



PATIENT

Lizzie Gibson

SPECIES

Canine

BREED

Boxer

SEX

FS

AGE

1 year, 11 months

WEIGHT

26 kg

INTERPRETED BY

R. McKenzie Daniel,
DVM, DABVP

IMAGING PERFORMED BY

Crystal Hill

HOSPITAL NAME

Lynden AC

REFERRING VET

Dr. Sharma

INVOICE

17428

DATE

7/28/23

PRESENTING CLINICAL SIGNS

Started vomiting at 2am on Wednesday - consisted of bile. Has been anorexic. Hospitalized yesterday for IV fluids 2x/maint, IV metronidazole, Cerenia IV was BAR throughout the stay. Performed Barium swallow study - was passing normally yesterday. Owners saw no improvement overnight, patient refusing food and not taking any oral meds. PE today - mild skin tent, mucus membranes tacky, repeat rad indicated barium has not passed, still in small intestine-suspicious of FB. Was given Gabapentin as well yesterday at 3pm.

Abnormal PE/Chem/CBC/UA Results: Please see attached multiple radiographs. CBC/Chem - mildly elevated WBCs, elevated Neuts, Eosinophilia all else unremarkable.

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 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. The left kidney measured 6.1 cm in length. The right kidney measured 6.4 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 0.37 cm width at the caudal pole. The right adrenal gland was not definitively visualized, given the overlaying intestinal fluid distention and retained barium.

Spleen

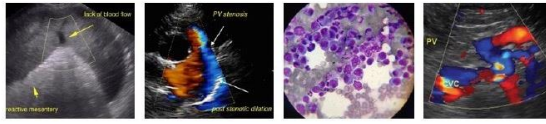
The spleen exhibited a finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. The capsule was smooth and regular without apparent expansion. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis. Acute to chronic inflammatory, neoplastic, or benign parenchyma changes were not noted.

Liver/ Gallbladder

The liver was subjectively 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.



PATIENT	<i>Gastrointestinal</i>
Lizzie Gibson	The stomach exhibited overtly normal intact wall layering. The stomach was moderately distended with retained anechoic fluid and barium extending into the pyloric outflow. No overt evidence of mechanical pyloric outflow obstruction or obstructive pyloric mural pathology was noted.
SPECIES	
Canine	The small intestine presented generalized intact overtly normal wall layering exhibiting normal wall layer ratio. Segmental intestinal dilation with retained fluid and barium was noted subjectively in the upper to mid intestinal tract with concurrent empty small intestine exhibiting no evidence of mechanical / metabolic ileus to the level of the colon.
BREED	
Boxer	Normal visible colon wall layers were present with apparent formed fecal matter in lumen.
SEX	<i>Pancreas</i>
FS	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.
AGE	<i>Free Abdomen</i>
1 year, 11 months	Several to multiple mid to caudal abdominal 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). An example measured 1.9 cm x 0.7 cm. Intermittent, scant pockets of peri intestinal / peri splenic free fluid were noted.
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26 kg	
INTERPRETED BY	ULTRASONOGRAPHIC FINDINGS
R. McKenzie Daniel, DVM, DABVP	<ul style="list-style-type: none"> Moderate gastric distention with retained fluid and barium Segmental subjective moderate intestinal dilation with retained fluid and barium, concurrent segmental empty small intestine Intermittent subjective benign / reactive mesenteric lymphadenopathy
IMAGING PERFORMED BY	INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS
Crystal Hill	Considerations for the gastric and segmental intestinal fluid dilation and retained barium may include metabolic vs. mechanical ileus. However, segments of likely distal small intestine were empty without evidence of fluid dilation, ileus, or obstructive foreign material. Although evaluation of the intestine interior was limited by the presence of retained barium, the segmental dilation of the intestinal tract combined with retained gastric fluid and barium is strongly suggestive of mid to upper intestinal obstruction.
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INVOICE	Based on this presentation, exploratory laparotomy is warranted in this case. Intestinal biopsies should be strongly considered despite exploratory findings. Continued hospitalization over the next 24 hours with supportive IV fluids and gastroprotectants with continued radiographic monitoring for barium movement would be a more conservative approach. However, exploratory laparotomy is recommended.
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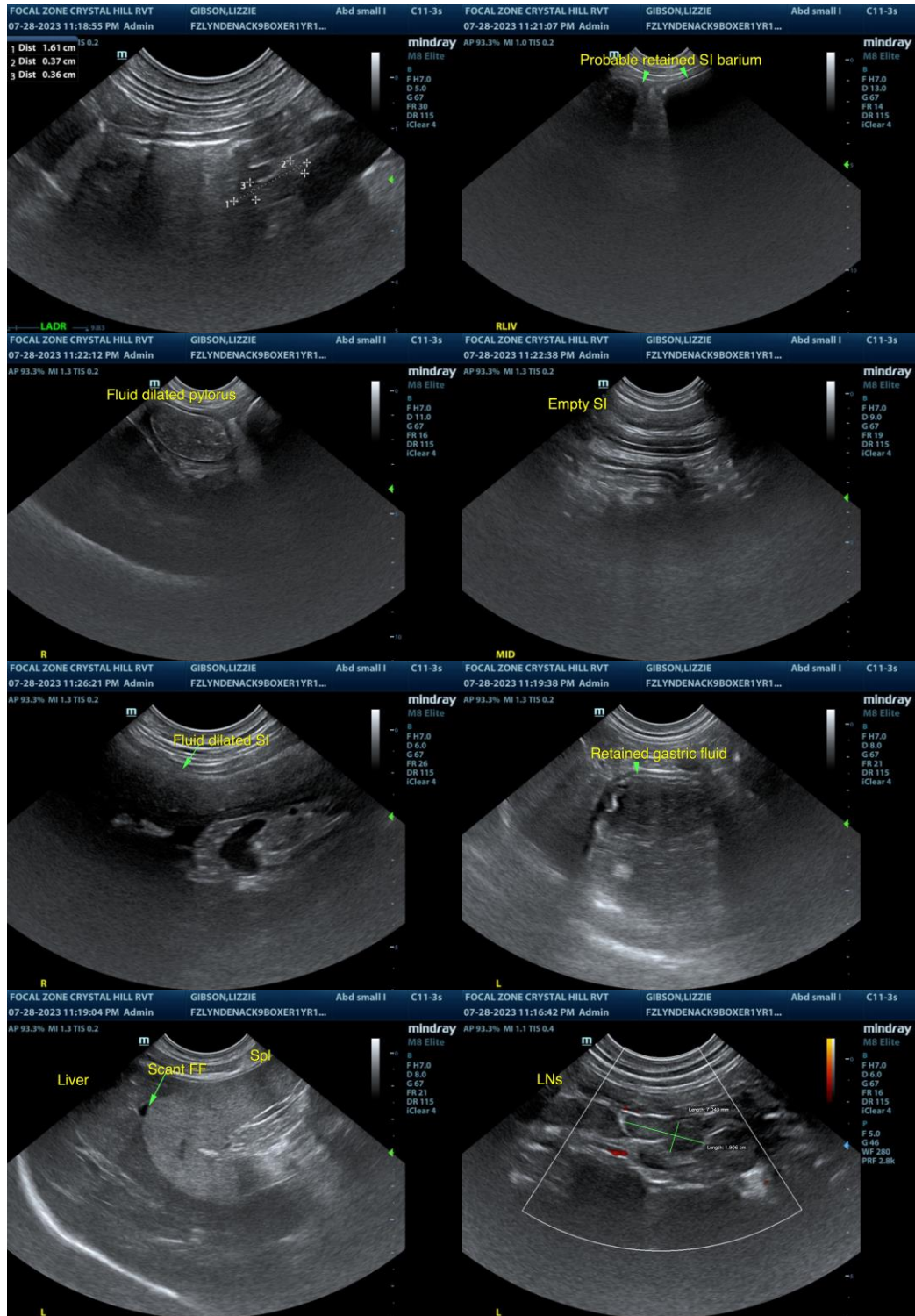
Dr. Sharma

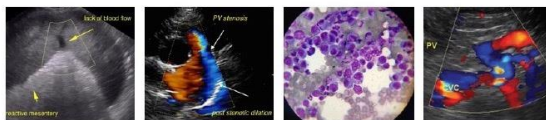
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

SPECIES

Canine

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.

BREED

Boxer

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info@SonoPath.com

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