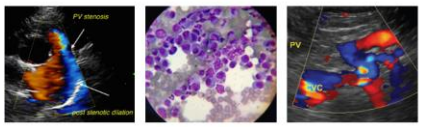
IMAGING PERFORMED BY
svsimaging.net 309-737-3070



SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™
1-800-838-4268 info@sonopath.com SonoPath.com

PATIENT

Sallie Holderness

SPECIES

Canine

BREED

Lab Mix

SEX

SF

AGE

9 years

WEIGHT

76 pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Sarah Pender CVT

HOSPITAL NAME

SVS Imaging QC

REFERRING VET

Dr. Elliot

INVOICE

10494ag

DATE

05/02/2022

PRESENTING CLINICAL SIGNS

History: Vomit for 3 days, bile, drinking some but will vomit that too. Owner thinks FB is unlikely. Unsure of last bowel movement. No known diarrhea. Last meal Saturday afternoon. Urination - normal

Abnormal PE/Chem/CBC/UA Results: Rads- intestinal loops seem either bunched or thickened. Concern for possible intestinal mass BW - low BUN 4 elevated Glob 4.6 elevated ALKP 516 RBC - 9.2, HGB - 21.2 WBC - 19.18, Neu 16.25

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 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 mild loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The left kidney measured 7.5 cm in length. The right kidney measured 7.9 cm in length.

The area of the aortic trifurcation was 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 0.63 cm width at the caudal pole and 0.70 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 0.78 cm width 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.

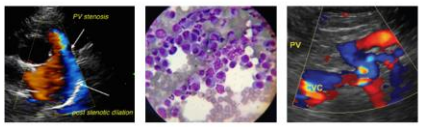
Liver

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 presented intact yet subjective mild prominent wall layering and contained a mild amount of retained anechoic to echogenic fluid and chyme. No evidence of shadowing gastric luminal echo or mechanical pyloric outflow obstruction. The gastric body wall measured 0.42 cm in width.

IMAGING PERFORMED BY
svsimaging.net 309-737-3070



SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™
1-800-838-4268 info@sonopath.com SonoPath.com

PATIENT

Sallie Holderness

SPECIES

Canine

BREED

Lab Mix

SEX

SF

AGE

9 years

WEIGHT

76 pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Sarah Pender CVT

HOSPITAL NAME

SVS Imaging QC

REFERRING VET

Dr. Elliot

INVOICE

10494ag

DATE

05/02/2022

The small intestine presented primarily intact wall layering with 1:3 muscularis/mucosa ratio. No evidence of intestinal ileus pattern. A segment of small intestine within the mid abdomen exhibited mild to moderate asymmetrical mural hypertrophy exhibiting indistinct to loss of discernable wall layer detail. The segment of intestine measured approximately 6-7 cm in length with wall width up to 1.3 cm. Within the segmentally thickened intestinal wall and potentially extending into the adjacent peri intestinal omentum an unspecified hyperechoic potential linear like echo was present. Regional peri intestinal mildly nonuniform hyperechoic mesentery was present around the thickened intestine. No overt evidence of free fluid or significant lymphadenopathy was noted.

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

No overt lymphadenopathy or peritoneal effusion was present.

Ill visualized nonhomogeneous to mixed echogenic mass was present in the area of the right lateral body wall or subcutaneous space measuring approximately 8-9 cm in diameter.

ULTRASONOGRAPHIC FINDINGS

- Mild gastric hypomotility, potential mild gastritis
- Segmental small intestinal mural mass like lesion exhibiting indistinct to loss of wall layer detail, potential unspecified associated peri intestinal hyperechoic linear like echo with regional per intestinal reactive mesentery
- Subjective nonhomogeneous to mixed echogenic mass in the area of the right lateral body wall or subcutaneous space
- Mild vacuolar hepatopathy pattern-benign

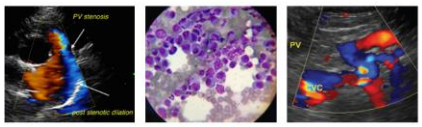
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The segmental small intestinal mural mass lesion was nonspecific with several potential etiologies including inflammatory disease or granulomatous disease with potential for neoplastic criterial. The possibility of a penetrating foreign body with associated intestinal and regional omental inflammation cannot be excluded. No overt evidence of GI foreign body, mechanical obstructive pattern or additional areas of GI mural pathology. Given the presentation, laparotomy with gross inspection of the entire GI tract with specific attention to the mid abdominal small intestinal mural mass lesion with potential for biopsy or resection and anastomosis is warranted. Three view chest radiographs recommended prior to surgical considerations if not done. Concurrent biopsy of the right lateral body wall to subcutaneous mass at the time of surgery may be considered.

IMAGING PERFORMED BY

svsimaging.net 309-737-3070

SVS IMAGING



SonoPath

Clinical Sonography & Telecytology

EDUCATIONAL TELECONSULTATION SERVICES™

1-800-838-4268 info@sonopath.com SonoPath.com

PATIENT

Sallie Holderness

SPECIES

Canine

BREED

Lab Mix

SEX

SF

AGE

9 years

WEIGHT

76 pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Sarah Pender CVT

HOSPITAL NAME

SVS Imaging QC

REFERRING VET

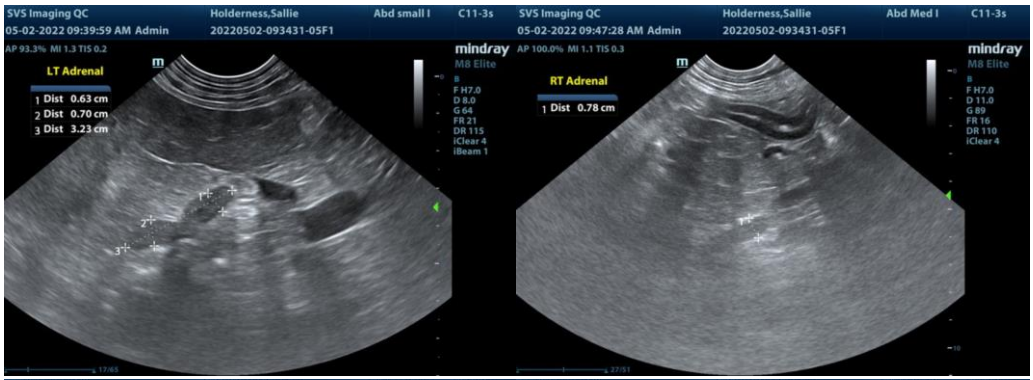
Dr. Elliot

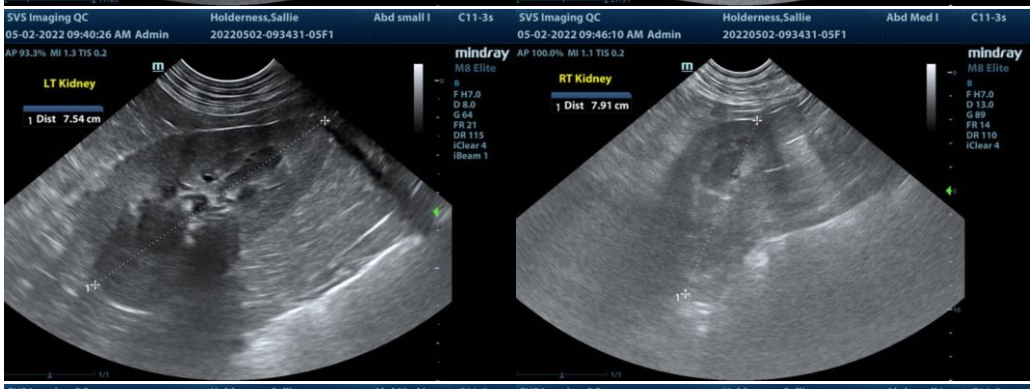
INVOICE

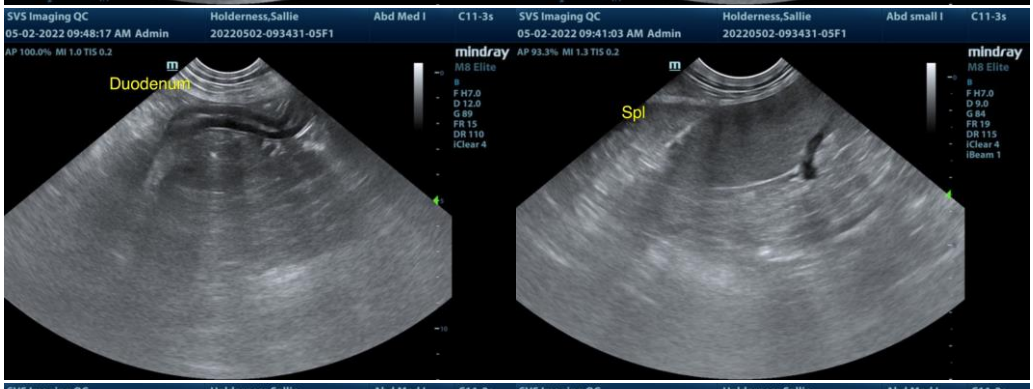
10494ag

DATE

05/02/2022

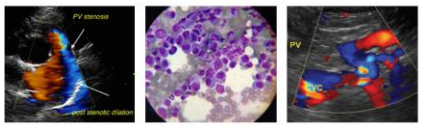






IMAGING PERFORMED BY
svsimaging.net 309-737-3070

SVS IMAGING



SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™
1-800-838-4268 info@sonopath.com SonoPath.com

PATIENT

Sallie Holderness

SPECIES

Canine

BREED

Lab Mix

SEX

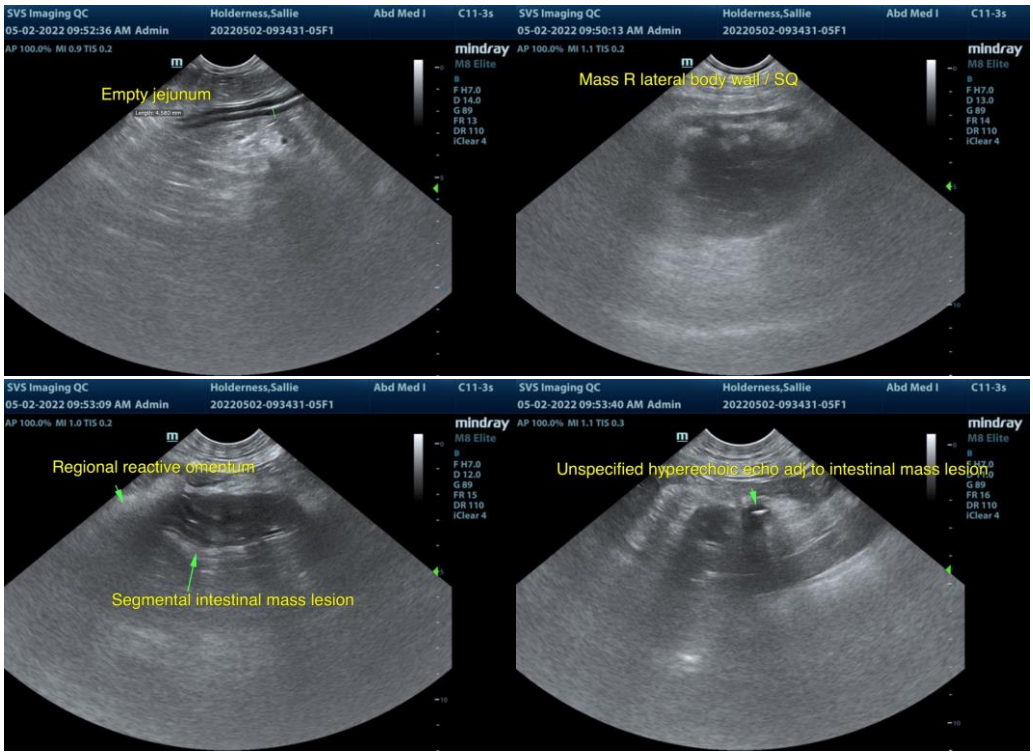
SF

AGE

9 years

WEIGHT

76 pounds



INTERPRETED BY

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

IMAGING PERFORMED BY

Sarah Pender CVT

HOSPITAL NAME

SVS Imaging QC

REFERRING VET

Dr. Elliot

INVOICE

10494ag

DATE

05/02/2022

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