



PATIENT

Duke Forsberg

SPECIES

Canine

BREED

Heeler

SEX

Intact Male

AGE

5 months

WEIGHT

33.6 lbs.

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

Amanda Crook -
SDEP Certified
Clinical Sonographer

HOSPITAL NAME

Rivers Edge Pet
Medical Center

REFERRING VET

Dr. David Gray

INVOICE

12130

DATE

8/16/21

PRESENTING CLINICAL SIGNS

Presented for 1-2 days of GI distress - vomited up corn cob and squeaker - history of inappropriate ingestion of items. Also had pizza recently. Has not eaten today (over 12 hours fasting)
Abnormal PE/Chem/CBC/UA Results: See attached - WBC increased; Neutrophils 16.82, Monocytes 1.65, Platelets 559, Plateletcrit 0.63. See attached - radiographs show distended bowel with SI loss of detail.

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 prostate was of expected size and appearance for a young intact male canine.

The area of the aortic trifurcation was free of pathology.

Focal reactive-appearing mesenteric lymph node was present, exhibiting normal width to length ratio (<0.5), measuring 0.54 cm in width.

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 5.9 cm in length. The right kidney measured 5.9 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 2.1 cm length x 0.37 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 2.7 cm length x 0.49 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.

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.



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Gastrointestinal

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The stomach exhibited moderate distention containing strongly shadowing luminal echo. The gastric echo measured approximately 2.0 cm in diameter.

SPECIES

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The small intestine exhibited a segmental obstructive pattern with segmental to multiple areas of shadowing luminal echoes. An example of an intestinal echo measured 3.0 cm in diameter. Potential for focal area of Intestinal plication with possible linear luminal echo present in the subjective mid to cranial abdomen.

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The colon exhibited intact yet mildly prominent wall layering. The colon was segmentally empty, although also containing subjective strongly shadowing fecal matter.

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Pancreas

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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.

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Free Abdomen

Peri intestinal to generalized reactive mesentery and mild peritoneal free fluid were present.

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Intermittent mesenteric lymph nodes were present. These lymph nodes were homogenous, mildly hypoechoic and smoothly marginated. A normal width: length ratio was maintained (<0.5). Evidence of perilymphatic inflammation was evident. An example of lymph node size was 1.0 cm diameter.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Gastric and small intestinal foreign bodies with segmental obstructive pattern
- Possible mild intestinal plication with potential linear echo - potentially owing to anchored foreign body in stomach or small Intestine
- Peritoneal free fluid and peri intestinal to generalized reactive mesentery - potential for peritonitis owing to intestinal perforation vs. inflammation
- Associated mesenteric lymphadenopathy - hyperplasia or reactive lymphadenitis likely

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Exploratory laparotomy as soon as possible with expectation for gastrotomy, likely multiple enterotomies, +/- resection anastomosis depending upon the gross appearance of the small intestine, and abdominal flush indicated. Perioperative antibiotics and lactate levels are suggested, If possible, prior to surgery. The possibility of passed foreign material within the colon cannot be definitively excluded. Guarded prognosis warranted depending upon the gross appearance of the small intestine and probable peritonitis.

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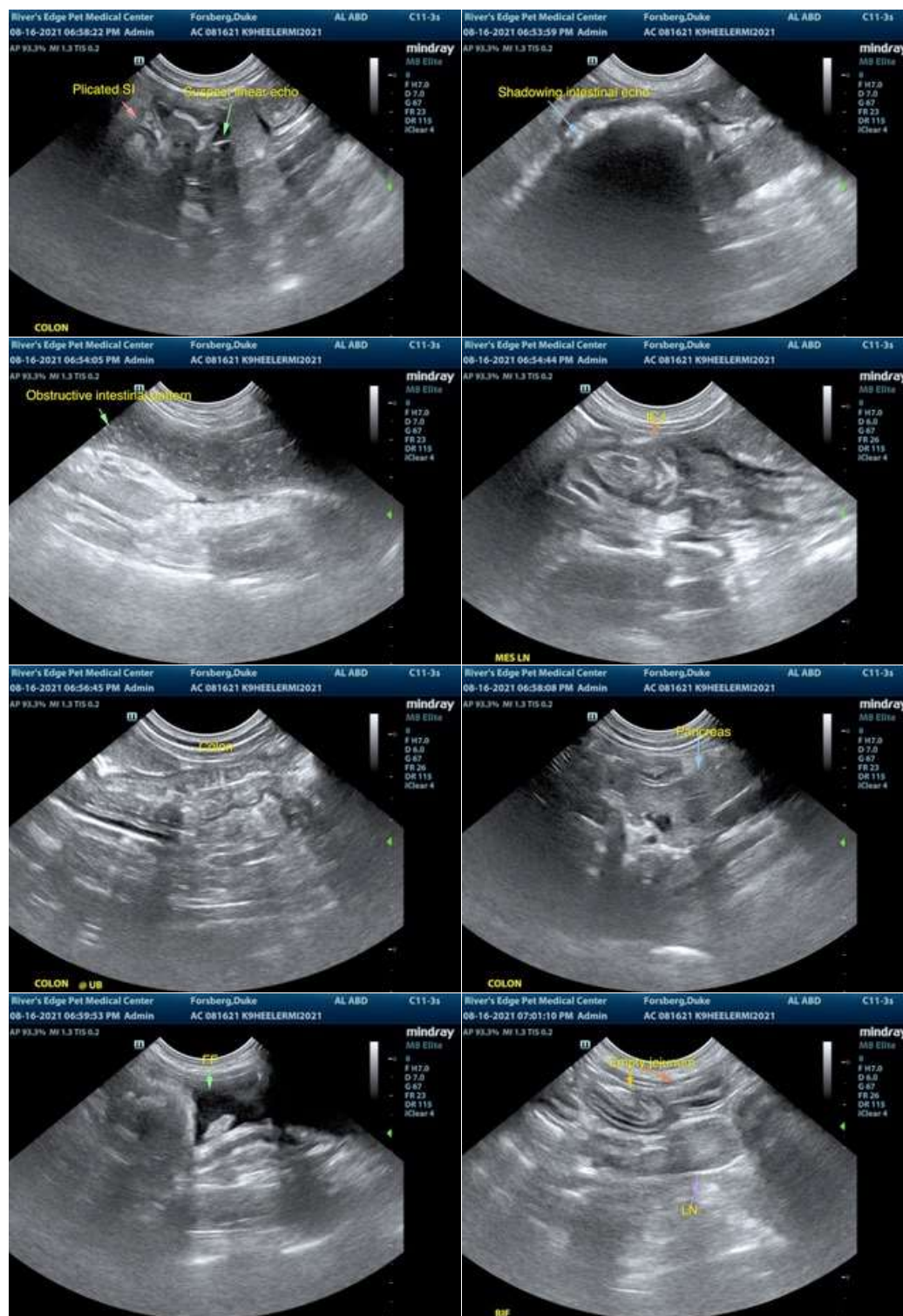
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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info@SonoPath.com

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