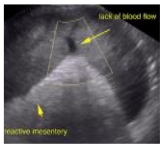
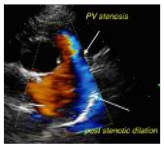
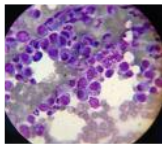
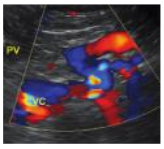
SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™





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

PATIENT

Odin Mickelson

SPECIES

Canine

BREED

Labrador Retriever

SEX

MN

AGE

7 years

WEIGHT

91.2 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Jasmine Palacios

HOSPITAL NAME

Rivers Edge PMC

REFERRING VET

Dr. Cora Hollomon

INVOICE

13942

DATE

5/25/22

PRESENTING CLINICAL SIGNS

transfer from rDVM, was seen this AM for not eating for 24 hrs and vomiting. pt gets into lots of things/eats things that he shouldn't On PE pt is BAR. MM tacky. abdomen very tense. hematochezia on rectal
Abnormal PE/Chem/CBC/UA Results: See attached labs: HCT 56.2%, high normal WBC. mild hyperglycemia, potassium 3.5 See attached rads: gas pocket noted in pylorus and some mild segmental dilation throughout SI. mild loss of detail.

Chemistry panel - Potassium 3.5, Na:K 41, Glucose 133

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.

No overt pathology was noted in the area of the residual prostate.

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 7.8 cm in length. The right kidney measured 7.8 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 0.59 cm width. The right adrenal gland was not definitively visualized.

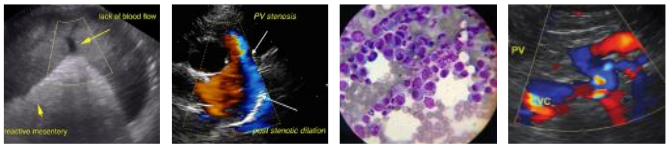
Spleen

The spleen exhibited a finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. The spleen was folded. The folding is not indicative of clinical pathology and is likely incidental. 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.

SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™



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

PATIENT

Odin Mickelson

SPECIES

Canine

BREED

Labrador Retriever

SEX

MN

AGE

7 years

WEIGHT

91.2 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Jasmine Palacios

HOSPITAL NAME

Rivers Edge PMC

REFERRING VET

Dr. Cora Hollomon

INVOICE

13942

DATE

5/25/22

Gastrointestinal

The stomach exhibited Intact visualized wall layering with no overt evidence of gastric mural pathology. The stomach contained a subjective mild amount of retained echogenic to shadowing ingesta or chyme, along with luminal gas. The mildly shadowing ingesta and chyme primarily noted in the area of the antrum and pylorus. No overt evidence of mechanical pyloric outflow obstruction was noted.

The small intestine presented intact wall layering and subjective maintained a 1:3 muscularis/mucosa ratio. Segments of empty small Intestine were present along with concurrent segmental to primarily generalized subjective increased intestinal gas pattern with segments of mild jejunal ileus and potential retained nonshadowing chyme. Definitive evidence of small Intestinal obstructive pattern was not overtly evident. No evidence of loss of intestinal wall layering or other mural pathology, i.e., intussusception, mass, or other.

The colon exhibited subjective intact wall layering with gas distention noted in the transverse to descending colon within the left abdomen adjacent to the left kidney.

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

No omental masses, lymphadenopathy or peritoneal free fluid was present.

ULTRASONOGRAPHIC FINDINGS

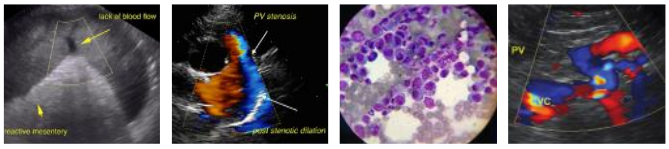
- Mild retained to shadowing gastric / pyloric ingesta with subjective gastric luminal gas
- Intact small bowel wall layering exhibiting segmental to primarily generalized subjective increased gas pattern and mild segments of jejunal ileus
- Moderate gas distended descending colon

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Given the patient's history along with reported inappetence and vomiting over the past 24 hours, the presence of mild retained gastric shadowing ingesta and chyme is strongly suggestive yet not definitive for the possibility of gastric foreign material In conjunction with the opacity noted within the stomach lumen on the provided radiographs. A definitive obstructive pattern within the small intestine was not noted yet technically the possibility of small amounts of passing foreign material obscured by the subjective increased small intestinal gas pattern or the possibility of passed foreign material within the proximal colon cannot be definitively excluded.

Given this presentation, gastric endoscopy if available would likely be ideal. Hospitalization with 24/hour IV fluid and gastrointestinal support with radiographic/sonographic monitoring of the gastrointestinal tract would be reasonable with strong consideration for exploratory laparotomy if evidence of persistent retained gastric ingesta or opacity, either on recheck sonogram or radiographs.

SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™



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

PATIENT

Odin Mickelson

SPECIES

Canine

BREED

Labrador Retriever

SEX

MN

AGE

7 years

WEIGHT

91.2 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Jasmine Palacios

HOSPITAL NAME

Rivers Edge PMC

REFERRING VET

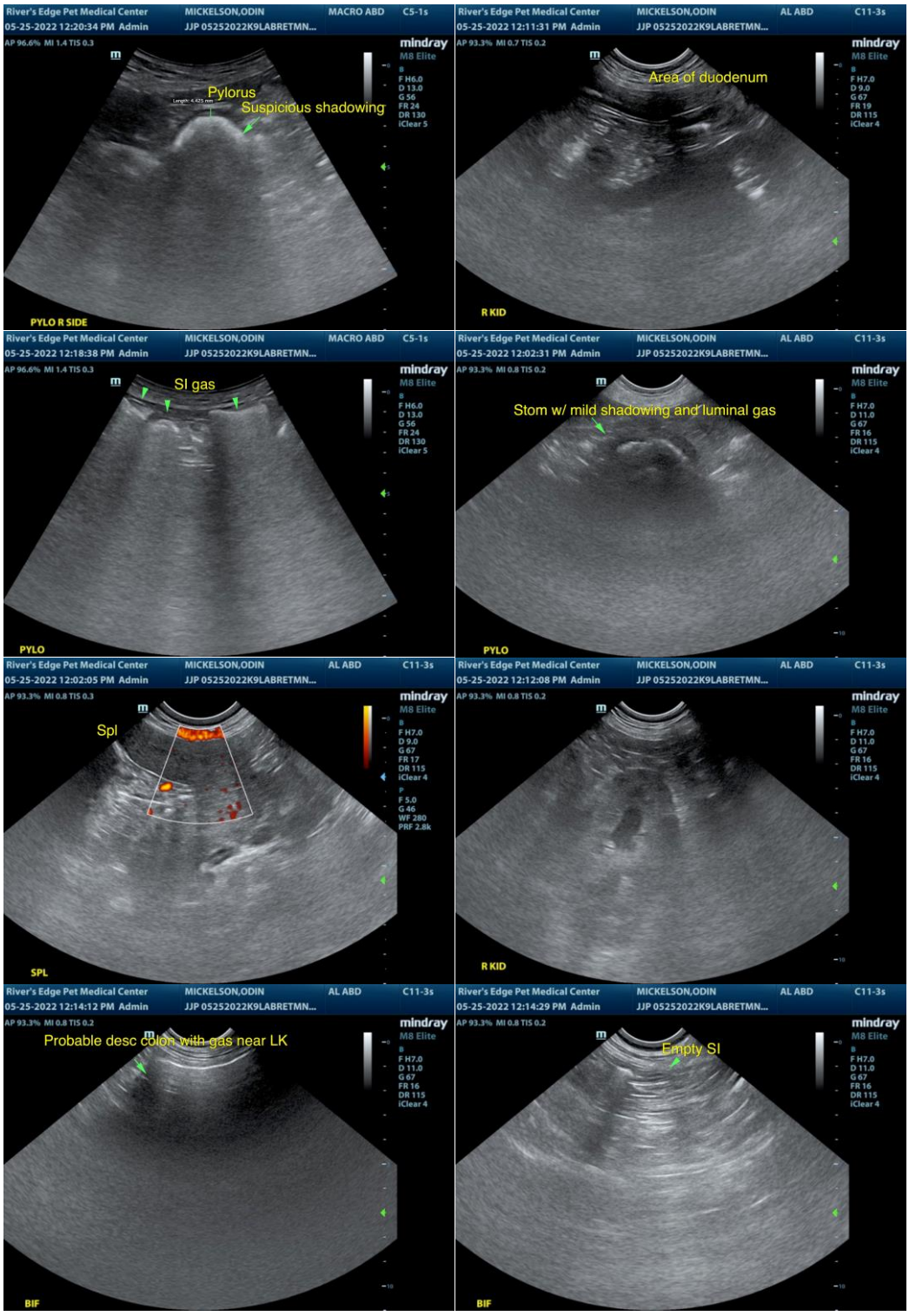
Dr. Cora Hollomon

INVOICE

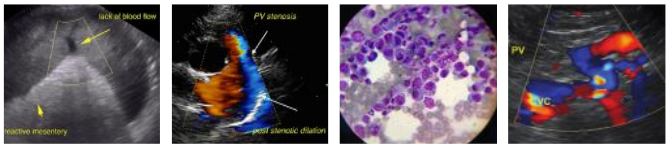
13942

DATE

5/25/22



SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™



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

PATIENT

Odin Mickelson

SPECIES

Canine

BREED

Labrador Retriever

SEX

MN

AGE

7 years

WEIGHT

91.2 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Jasmine Palacios

HOSPITAL NAME

Rivers Edge PMC

REFERRING VET

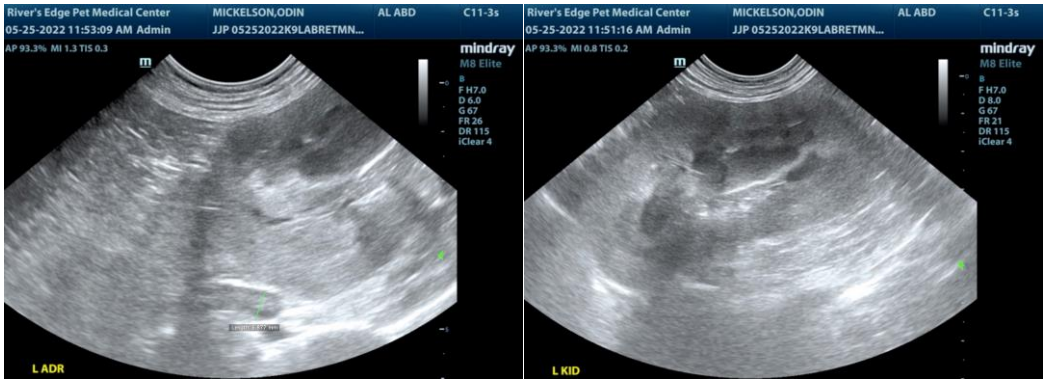
Dr. Cora Hollomon

INVOICE

13942

DATE

5/25/22



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