

**PATIENT**

Lolo Petska 269192

SPECIES

Canine

BREED

Labradoodle

SEX

Spayed Female

AGE

3 Years

WEIGHT

44 kg

INTERPRETED BYR. McKenzie Daniel,
DVM, DABVP
(Canine and Feline)**IMAGING PERFORMED BY**

Tom McNeill

HOSPITAL NAME

SVS Imaging CT

REFERRING VET

WVRC- Dr. Witzel

INVOICE

15054

DATE

5/6/22

PRESENTING CLINICAL SIGNS

History: Vomiting and anorexia for 3 days. AxR performed by rDVM yesterday reportedly showed NSF. Bloodwork overall unremarkable.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**Urinary System**

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra 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.

The area of the iliac 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 7.2 cm in length. The right kidney measured 7.5 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 0.61 cm width at the caudal pole and 0.50 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 0.59 cm width at the caudal pole and 0.47 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 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.

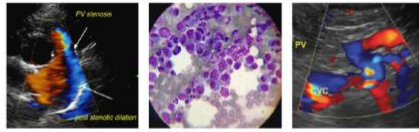
Gastrointestinal

The stomach exhibited moderate gas distention with subjective mild retained fluid in the area of the pylorus. The visualized gastric walls were sonographically normal. The gastric body wall measured 0.39 cm.

The small intestine exhibited primarily intact wall layering and maintained 1:3 muscularis/mucosa ratio. Mild retained duodenal fluid, extending into the jejunum. Strongly shadowing echo was present in the

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mid abdominal intestinal tract most likely consistent with jejunal location, measuring potentially 5.0 cm in length x 2.0 cm diameter. Concurrent segments of empty small intestine, exhibiting intact wall layering and maintained 1:3 muscularis to mucosa ratio were present, subjectively distal to the strongly shadowing intestinal echo.

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

Mild regional periintestinal reactive mesentery noted and focal small pocket of scant periintestinal free fluid was present in the mid abdomen, primarily around the intestinal segments containing the strongly shadowing echo.

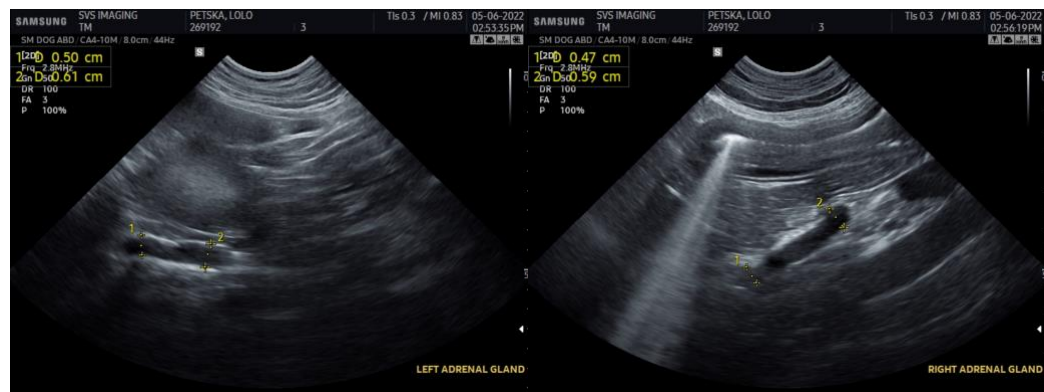
Focally to potential intermittent enlarged mesenteric lymph nodes were present. These lymph nodes were homogenous, mildly hypoechoic and smoothly marginated. A normal width: length ratio was maintained (<0.5). Evidence of perilymphatic inflammation was evident. An example of lymph node size was 5.2 cm x 1.4 cm.

ULTRASONOGRAPHIC FINDINGS

- Strongly shadowing intestinal echo with associated mild, likely proximal, obstructive pattern, empty normal appearing small intestine likely distal
- Mild periintestinal reactive mesentery and scant free fluid- suspect secondary to inflammation, minor potential for emerging peritonitis
- Associated minor mesenteric lymphoid hyperplasia versus reactive lymphadenitis

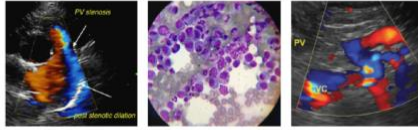
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Exploratory laparotomy with expectation toward enterotomy is recommended.



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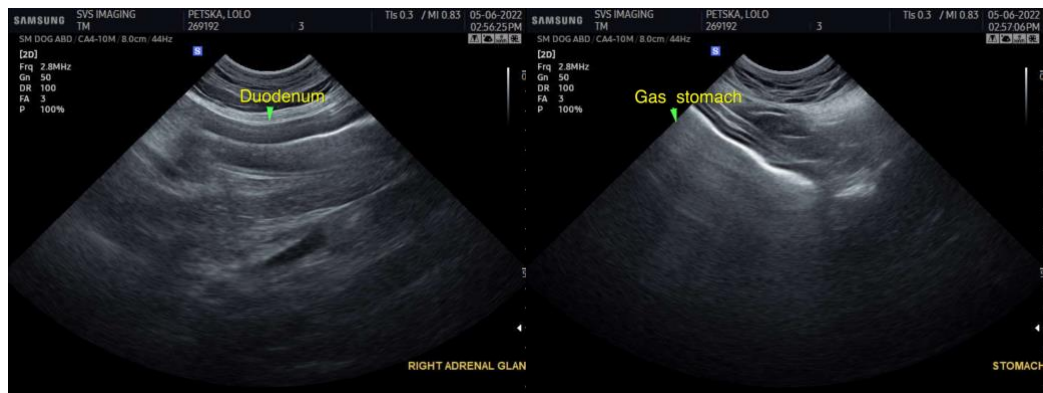
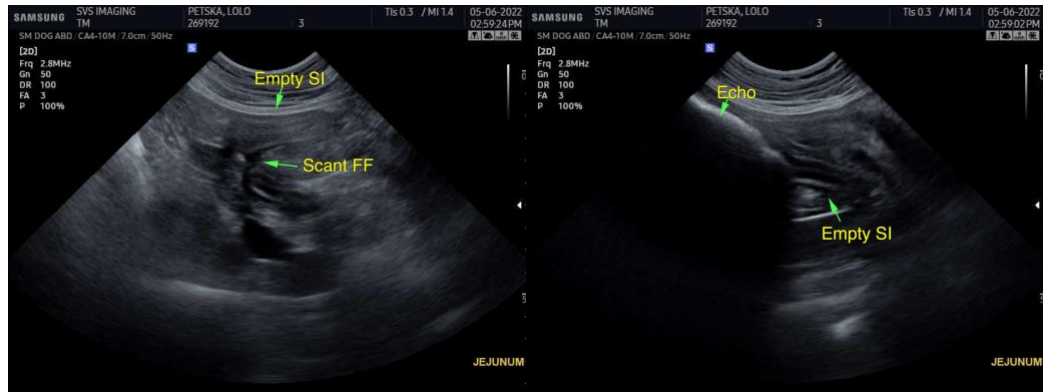
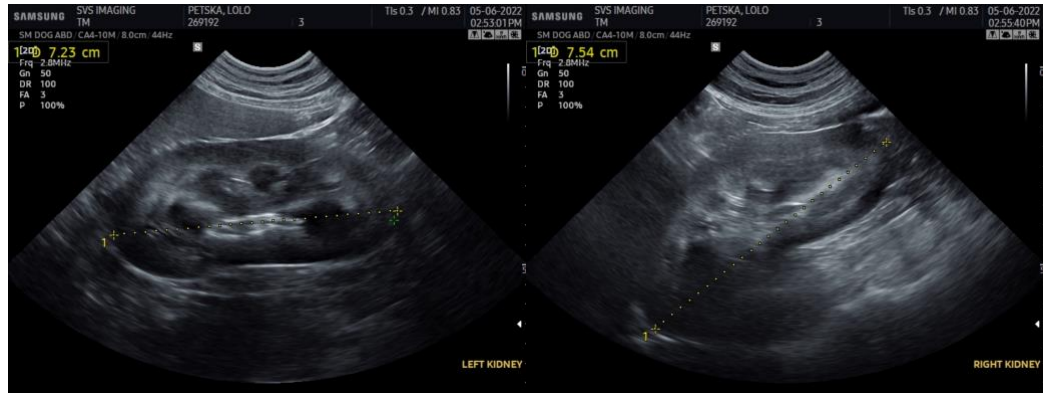
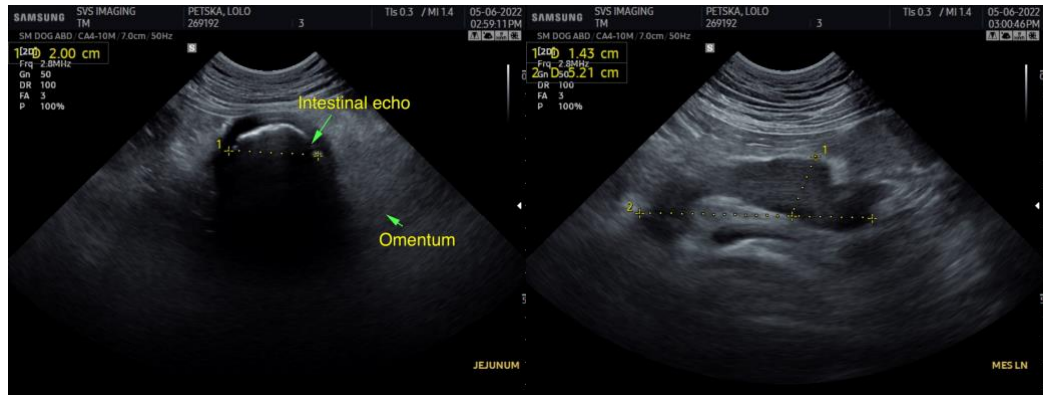
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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