



PATIENT	PRESENTING CLINICAL SIGNS
Sammy Calsavara	SM: 07-26-22 at 9:59a: T37.1, HR 120, RR48, mm pink and tacky Chest is clear, heart sounds normal. Abdominal palpation somewhat tense and uncomfortable. Foul odor from anal area and mucoid blood on thermometer. Suspect he is going to break with a bit of bloody diarrhea. Will need to monitor neutropenia. Increased fluid rate to 30ml/hr Continue on ampicillin, metronidazole, Omeprazole, famotidine and sulcrate and attempt canned I/D early afternoon. Called owner and relayed. Will see how he does after feeding him. SM: 07-26-22 at 3:52p: Multiple episodes of vomiting of bile and food that was force fed. Called owner and rec barium due to area exiting stomach appears somewhat plicated. Owner agrees. Admin 15cc barium PO SM: 07-26-22 at 5:55p: 15cc barium PO; throughout the afternoon Sammy has continued to vomit barium from his stomach; so far the barium is still sitting in the stomach and has not moved into the small intestines; if it does not move, rec transfer to WEC for continued xray series some bruising in inguinal area
SPECIES	
Canine	
BREED	
Yorkie X	
SEX	
MN	
AGE	
4 years	
WEIGHT	
4.93 kg	
INTERPRETED BY	
R. McKenzie Daniel, DVM, DABVP	
IMAGING PERFORMED BY	
Kelly Reschny	
HOSPITAL NAME	
Snelgrove VS	
REFERRING VET	
Dr. Gusinger	
INVOICE	
14421	
DATE	
7/27/22	

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 area of the residual prostate was free of overt pathology.

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 3.8 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 1.6 cm length x 0.49 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 2.0 cm length x 0.44 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.



PATIENT	<i>Liver/ Gallbladder</i>
Sammy Calsavara	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.
SPECIES	
Canine	<i>Gastrointestinal</i>
BREED	The stomach presented intact and sonographically unremarkable wall layering. The stomach was primarily empty with suspected minor retained barium along with anechoic fluid. No evidence of gastric distention with retained ingesta or foreign material was noted. NO evidence of mechanical pyloric outflow obstruction was noted. The ventral gastric body wall width measured 0.28 cm.
Yorkie X	
SEX	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 mild small intestinal ileus pattern consisting of mild fluid accumulation in the intestinal lumen was present. Minor areas of duodenojejunal corrugation were noted. No overt evidence of mechanical obstruction or visualized obstructive pathology such as foreign material, intussusception, or other mural pathology. The duodenum wall width measured 0.34 cm.
MN	
AGE	The colon exhibited moderate generalized distention with nonformed fecal matter, consistent with diarrhea. The colon walls were sonographically normal.
4 years	
WEIGHT	
4.93 kg	<i>Pancreas</i>
INTERPRETED BY	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.
R. McKenzie Daniel, DVM, DABVP	<i>Free Abdomen</i>
IMAGING PERFORMED BY	Intermittent mildly prominent isoechoic mesenteric lymph nodes were noted. Mild, primarily peri intestinal hyperechoic mesentery was present. No evidence was noted of peritoneal free fluid.
Kelly Reschny	ULTRASONOGRAPHIC FINDINGS
HOSPITAL NAME	<ul style="list-style-type: none"> Acute moderate to severe gastroenterocolitis pattern - no obvious evidence of gastrointestinal mechanical obstruction, foreign material, or other obstructive pathology
Snelgrove VS	INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS
REFERRING VET	Considerations for the gastrointestinal presentation may include enterotoxemia, infectious gastroenterocolitis, dietary indiscretion, gastroentero toxic insult, or other acute gastroenterocolonopathy with occult gastrointestinal neoplasia considered a less likely differential diagnosis.
Dr. Gusinger	
INVOICE	
14421	Given the neutropenia in this patient, a risk of sepsis is possible. Continued broad spectrum four-quadrant antibiotic with potential addition of fluoroquinolone and as-needed gastrointestinal support would be reasonable. Parvo test could be considered if not done, or if clinically indicated. Although considered less likely, resting cortisol level to rule out occult Addison's Disease is suggested. Monitoring of albumin level is recommended with potential use of plasma expanders if evidence of
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PATIENT

Sammy Calsavara

SPECIES

Canine

BREED

Yorkie X

SEX

MN

AGE

4 years

WEIGHT

4.93 kg

INTERPRETED BY

R. McKenzie Daniel,
DVM, DABVP

**IMAGING
PERFORMED BY**

Kelly Reschny

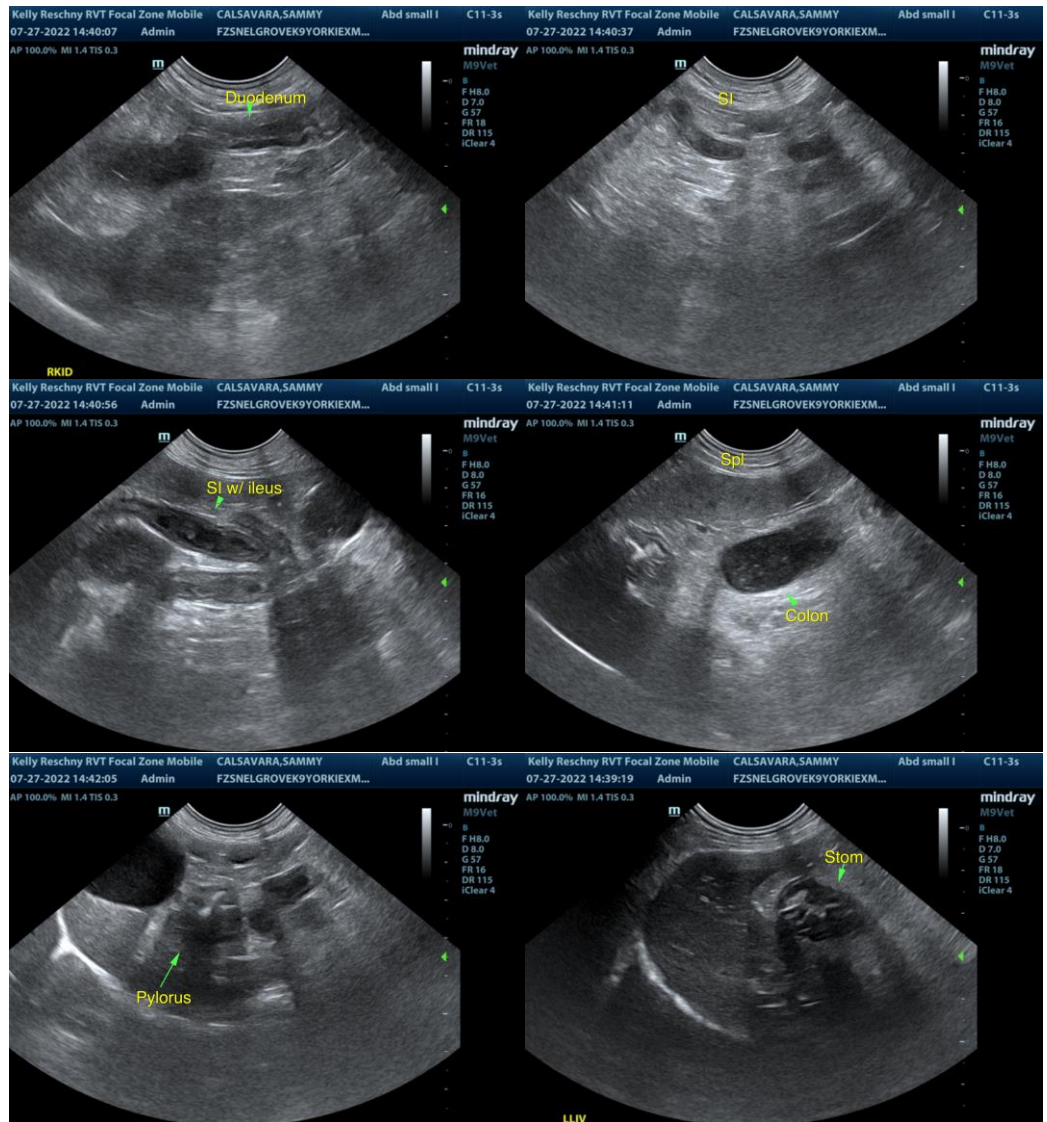
HOSPITAL NAME

Snelgrove VS

REFERRING VET

Dr. Gusinger

hypoalbuminemia. Recheck sonogram in 24-48 hours pending clinical response to therapy for further assessment of progressive Inflammatory gastroenterocolic changes or progressive ileus is recommended. Potential exploratory laparotomy with GI biopsies (considered essential despite exploratory) findings may be Indicated if persistent / progressive Gi signs.



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Yorkie X

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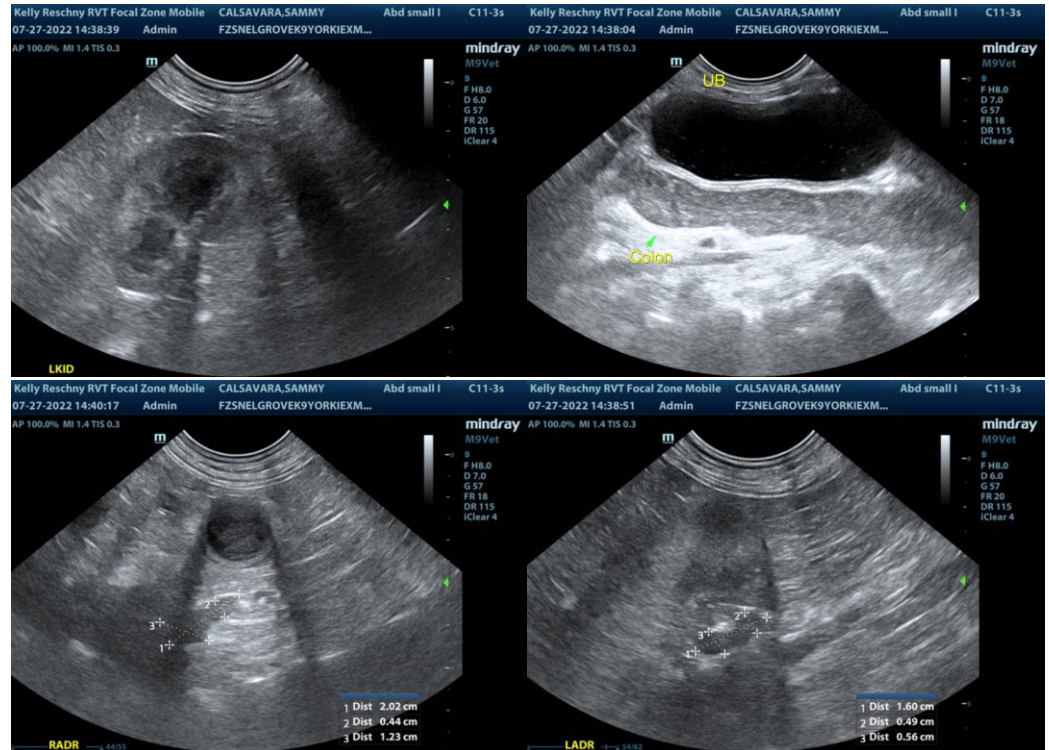
MN

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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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