



PATIENT PRESENTING CLINICAL SIGNS

Mia Lee Presented at our hospital for vomiting since 24hrs, NE since Wednesday, drinking small amount. Few weeks of having symptoms. Fever Previous Health Concerns: suspected pancreatitis, elevated white count Current Medications: Enro 68 mg and Metro 500 mg - second round each. Cerenia tablet Appetite/When did they eat last: Wednesday

SPECIES

Canine

BREED

Labrador Retriever

Abnormal PE/Chem/CBC/UA Results: Temp: 103.2 F Cardiovascular: tachycardia, est 5% dehydration Abdominal: non-reactive abdominal palpation, non-reactive xiphoid push, no obvious mass Radiographs: no obvious foreign material in stomach but severely thickened with ST opacity to pylorus, fluid distention of small intestines with no obvious foreign material. Chemistry: Creat 1.5 H, Total protein 7.7 H, Albumin 4.2 H, Glucose 249 H CBC: PMN 12.44 H, stress leukogram, RBC 9.25 H, HGB 22 H, HCT 58.7 % H EPOC: pH 7.514 H, Sodium 139 L, Potassium 3 L, Chloride 100 L, Ionized Ca 1.12 L, Anion Gap 23 L, Lactate 7.45 H, Creat 1.75 H, Glucose 238 H, HCT 60% H cPL: normal

SEX

Spayed Female

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

AGE

6 Years

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2.0 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 were noted.

WEIGHT

36 kg

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 6.7 cm. The right kidney measured 6.5 cm.

INTERPRETED BY

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

The area of the aortic trifurcation was free of pathology.

Adrenal Glands

IMAGING PERFORMED BY

Erin Wicks

The adrenal glands were uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.53 cm at the cranial pole and 0.56 cm at the caudal pole. The right adrenal gland was not definitively visualized.

Spleen

HOSPITAL NAME

Shores VEC

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.

REFERRING VET

Dr. Lupole

Liver

INVOICE

37838

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

DATE

5/22/22



PATIENT

Mia Lee

The stomach presented intact wall layering with a normal wall layer ratio. Mild to moderate distention with retained anechoic to echogenic fluid and non-specific hyperechoic shadowing ingesta to echoes.

SPECIES

Canine

The small intestine presented intact wall layering with maintained 1:3 muscularis/mucosa ratio. Segmental mild to moderate echogenic fluid distention noted. Segmental strongly shadowing intestinal luminal echo noted within the subjective mid abdomen, measuring approximately 2.4 cm in diameter. Concurrent segments of empty small intestine without evidence of mechanical/metabolic ileus were also present.

BREED

Labrador Retriever

Normal visible colon wall layers were present with empty descending colon lumen.

SEX

Spayed Female

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.

AGE

6 Years

Free Abdomen

No overt lymphadenopathy. Subtle evidence of peri intestinal reactive mesentery. No evidence of peritoneal free fluid.

WEIGHT

36 kg

ULTRASONOGRAPHIC FINDINGS

- Retained gastric fluid with shadowing to hyperechoic ingesta/echoes.
- Segmental strongly shadowing small intestinal echo with mild to moderate segmental small intestinal obstructive pattern, likely proximal. Concurrent segmental empty to normal small intestine, likely distal.

INTERPRETED BY

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

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The sonographic findings are consistent with obstructive small intestinal foreign material and proximal mild to moderate obstructive pattern. Highly suspect concurrent gastric foreign material. Exploratory laparotomy recommended with expectation toward enterotomy and likely gastrotomy once the patient is stable. No overt evidence of neoplastic criteria or obvious peritonitis.

IMAGING PERFORMED BY

Erin Wicks

HOSPITAL NAME

Shores VEC

REFERRING VET

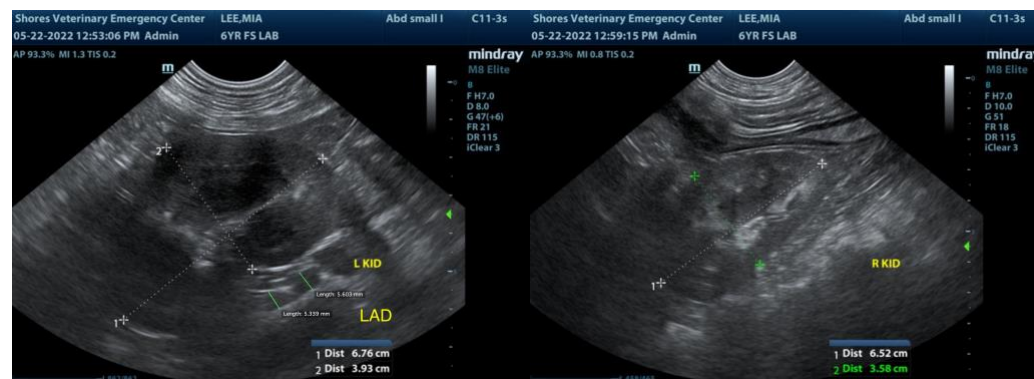
Dr. Lupole

INVOICE

37838

DATE

5/22/22





PATIENT

Mia Lee

SPECIES

Canine

BREED

Labrador Retriever

SEX

Spayed Female

AGE

6 Years

WEIGHT

36 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Erin Wicks

HOSPITAL NAME

Shores VEC

REFERRING VET

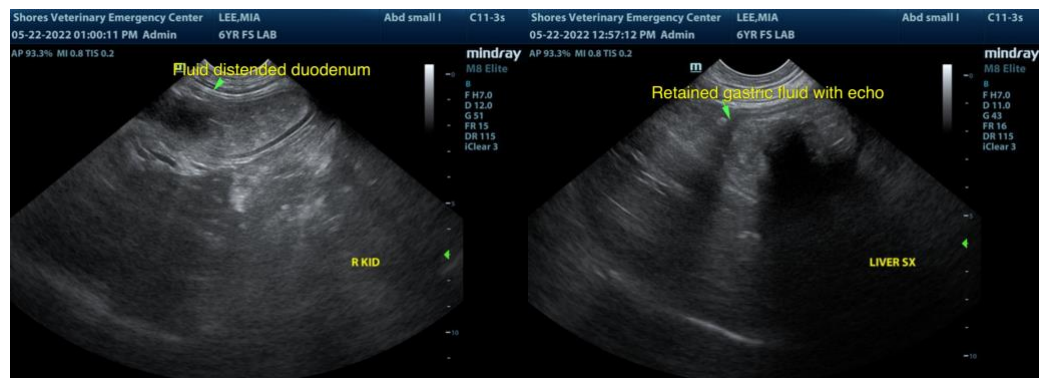
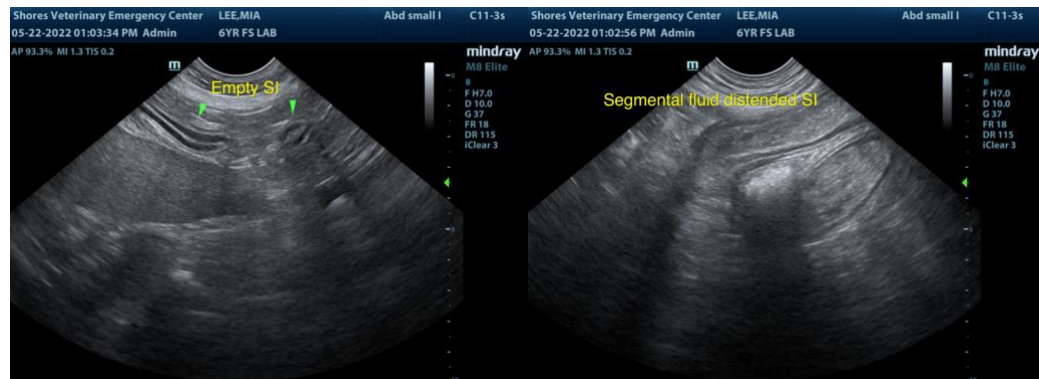
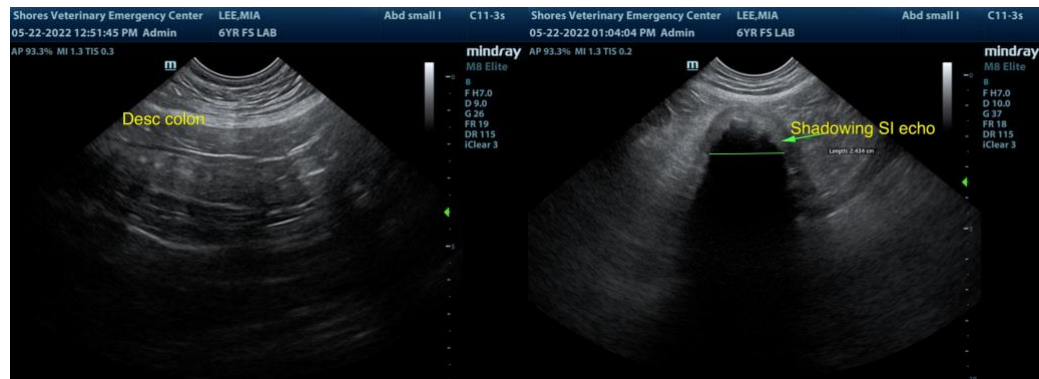
Dr. Lupole

INVOICE

37838

DATE

5/22/22



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