



PATIENT PRESENTING CLINICAL SIGNS

PATIENT
Bumbo Serafini

SPECIES
Canine

BREED
Bichon

SEX
MN

AGE
9

WEIGHT
21.6

History: Pt presented in 2/25/22 for an episode of vomiting and diarrhea. Xrays at the time were suggestive of possible FB ingestion (he does get into things) and constipation. Pt responded to supportive care and nothing was ever seen passing in his stool. Pt had another episode in the end of 4/22 in which he had sudden onset discomfort after eating, mostly characterized by restlessness. Rads at that time showed some mild constipation. Pt again responded to supportive care. Pt presented again yesterday for another episode of sudden onset GI upset. O also reports that in the last month he has developed the habit of licking and chewing on abnormal things like their stone fireplace. FAST scan yesterday did not reveal major changes other than lots of areas of intestines dilated with feces that had very low motility. BW revealed that pt is on the cusp of anemia. At this point, most suspicious of ulcerative GI disease.

Abnormal PE/Chem/CBC/UA Results: BW 5/11 Globulins 4.1 WBC 16.9103/ μ L 4.0- 15.550 HIGH (neutrophilia and monocytosis) HGB 10.3g/dL 12.1-20.330 LOW HCT 37% 36- 60 MCV 56fL 58-79 LOW MCH 15.6pg 19-28 LOW MCHC 28g/dL 30-38 LOW Platelet Count 655 170-400 / μ L HIGH

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 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 was present in the kidneys. A normal 1:3 cortex / medulla ratio was maintained. The medulla and cortices were uniform in texture with some increased echogenicity and minor loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The left kidney measured 5.3 cm in length. The right kidney measured 5.6 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 0.82 cm width at the caudal pole and 0.58 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 0.37 cm width at the caudal pole and 0.39 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

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

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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

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The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained mild ingesta with no signs of ileus, obstruction or foreign material.

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The small intestine revealed segmental thickened mid abdominal intestine with variable yet moderate mural hypertrophy, decreased mural echogenicity and loss of discernable wall layering. This segment of intestine measured 5-6 cm in length with wall width measuring up to 0.82 cm. Adjacent segments of small intestine exhibited mildly prominent to thickened yet intact wall layering with mild retained fluid and non-shadowing echogenic chyme. Adjacent small intestine measured up to 0.31 cm in width. Regional reactive mesentery and mild volume peritoneal free fluid were present in the mid abdomen primarily around the thickened intestine.

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

Pancreas

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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.

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Free Abdomen

No omental masses or overt lymphadenopathy was present.

Regional reactive mesentery and mild volume peritoneal free fluid were present in the mid abdomen primarily around the thickened intestine.

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ULTRASONOGRAPHIC FINDINGS

- Segmental small bowel mural mass with regional peri intestinal reactive mesentery and scant free fluid-potential for regional peritonitis
- Adjacent small bowel ileus to potential partial obstructive pattern

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Considerations for the small bowel mural mass may include inflammatory vs infiltrative (neoplasia, fungal) etiologies while the possibility of associated or concurrent ulceration in the mass could be possible. Potential partial obstructive pattern or concurrent segmental ileus is suspected although the possibility of early involvement of adjacent intestinal segments cannot be excluded. Exploratory laparotomy with gross inspection of the GI tract, biopsy vs resection/anastomosis and additional biopsies in alternative GI segments given the recent onset of pica in this patient is recommended assuming no evidence of thoracic pathology on three view chest radiographs.

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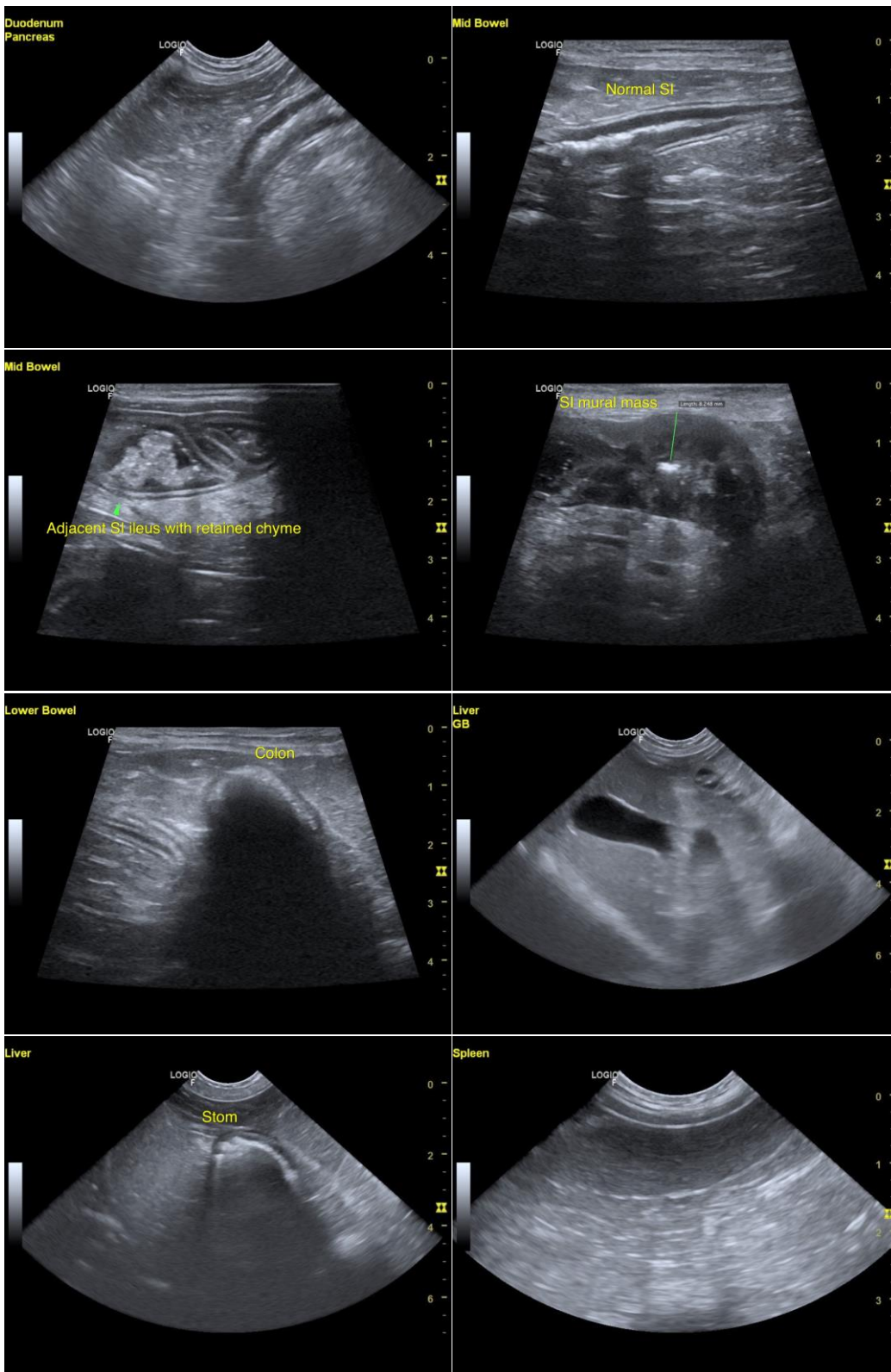
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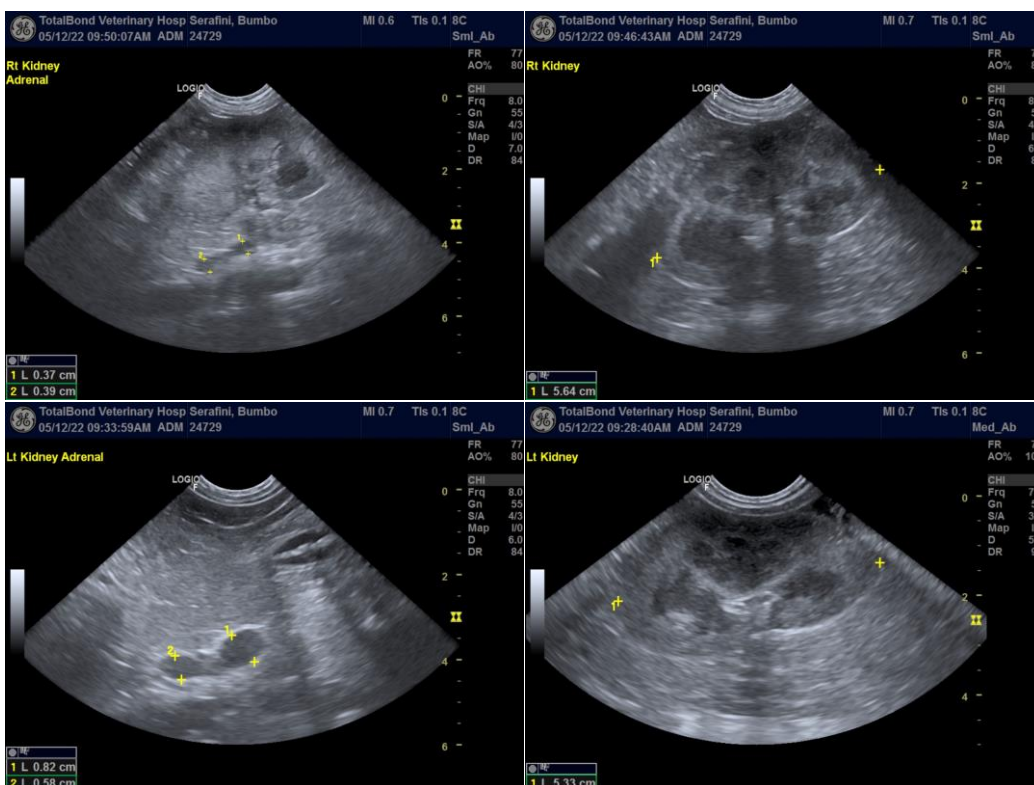
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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