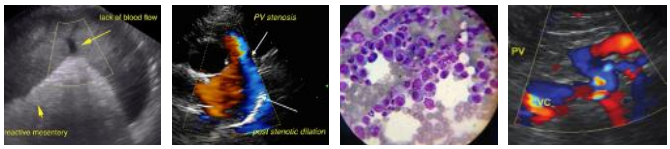
SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™



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

PATIENT

Bentley Kresslein

SPECIES

Canine

BREED

Maltipoo

SEX

MN

AGE

11y

WEIGHT

7.4kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. De Cordon

HOSPITAL NAME

Mason Dixon Animal ER

REFERRING VET

Dr. De Cordon

INVOICE

10968ag

DATE

06/25/2022

PRESENTING CLINICAL SIGNS

Patient presented for a recheck after being seen on 6/23/22 for gastroenteritis.

Patient started having hematochezia and was straining to defecate. Not interested in eating.

-Bentley continues to have persistent hemorrhagic diarrhea since he's been admitted to the hospital

-He is now eating a bland diet for us

Abnormal PE/Chem/CBC/UA Results

PCV/TS: 36/6.0

Hct: 28%

Cortisol: 6.4

ALP: 295

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2 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 4.3 cm in length. The right kidney measured 4.8 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 0.74 cm width at the caudal pole and 0.6 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 0.67 cm width at the caudal pole.

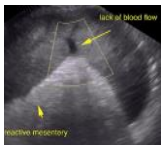
Spleen

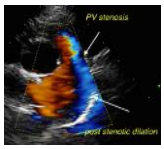
The spleen exhibited normal size and contour with subtle parenchyma heterogeneity. A solitary nondisruptive nonhomogeneous mid splenic nodule was present measuring 0.95 cm. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis.

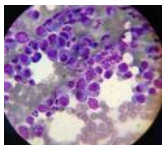
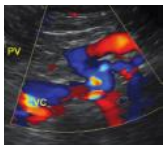
Liver

The liver presented enlarged in size. The parenchyma of the liver was subjectively normal in echogenicity compared to the spleen and renal cortices. The liver parenchyma was uniform with a mildly coarse echotexture. The capsule of the liver was symmetrically rounded to mildly swollen in margination. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended in size with 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

Bentley Kresslein

SPECIES

Canine

BREED

Maltipoo

SEX

MN

AGE

11y

WEIGHT

7.4kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. De Cordon

HOSPITAL NAME

Mason Dixon Animal ER

REFERRING VET

Dr. De Cordon

INVOICE

10968ag

DATE

06/25/2022

Gastrointestinal

The stomach presented generalized variable to moderate wall thickening exhibiting decreased mural echogenicity and indistinct to loss of discernible wall layer detail. The ventral gastric body wall measured up to 1.2 cm in width. The pylorus wall measured up to 0.55 cm in width. The stomach contained a mild amount of retained fluid and mild hyperechoic shadowing ingesta measuring approximately 1-2 cm in diameter.

The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. Segmental mildly prominent to thickened yet intact wall layering and concurrent segmental ileus pattern was noted within the duodenum and mid abdominal jejunum. The duodenum wall measured up to 0.5 cm in width. The segmentally prominent jejunum wall measured 0.54 cm in width. Regional perigastric to peripancreatic hyperechoic mesentery and small pockets of intermittent anechoic peritoneal free fluid were present.

The colon walls presented intact yet prominent wall layering with mild thickened to echogenic submucosa. Nonformed to liquid fecal matter was present in the colon lumen with lumen dilation.

Pancreas

The left limb, right limb, and base of the pancreas presented hypoechoic to heterogeneous echogenicity compared to adjacent omental fat. Mild asymmetrical capsule margination was present with mild variable parenchymal swelling and mild peripancreatic reactivity / inflammation. No overt evidence of neoplasia.

Free Abdomen

No overt lymphadenopathy.

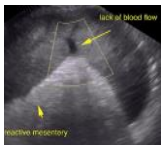
ULTRASONOGRAPHIC FINDINGS

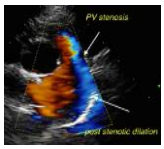
- Moderately to severe thickened stomach exhibiting loss of discernible wall layering, concurrent retained fluid and mild nonspecific shadowing ingesta
- Intact yet segmental prominent small bowel walls with mild nonobstructive ileus
- Colitis
- Suspect probable concurrent mild pancreatitis
- Low grade benign hepatopathy - consistent with mild vacuolar / reactive hepatopathy
- Regional primarily perigastric reactive or inflamed mesentery and scant peritoneal free fluid - possible perigastric peritonitis

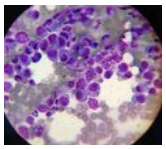
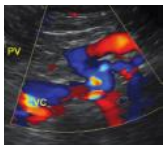
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The overall gastrointestinal tract and colon may indicate generalized inflammatory process with moderate to severe hypomotile gastritis. However, given the thickened stomach with loss of discernable wall layering, possible infiltrative gastric or gastrointestinal neoplasia is of concern. The shadowing gastric ingesta may correlate with recent meal ingestion although the shadowing nature of the ingesta is suspicious for a small amount of nonobstructive gastric foreign material such as hair like or cloth density. No overt signs of GI obstructive pattern. Endoscopic gastric biopsies are likely ideal given this presentation if possible. Empirically, continued medical therapy for hemorrhagic gastroenteritis and pancreatitis with sonographic monitoring of the stomach / shadowing gastric ingesta, intestinal walls, pancreas and perigastric omentum would be reasonable. Guarded prognosis given the gastric appearance is indicated.

SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™





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

PATIENT

Bentley Kresslein

SPECIES

Canine

BREED

Maltipoo

SEX

MN

AGE

11y

WEIGHT

7.4kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. De Cordon

HOSPITAL NAME

Mason Dixon Animal ER

REFERRING VET

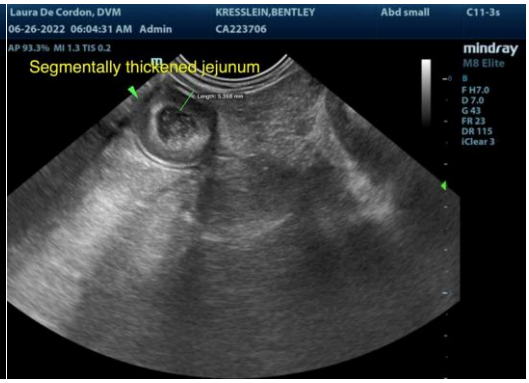
Dr. De Cordon

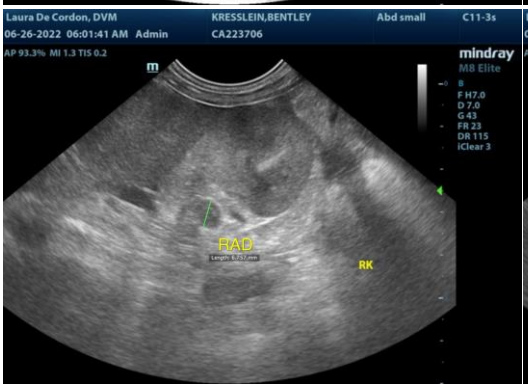
INVOICE

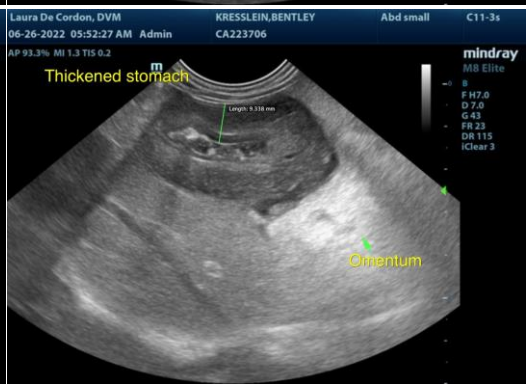
10968ag

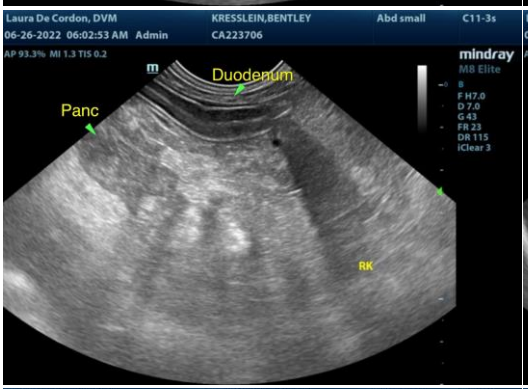
DATE

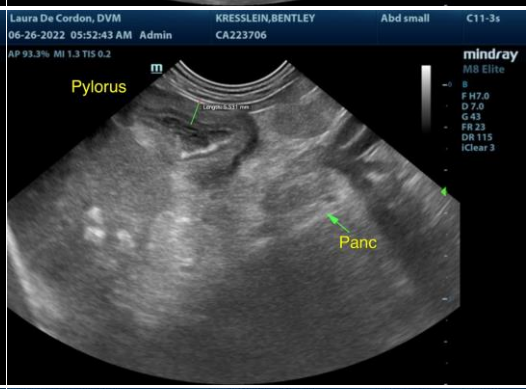
06/25/2022

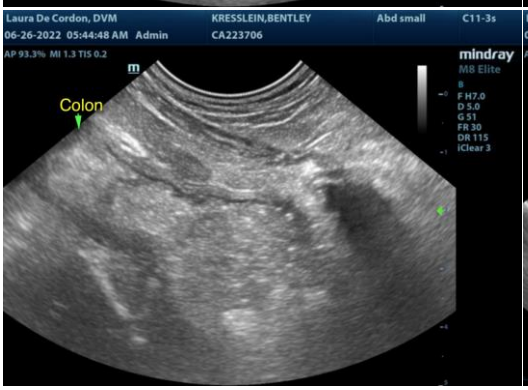


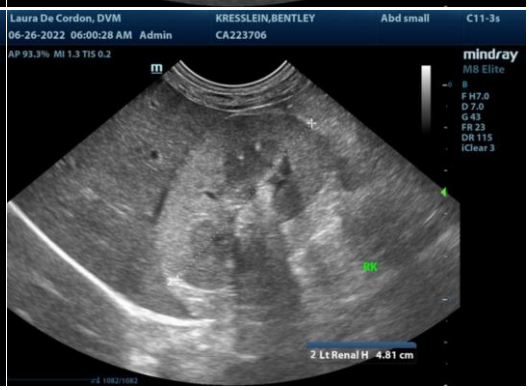




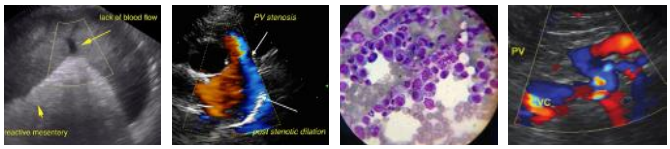








SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™



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

PATIENT

Bentley Kresslein

SPECIES

Canine

BREED

Maltipoo

SEX

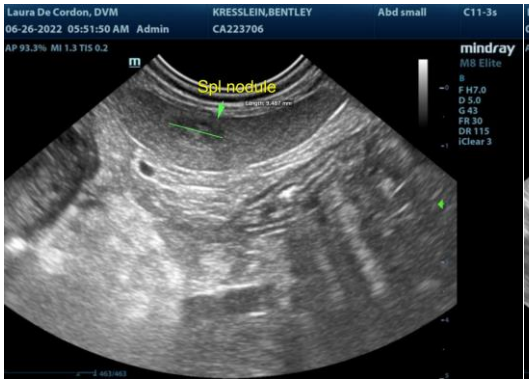
MN

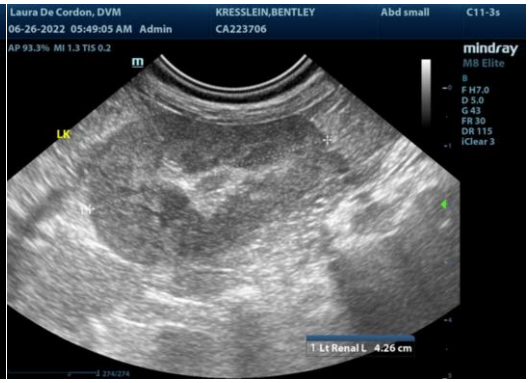
AGE

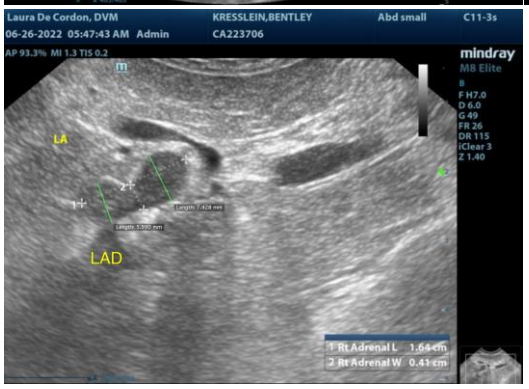
11y

WEIGHT

7.4kg







INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. De Cordon

HOSPITAL NAME

Mason Dixon Animal ER

REFERRING VET

Dr. De Cordon

INVOICE

10968ag

DATE

06/25/2022

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