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Clinical Sonography & Telecytology
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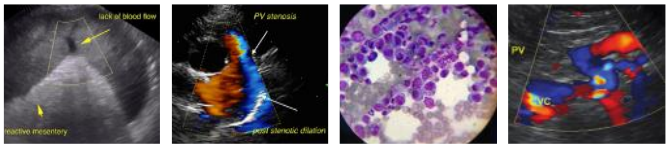

SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Lloyd Todd

SPECIES

Canine

BREED

French Bulldog

SEX

MN

AGE

1 year

WEIGHT

22.4 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Amanda Crook - SDEP Certified Clinical Sonographer

HOSPITAL NAME

Rivers Edge PMC

REFERRING VET

Dr. Duvall

INVOICE

14322

DATE

7/20/22

PRESENTING CLINICAL SIGNS

Pt presented yesterday with a hx of vomiting (mostly bile) after a boarding over the weekend. Pt has also had a bout of diarrhea. Boarding facility did not note any GI symptoms. O mentioned that Pt potentially tore up a blanket/towel and there is a portion missing. No known change in diet or addition of treats. PE: Pt demeanor was notably depressed compared to previous visits. Discoloration to AU pinna noted as well, along with wound on LH paw (due to GI signs and demeanor, has not been investigated). Notable abdominal discomfort with palpation. No other significant findings. Cerenia inj. and SQF given yesterday afternoon. SQ fluids administered today as well. Only other medication is SimparicaTrio
Abnormal PE/Chem/CBC/UA Results: cPL - normal CBC - NSF Comp - NSF Electrolytes - very mild hypokalemia @ 3.7 (L:3.8) Radiographs - see attached - Yesterday: only one lateral R abdominal radiograph able to get obtains: Gas noted within stomach with possible soft tissue material within (vs. rugae). Most SI loops appeared empty. 2 sections of gas filled loops (suspect colon). Fasted 2 view radiographs this morning: Gas filled stomach with a small mineral opaque object within. Gas noted within descending colon.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, and cystourethral junction 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 residual prostate was mildly prominent yet overall normal appearance with symmetrical contour, measuring 1.3 cm in diameter. This is likely a patient variant.

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 4.4 cm in length. The right kidney measured 4.4 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 2.0 cm length x 0.54 cm width at the caudal pole. No overt pathology was noted in the area of the right adrenal gland.

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.

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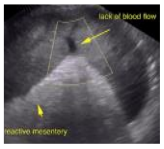

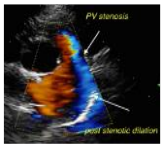

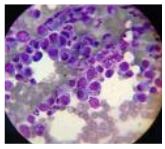
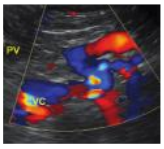

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Liver/ Gallbladder

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.

Gastrointestinal

The stomach presented intact yet mildly prominent wall layering. The stomach was moderately dilated with retained primarily anechoic fluid and luminal gas.

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 segmental to diffuse ileus pattern consisting of mild fluid accumulation in the intestinal lumen was present. Focal nonspecific hyperechoic density was present in the duodenal lumen measuring approximately 1.5 cm in diameter. Overt evidence of additional concurrent densities within the small intestine was not definitively visualized, yet small amounts of hyperechoic ingesta are possible.

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 were evident.

Free Abdomen

No evidence of peritoneal free fluid was present. 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). Subtle primarily peri intestinal reactive mesentery was present.

ULTRASONOGRAPHIC FINDINGS

- Gastroenterocolitis pattern including gastric hypomotility and segmental to generalized small intestinal ileus
- Focal to potential intermittent small nonspecific hyperechoic small intestinal densities - possible nonobstructive to partially obstructive foreign material (stuffing, fabric, hair, or similar)
- Intermittent benign / reactive mesenteric lymph nodes with mild subjective peri intestinal reactive mesentery

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Given the gastrointestinal presentation Including, although not definitive, potential for nonobstructive to partially obstructive hyperechoic luminal densities which may indicate areas of fabric, stuffing, hair, or similar, In combination with the patient's clinical signs including regurgitation and abdominal pain, exploratory laparotomy with gross inspection of the gastrointestinal tract and potential for gastrointestinal biopsies despite exploratory findings is warranted.

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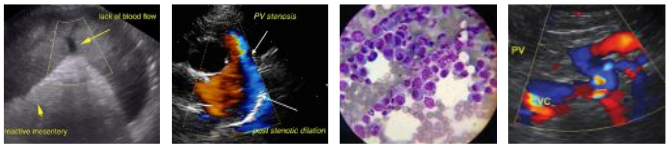

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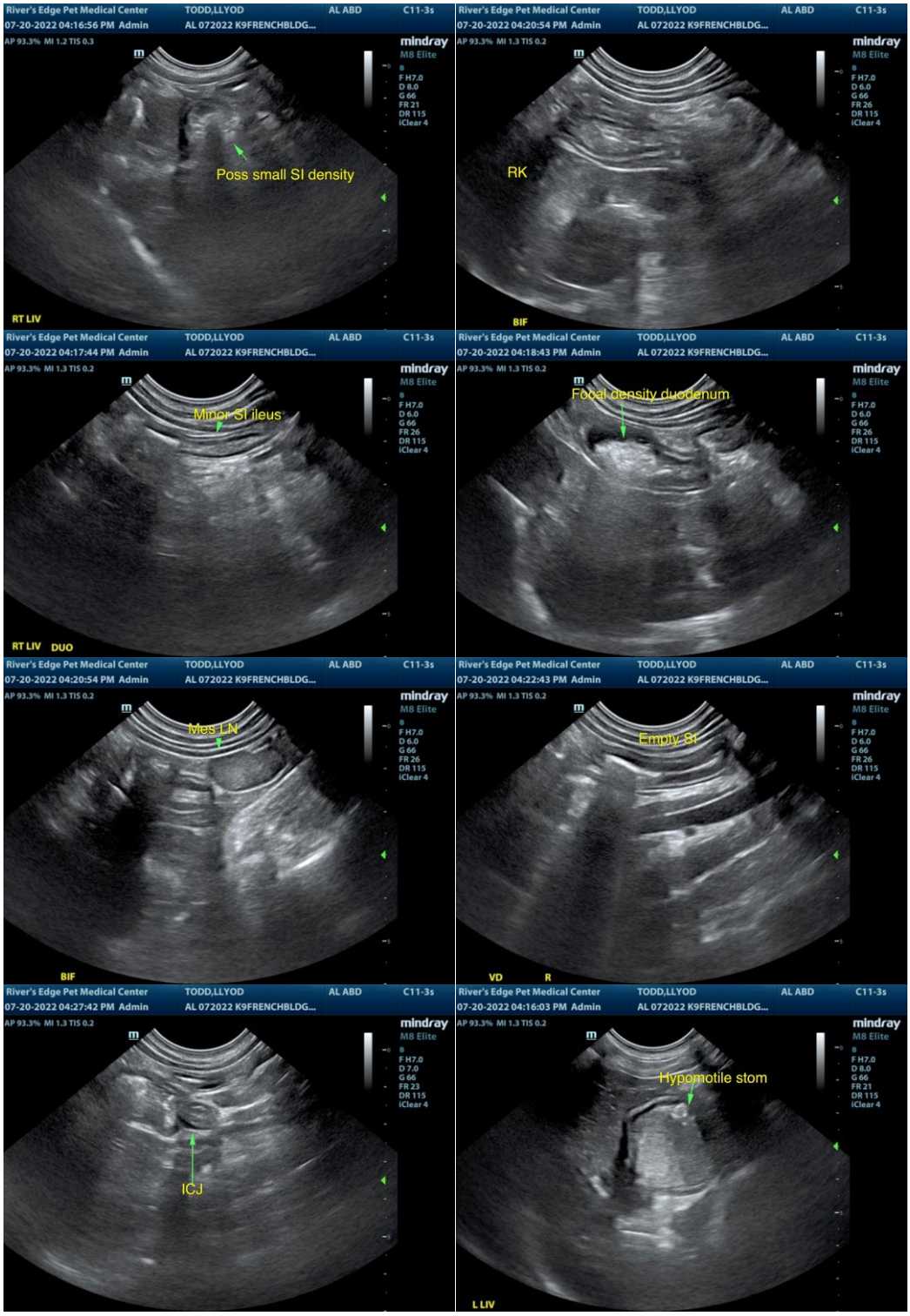
Hospitalization with 24-hour IV fluid therapy and sonographic monitoring of the gastrointestinal tract with as-needed gastrointestinal support and assessment of clinical response would be a more conservative approach.



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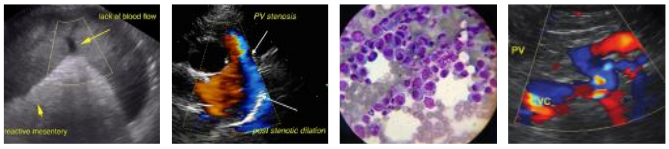

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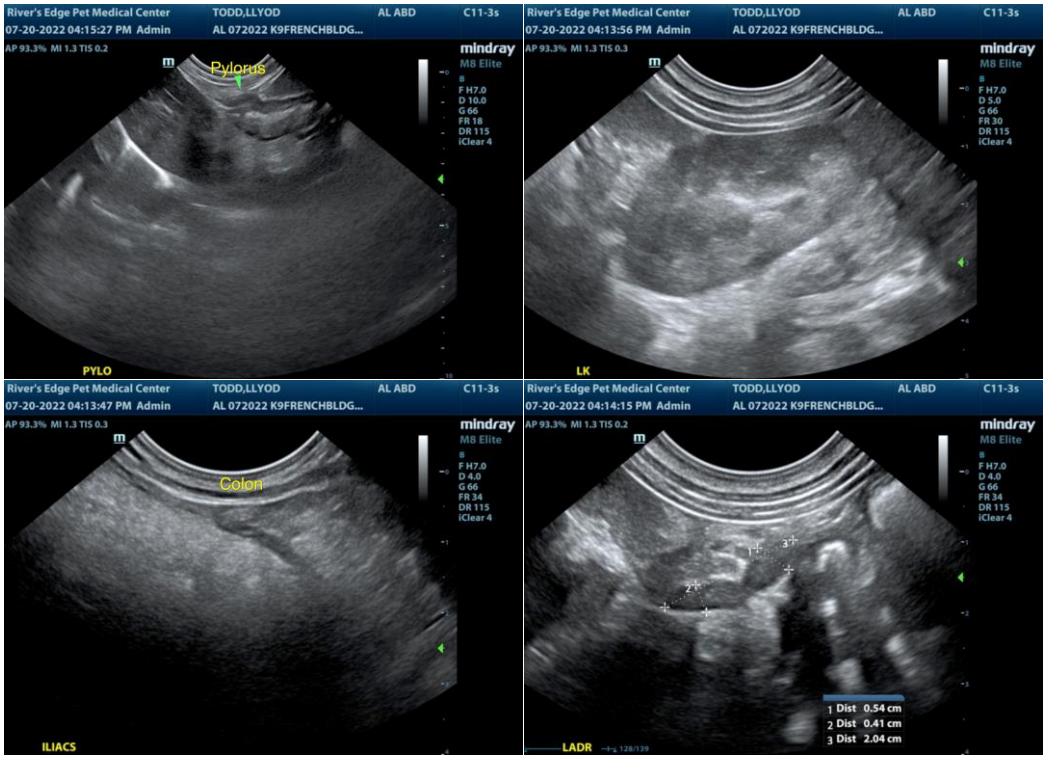

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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