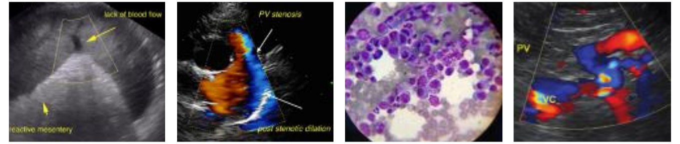


SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Cannoli Zeringo

SPECIES

Canine

BREED

Mix

SEX

Spayed Female

AGE

7 Months

WEIGHT

28.4 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Jessica Miller

HOSPITAL NAME

ACC Flanders

REFERRING VET

Dr. Hallihan

INVOICE

16374

DATE

6/28/22

PRESENTING CLINICAL SIGNS

History: Shaking, vomiting, hx of obstruction.

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 were noted. Aortic trifurcation was normal.

Normal size and 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 5.4 cm in length. The right kidney measured 5.1 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 0.39 cm width at the caudal pole and 0.37 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 0.45 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. Potential for mild folding of the spleen is possible yet not definitive if this is present, this is likely a patient variant and not considered pathological.

Liver

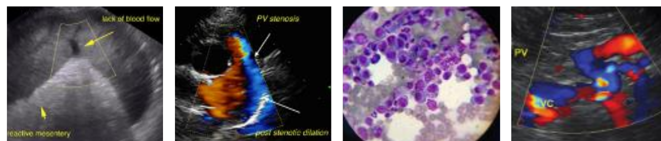
The liver was subjectively normal in size, structure, and contour. The liver parenchyma was uniform and hypoechoic to the spleen with a mild coarse echotexture. The hepatic and portal vasculature were normal in appearance without signs of congestion.

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 presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained a moderate amount of retained anechoic to mildly echogenic fluid, as well as nonshadowing chyme. No overt evidence of mechanical pyloric outflow obstruction.

The small intestine presented intact wall layering and subjective maintained 1:3 muscularis/mucosa ratio. The duodenum was empty without evidence of concurrent retained duodenal fluid or chyme. Concurrent segments of empty jejunum were present with segmental, likely moderate jejunal distention



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with retained non-shadowing chyme to the level of the ileum. The ileum appeared to be empty. Nonspecific hyperechoic echoes were present with potential gas artifact noted at the ileocolic junction.

The visualized colon exhibited intact wall layering containing subjective formed fecal matter.

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 volume anechoic free fluid was present. Periintestinal to generalized mild hyperechoic mesentery was present. No overt evidence of lymphadenopathy.

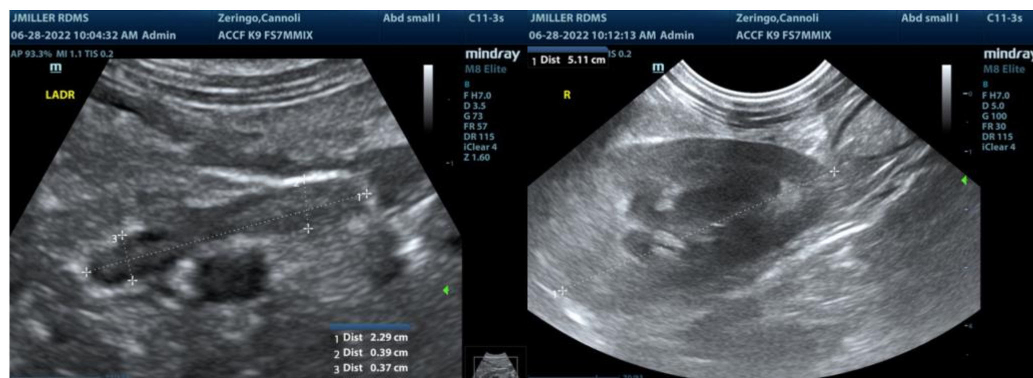
ULTRASONOGRAPHIC FINDINGS

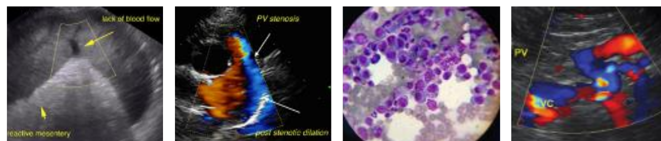
- Moderate retained gastric fluid/chyme- no overt mechanical pyloric outflow obstruction
- Segmental fluid/chyme/gas distended SI with concurrent empty SI
- Periintestinal to generalized reactive mesentery and mild volume anechoic free fluid

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

A definitive obstructive foreign body was not overtly evident. However, concern for segmental intestinal mechanical obstruction, either with non-visualized foreign body or given the previous history of obstruction in this patient and if previous surgery was performed, possible stricture, omental adhesion or other is warranted in light of the segmental distended small intestine. Generally, metabolic small intestinal ileus results in generalized ileus pattern, as opposed to segmental ileus pattern. The free fluid in this case may be incidental or physiologic given the patients age and assuming normal albumin levels, the effusion was not overtly consistent with exhibiting echogenic changes or cellularity, which. may suggest peritonitis. Effusion analysis via abdominocentesis could be considered for further clarification.

Hospitalization with 24-hour IV fluid and gastrointestinal support with radiographic/sonographic monitoring of the gastric and segmental intestinal retained fluid/chyme of evidence of improvement would be reasonable. However, given this presentation in light of patient history, exploratory laparotomy for gross inspection of the intestinal tract and with intestinal biopsies considered essential to assess for underlying disease, would not be unwarranted.





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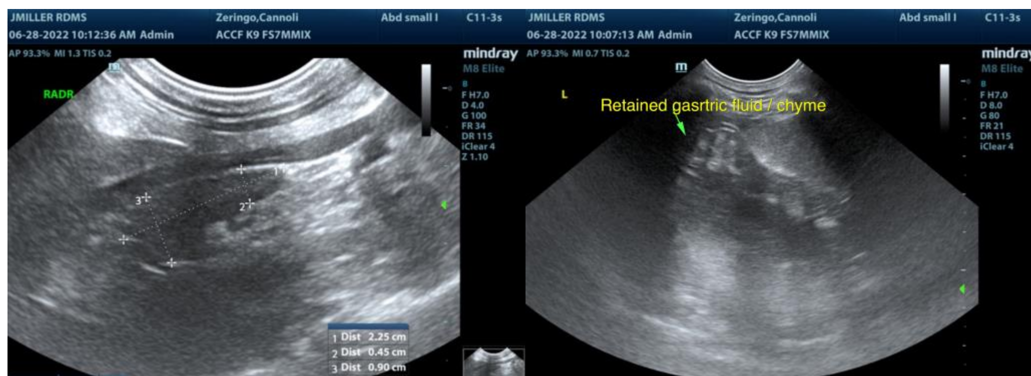

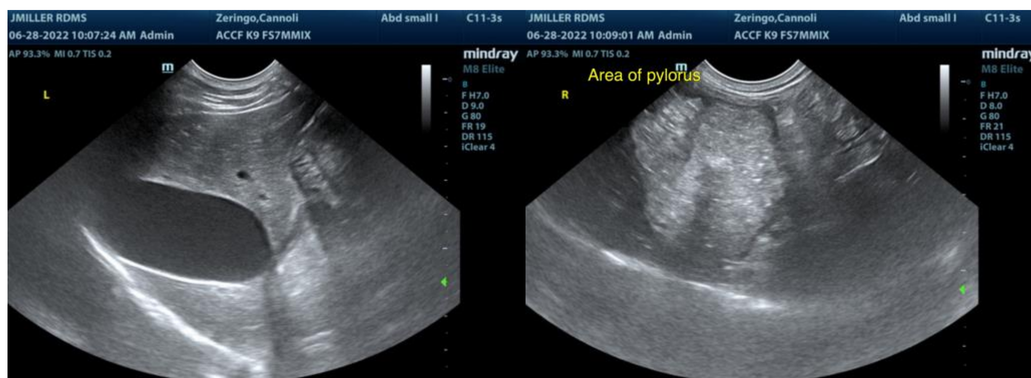

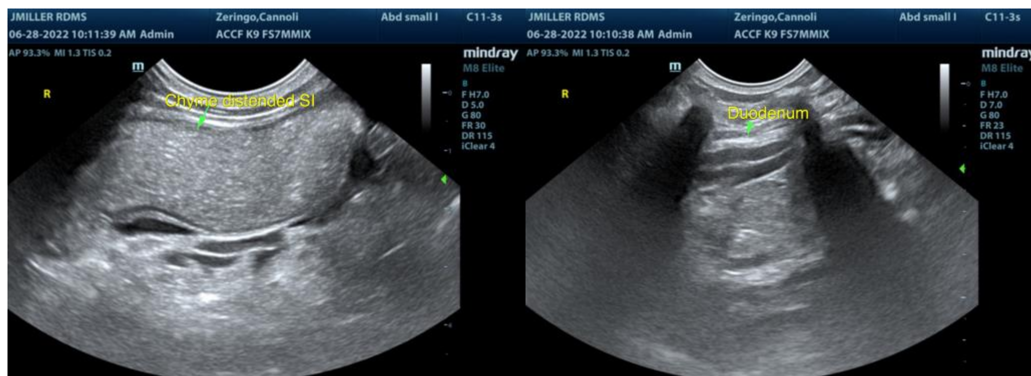

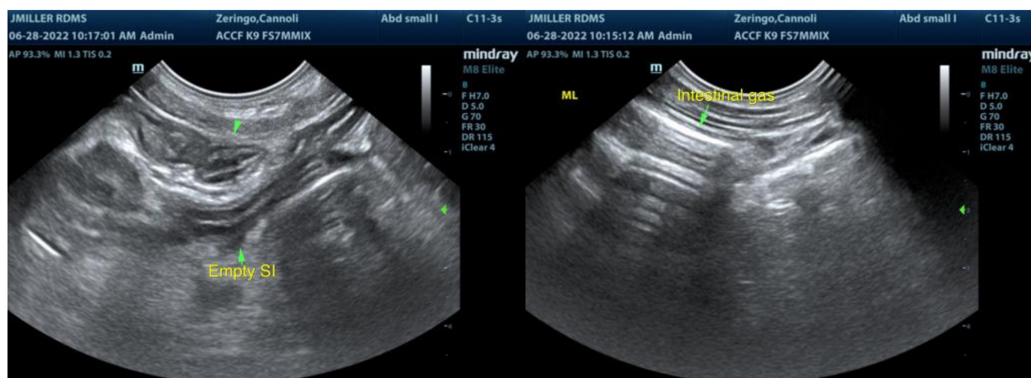

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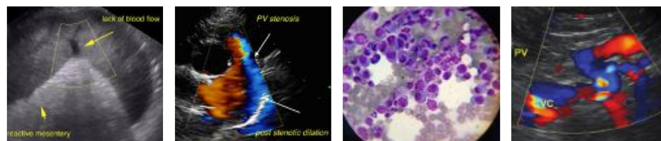

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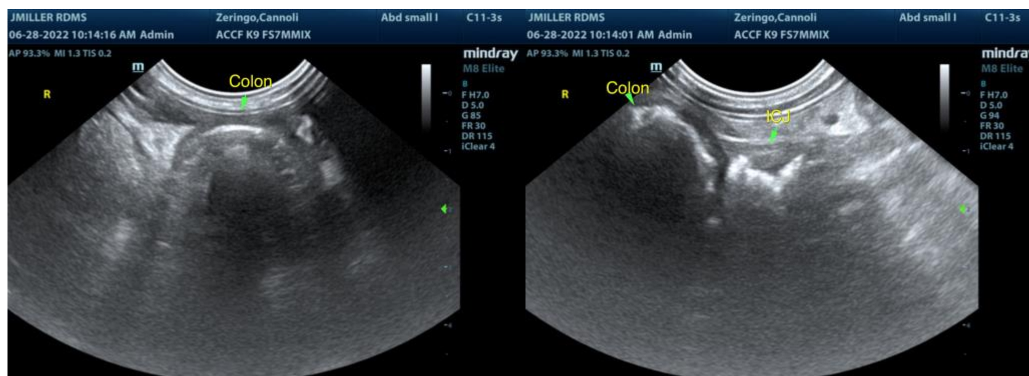

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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