



PATIENT

Drew Swaney

SPECIES

Canine

BREED

Labrador Retriever

SEX

FS

AGE

5yr 5mo

WEIGHT

54.6lb

INTERPRETED BY

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

IMAGING PERFORMED BY

Amanda Crook -
SDEP Certified
Clinical Sonographer

HOSPITAL NAME

Rivers Edge Pet
Medical Center

REFERRING VET

Dr. Bridget Hayes

INVOICE

13782ag

DATE

05/11/2023

PRESENTING CLINICAL SIGNS

Comparative recheck ultrasound to 5/10 study while hospitalized - P is now regurgitating light tan-tinged fluid with small specks of ingesta - seems a bit brighter but more regurgitation has occurred. Current Medications: Metronidazole, buprenorphine, cerenia, IVF, unasyn

Abnormal PE/Chem/CBC/UA Results: Labwork has not been rechecked since the first submission
No additional radiographs have been taken since the first submission

RECHECK ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2 cm exhibited normal thickness and tone. Anechoic urine was present in the lumen with mild non-dependent particulate sediment. The sediment may indicate cellular debris / protein, crystalline debris, lipid, or mucus. 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 7.1 cm in length. The right kidney measured 6.3 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. No obvious pathology was present in the area of the bilateral adrenal glands.

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. Persistent moderate to severe gastric distention with retained variably echogenic fluid and ingesta was present extending into the pyloric outflow. No obstructive pyloric mural pathology.

The duodenum presented intact mildly prominent wall layering with subtle duodenal corrugation and generalized primarily mild duodenal ileus. Concurrent segmental jejunal ileus with segments of empty jejunum and ileum extending to the level of the colon was present.



PATIENT

Normal visible colon wall layers were present with apparent formed to semi formed feces in lumen.

Drew Swaney

Pancreas

SPECIES

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.

Canine

Free Abdomen

BREED

No omental masses or peritoneal effusion was present.

Labrador Retriever

A solitary enlarged mid abdominal gastric or pancreaticoduodenal lymph node was present adjacent to the pylorus and upper duodenum. This node was homogenous, mildly hypoechoic and smoothly margined. Subtle perilymphatic to perigastric hyperechoic omentum was present.

SEX

ULTRASONOGRAPHIC FINDINGS

FS

- Persistent moderate to severe gastric distention with retained variably echogenic fluid and ingesta-persistent metabolic/functional vs mechanical gastric stasis.
- Duodenitis/segmental jejunitis pattern with mild persistent non-progressive duodenal and segmental jejunal ileus, concurrent segmental empty jejunum.
- Focal subjective benign/reactive gastric/pancreaticoduodenal lymphadenopathy.
- Sonographically unremarkable pancreas.
- Mild urinary bladder sediment.

AGE

5yr 5mo

WEIGHT

54.6lb

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

INTERPRETED BY

Given persistent gastric distention with retained fluid and non-specific ingesta in conjunction with patient's clinical signs, exploratory laparotomy with gross inspection of the GI tract and with biopsies considered essential despite exploratory findings remains warranted.

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

Overtly static GI presentation compared to the previous study without evidence of improvement despite supportive care. Presurgical/prophylactic gastric tube placement with gastric emptying could be considered.

IMAGING PERFORMED BY

Continued supportive care with monitoring for GI improvement and gastric emptying would be a more conservative approach. Correlation with recheck lab work to assess for underlying metabolic cause of the GI presentation is warranted.

Amanda Crook -
SDEP Certified
Clinical Sonographer

HOSPITAL NAME

Rivers Edge Pet
Medical Center

REFERRING VET

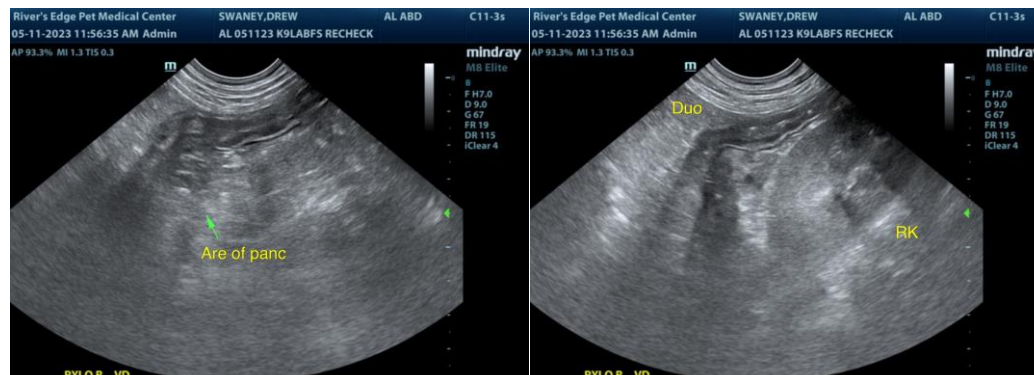
Dr. Bridget Hayes

INVOICE

13782ag

DATE

05/11/2023





PATIENT

Drew Swaney

SPECIES

Canine

BREED

Labrador Retriever

SEX

FS

AGE

5yr 5mo

WEIGHT

54.6lb

INTERPRETED BY

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

IMAGING PERFORMED BY

Amanda Crook -
SDEP Certified
Clinical Sonographer

HOSPITAL NAME

Rivers Edge Pet
Medical Center

REFERRING VET

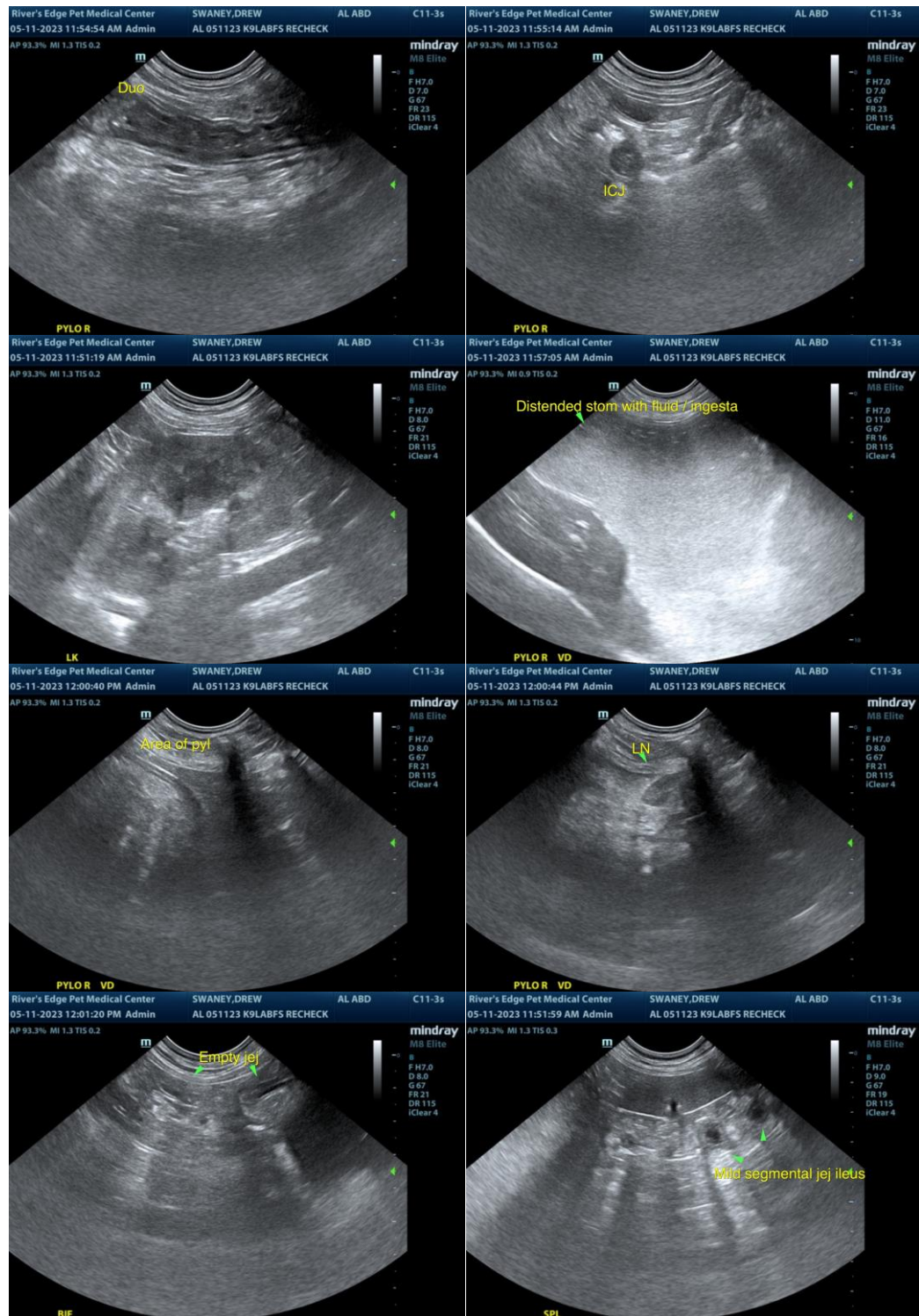
Dr. Bridget Hayes

INVOICE

13782ag

DATE

05/11/2023





PATIENT

Drew Swaney

SPECIES

Canine

BREED

Labrador Retriever

SEX

FS

AGE

5yr 5mo

WEIGHT

54.6lb

INTERPRETED BY

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

IMAGING PERFORMED BY

Amanda Crook -
SDEP Certified
Clinical Sonographer

HOSPITAL NAME

Rivers Edge Pet
Medical Center

REFERRING VET

Dr. Bridget Hayes

INVOICE

13782ag

DATE

05/11/2023



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)
mac.daniel@sonopath.com