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Clinical Sonography & Telecytology
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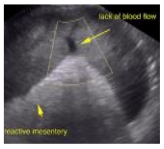
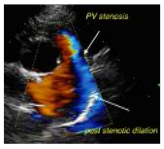
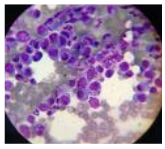
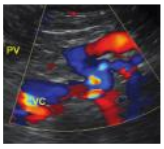




SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Sarah Tiger

SPECIES

Canine

BREED

English Setter

SEX

F

AGE

2y, 2mo

WEIGHT

40.7 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Shari Reffi, CVT

HOSPITAL NAME

Newton Vet

REFERRING VET

Dr. Kim

INVOICE

14865

DATE

8/18/23

PRESENTING CLINICAL SIGNS

Lethargic, ADR, eating less, 3 days post-enterotomy (one site in jejunum) plastic toy case removed. R/O Dehiscence/ perinteritis vs other. Current meds: Gabapentin, Carprofen,Trazodone, Buprenex

Abnormal PE/Chem/CBC/UA Results: Globulin 3.7 (3..6 H)

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.

There was no overt pathology noted in the area of the bilateral ovaries or uterus.

No overt evidence of medial Iliac or sublumbar lymphadenopathy.

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 5.7 cm in length. The right kidney measured 5.8 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 0.58 cm width at the caudal pole. No overt pathology was noted in the area of the right adrenal gland.

Spleen

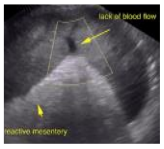
The spleen exhibited a finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. The capsule was smooth and regular without apparent expansion. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis. Acute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

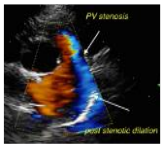
Liver/ Gallbladder

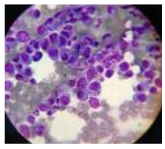
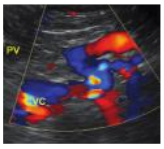
The liver was subjectively normal in size, structure, and contour. The liver parenchyma was uniform and hypoechoic to the spleen with a mild coarse echotexture. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.

Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach was empty with no signs of ileus, obstruction, or foreign material. No evidence of retained ingesta or fluid was noted.





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The duodenum exhibited intact wall layering with normal wall layer ratio and empty duodenal lumen. Segmental thickened midabdominal jejunum exhibiting segmental corrugation and areas of potential proliferation, possibly associated with the enterotomy site, were noted. Segmental areas of mild retained nonshadowing chyme and pockets of intestinal lumen gas were also noted. A focal area of empty small intestine noted mildly within the lumen of an adjacent intestine containing retained chyme was present.

Normal visible colon wall layers were present with a mild amount of semi-formed to soft fecal matter.

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

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.

Peri intestinal free fluid was noted in the area of thickened to corrugated intestine along with peri intestinal to generalized hyperechoic omentum.

ULTRASONOGRAPHIC FINDINGS

- Sonographically unremarkable empty stomach
- Generalized enteritis pattern exhibiting segmental thickened corrugated intestine with focal mural proliferation and suspect small to possibly sliding to emerging intussusception
- Peritonitis
- Intermittent generally mild sonographically benign / reactive mesenteric lymph nodes - reactive hyperplasia or mild lymphadenitis likely

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Exploratory laparotomy with gross inspection of the intestinal tract with high probability of resection anastomosis of abnormal intestine +/- possible emerging to sliding intussusception is recommended. Perioperative therapy for peritonitis is warranted. Intestinal biopsies at the time of surgery, not associated with the thickened to corrugated intestinal segments, could be considered. Suspect marked inflammatory changes associated with the thickened to corrugated small bowel with minor potential for emerging neoplastic criteria. A guarded to possible extremely guarded prognosis is indicated.

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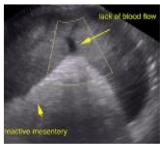

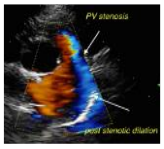

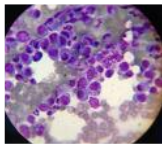
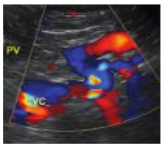

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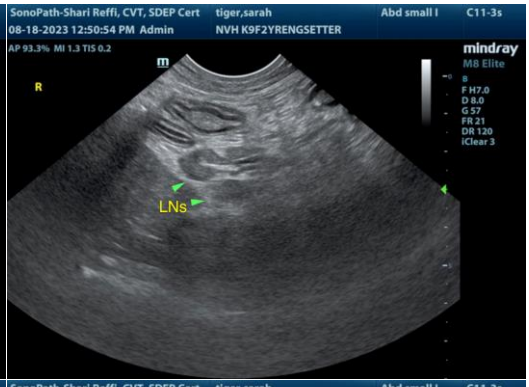

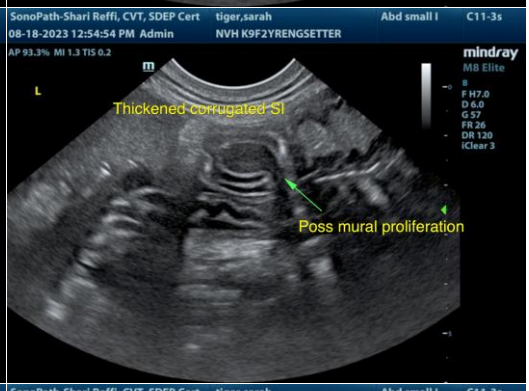


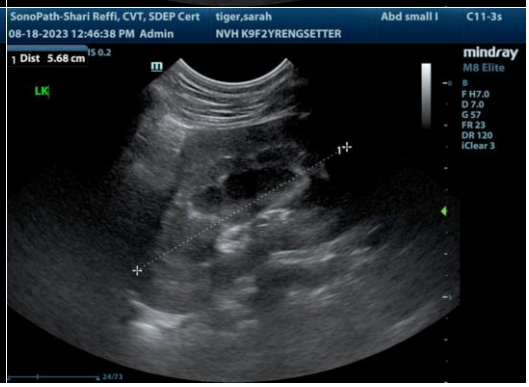

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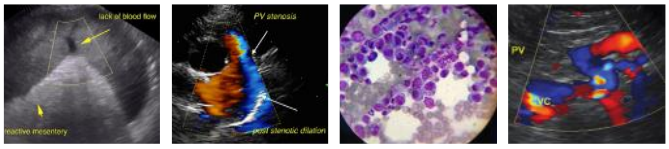

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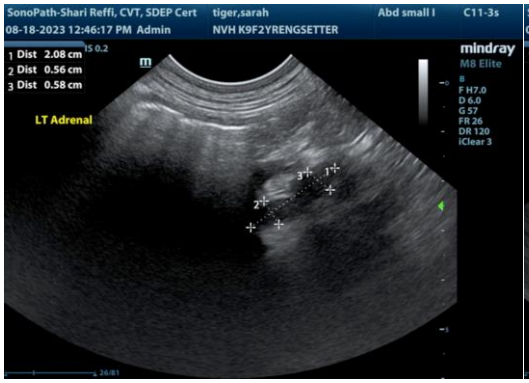

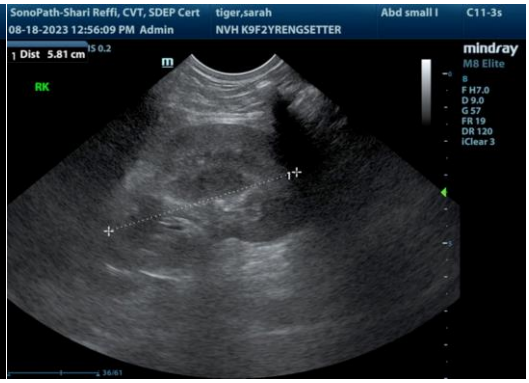

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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