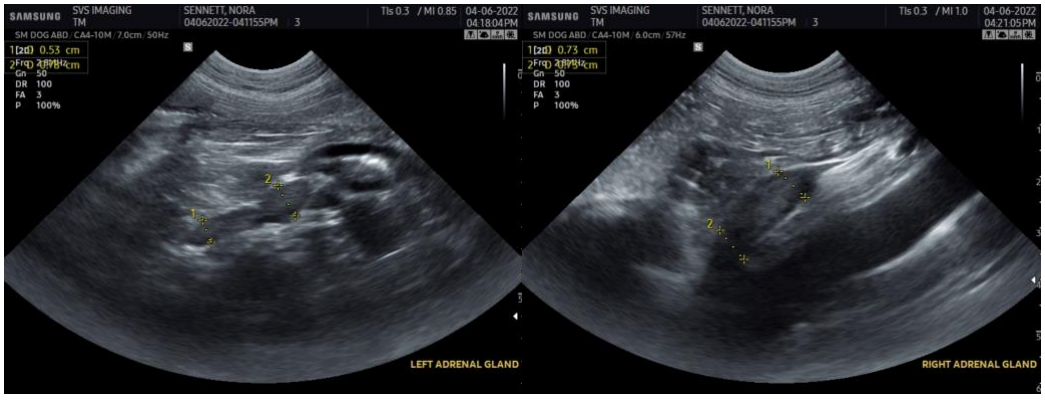

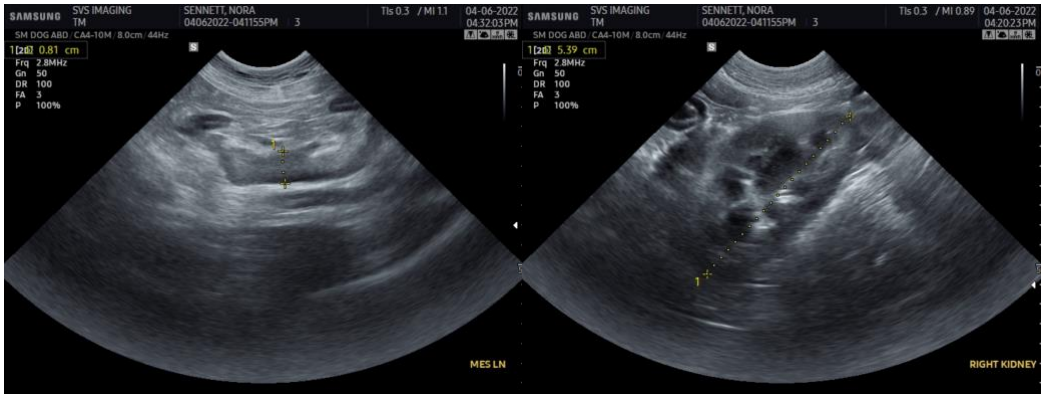

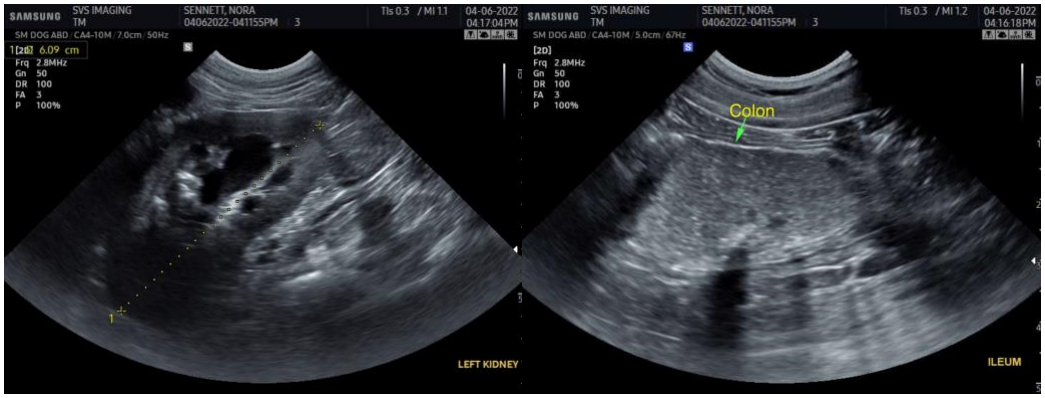

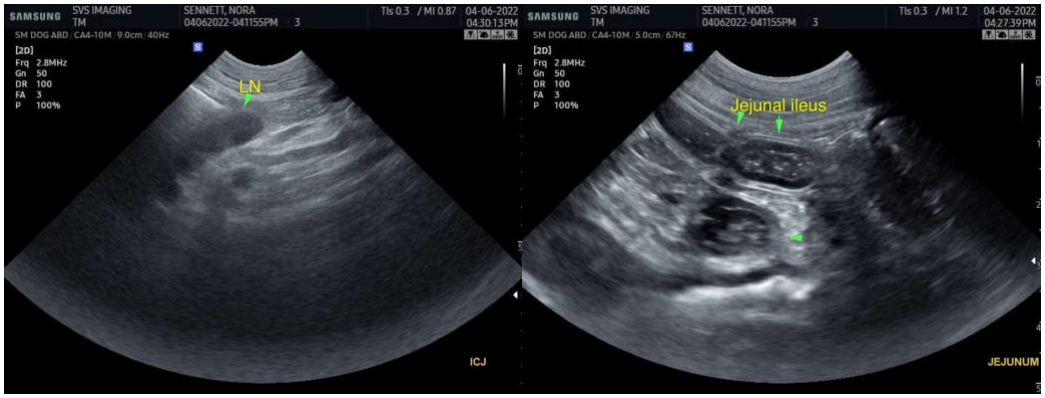

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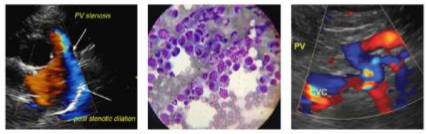

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

R. McKenzie Daniel, DVM, DABVP (Canine / Feline Practice)
info@SonoPath.com