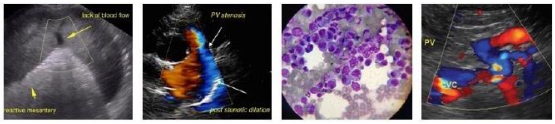


PATIENT

Callie Webb

SPECIES

Canine

BREED

G Retr.

SEX

FS

AGE

4 years

WEIGHT

22.2 kg

INTERPRETED BY

R. McKenzie Daniel, DVM, DABVP

IMAGING PERFORMED BY

Kelly Reschny

HOSPITAL NAME

Sixteen Mile VC

REFERRING VET

Dr. Gibbs

INVOICE

13962

DATE

6/1/22

PRESENTING CLINICAL SIGNS

repeated vomiting since this morning, diarrhea started last night, concern for FB/obstruction on rads

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.

The area of the aortic trifurcation was free of pathology.

Normal margination was 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 5.9 cm in length. The right kidney exhibited potential mild subnormal size compared to the left kidney, subjectively measuring 5.0 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 2.8 cm length x 0.45 cm width at the caudal pole. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 2.1 cm length x 0.97 cm width at the caudal pole.

Spleen

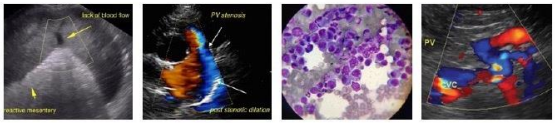
The spleen exhibited a finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. The capsule was smooth and regular without apparent expansion. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis. Acute to chronic inflammatory, neoplastic, or benign parenchyma changes were not noted.

Liver/ 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 mild gallbladder debris, likely secondary to fasting. The cystic and common bile ducts were normal.

Gastrointestinal

The stomach exhibited intact yet mild prominent wall layering owing to mildly prominent gastric mucosa. The stomach contained a mild amount of retained anechoic fluid and luminal gas. No overt



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evidence of gastric distention with retained ingesta or overt foreign material was noted. No evidence of mechanical pyloric outflow obstruction was evident.

The intestinal walls demonstrated intact wall layering and maintained 1:3 muscularis / mucosa ratio. The mucosa exhibited mild decreased echogenicity with occasional mucosal speckling. A mild segmental to generalized duodenojejunal ileus pattern consisting of mild fluid accumulation in the intestinal lumen was present without obstruction or foreign material. Generalized duodenal corrugation was present which although nonspecific may suggest duodenal hypercontractility or spasming.

The colon exhibited overtly normal visualized wall layering. The colon exhibited generalized distention with nonformed to liquid feces consistent with reported diarrhea.

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

Intermittent mesenteric lymph nodes were present. The lymph nodes were essentially isoechoic to adjacent omentum without evidence of peripheral inflammation and maintaining a normal width: length ratio (<0.5). An example lymph node measured 0.55 cm diameter. No peritoneal effusion was noted. The omentum was of uniform normal echogenicity. No evidence of peritonitis was evident.

ULTRASONOGRAPHIC FINDINGS

- Acute gastroenteritis pattern with duodenal corrugation - dietary Indiscretion, enterotoxemia, infectious gastroenteritis, or other gastroenteropathy possible, occult gastrointestinal neoplasia considered a less likely differential diagnosis
- Intermittent benign / reactive mild mesenteric lymphadenopathy

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No evidence of overt gastrointestinal foreign material or mechanical obstructive pattern was noted. Technically, the possibility of small amounts of passing foreign material, given this presentation, cannot be definitively excluded yet is considered less likely. No overt indication for surgical intervention.

Aggressive therapy for acute gastroenteritis including gastrointestinal support, appropriate antibiotics if clinically indicated, and monitoring of clinical response would be reasonable. Recheck sonogram is suggested if persistent / progressive gastrointestinal signs despite conservative therapy to assess for evidence of progressive gastrointestinal ileus pattern or mural changes.

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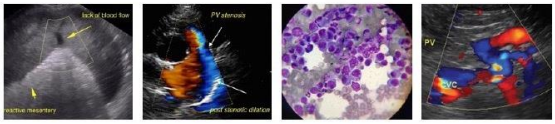

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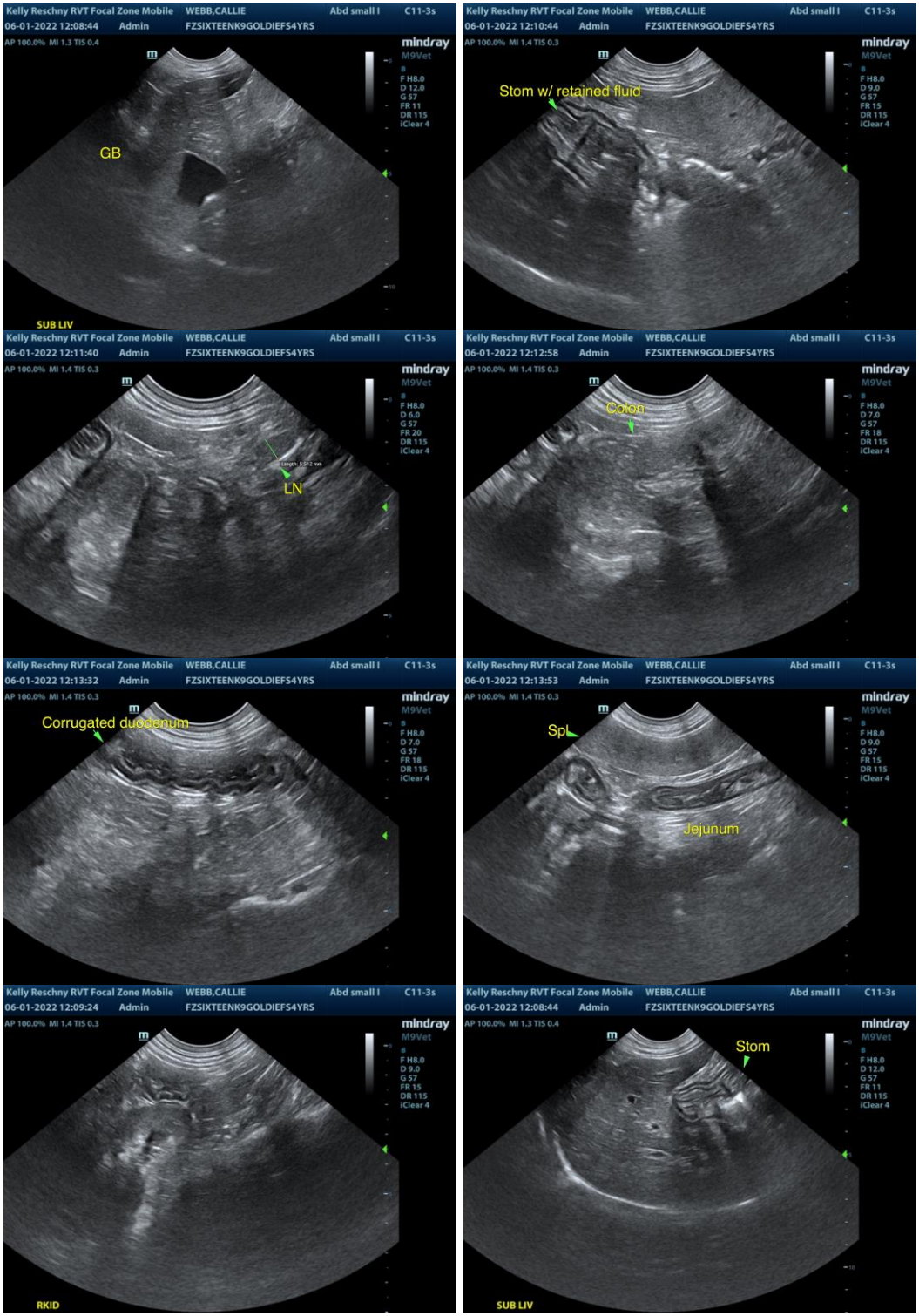

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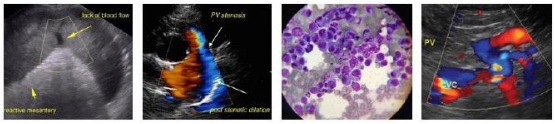

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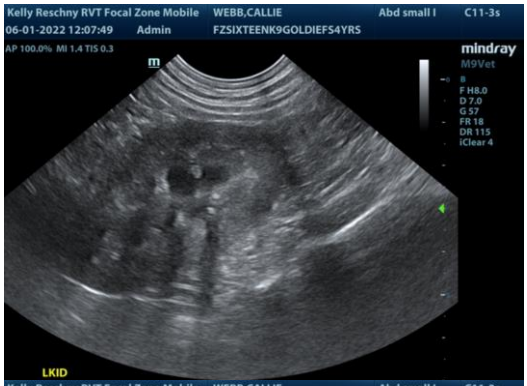

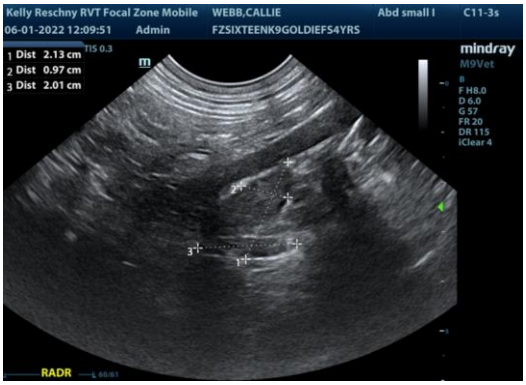

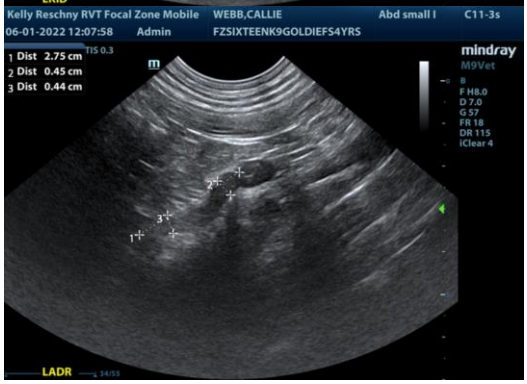

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

R. McKenzie Daniel, DVM, DABVP (Canine / Feline Practice)
info@SonoPath.com