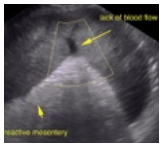
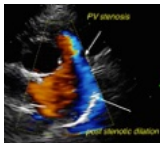
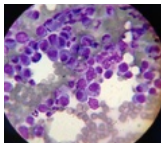
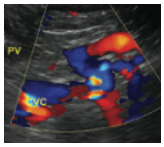
SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™

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

PATIENT

Punkin Ginsburg

SPECIES

Canine

BREED

Boxer

SEX

Spayed Female

AGE

11 years

WEIGHT

34 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Alex Emerson, DVM

HOSPITAL NAME

Aniaml Clinic of Casselberry

REFERRING VET

Dr. Nick McLaughlin, DVM

INVOICE

10370

DATE

7/21/2023

PRESENTING CLINICAL SIGNS

Inappetant, lethargic for a few weeks. No CSVD. TXR- normal AXR- subjectively small liver. Stomach full of ingesta. Small bowel moderately gas dilated but diffuse. Colon normal FB?

Abnormal PE/Chem/CBC/UA Results: ALP 464 ALT 159 Phos 7.1 K+ 3.2

The submitted study contained 25 AVI videos for review. Please submit in DICOM format if possible.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 3 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 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.

Adrenal Glands

The left and right adrenal glands are not definitively visualized.

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.

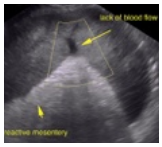
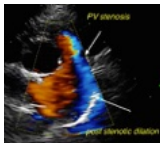
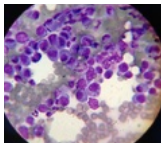
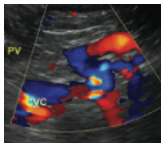
Liver/ Gallbladder

The liver was subjectively mildly enlarged in size, with normal structure and contour exhibiting normal to mildly rounded hepatic capsule contour. Maintained homogenous hepatic parenchyma exhibiting normal parenchyma echogenicity. Lobar biliary tree mineralization is present diffusely throughout the liver. Normal hepatic vascular volume. No visualized hepatic masses or nodules. The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content primarily with mild non-organized gallbladder sediment. The cystic and common bile ducts were normal.

Gastrointestinal

The stomach presented an overtly normal visualized gastric wall. The lumen of the stomach exhibited subjective distention with progressive to strongly shadowing ingesta with no signs of ileus, obstruction, or foreign material.

The small intestine exhibited segmental mural hypertrophy and indistinct wall layer detail with segmental subjective mid-intestinal plication and concurrent segmental hyperechoic linear-like intestinal lumen echo. The plicated intestinal segments exhibited mildly prominent to thickened wall layering exhibiting

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indistinct wall layer detail. Concurrent mildly distended intestinal segments with retained fluid were noted. Empty small intestinal segments were also visualized.

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 overtly visualized or significant omental lymphadenopathy. Although the potential for mild mesenteric lymphadenopathy adjacent to areas of the plicated small intestine is possible. No obvious evidence of peritoneal effusion or overt peritonitis was present. No omental masses.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Segmental plicated small intestine with hyperechoic linear-like intestinal lumen echo / consistent with a segmental linear intestinal foreign body.
- Distended stomach versus segmental small intestine with progressive to strongly shadowing ingesta.
- Non-specific hepatopathy exhibiting lobar to diffuse biliary tree mineralization.
- Minor gallbladder sediment. (non-mucocele)

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Exploratory laparotomy with expectation toward enterotomy to potential multiple enterotomies, +/- gastrotomy recommended as soon as possible. The plicated intestinal segments exhibited suspected secondary inflammatory mural changes although the possibility for underlying emerging segmental intestinal mural neoplastic criteria although thought less likely cannot be definitively excluded. Assuming normal clotting status concurrent hepatic biopsies at the time of surgery also suggested pending gross inspection of the gastrointestinal tract. Guarded prognosis suspected given timeframe of clinical signs in this patient.

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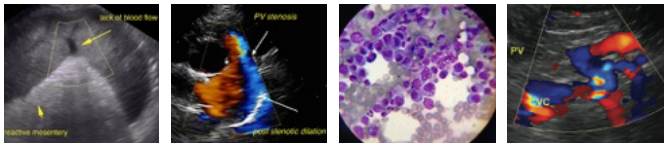

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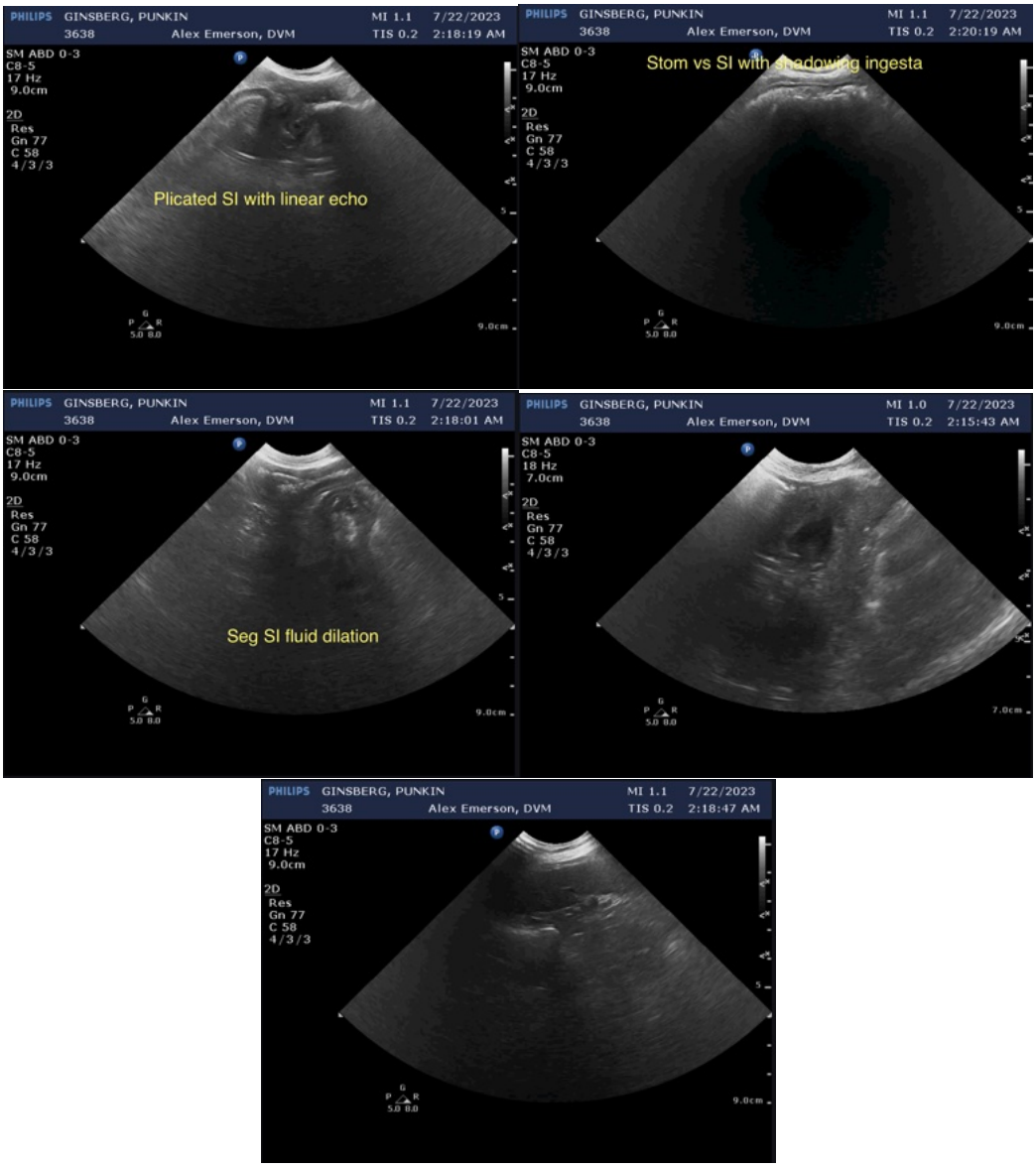

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)
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