



PATIENT PRESENTING CLINICAL SIGNS

Sadie Thorpe Sadie presented with vomiting and inappetance on Thursday. Very dull and depressed on presentation. Mild discomfort on abdominal palpation. Lipase greater than 5000 and hypokalemia on admission. Has been on IV fluids, cerenia, pantoprazole, methadone and mirtazapine.

SPECIES

Canine

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

BREED

Boxer

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 4 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 were noted.

SEX

FS

Normal size and margination was present in the left kidney. 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 right kidney was indistinctly visualized exhibiting potential subnormal size with indistinct to loss of corticomedullary architecture and corticomedullary border distinction. The left kidney measured 7.5 cm in length. The right kidney measured 5.4 cm in length.

AGE

7yr

WEIGHT

34.4kg

The area of the iliac trifurcation was free of pathology including no evidence of medial, iliac or sublumbar lymphadenopathy or masses.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.40 cm width at the caudal pole and 2.7 cm length. The right adrenal gland was not visualized.

INTERPRETED BY

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

Spleen

The spleen exhibited overtly normal size with 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.

IMAGING PERFORMED BY

Crystal Hill

HOSPITAL NAME

Hamilton Region
Emergency Clinic

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 with moderate non-organized variably hyperechoic sediment. The cystic and common bile ducts were normal.

REFERRING VET

Rubino

Gastrointestinal

INVOICE

14672ag

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained mild to moderate retained non-shadowing echogenic fluid and chyme with no signs of ileus, obstruction or foreign material.

DATE

08/21/2023



PATIENT

Sadie Thorpe

The small intestine presented overall intact wall layering with maintained muscularis/mucosa ratio. Segmental moderate retained intestinal fluid and intestinal dilation was present with concurrent segmental empty intestine. A distinct area of mechanical obstruction was not definitively visualized.

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The proximal colon and potential descending colon contained subjective soft to non-formed feces.

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 was evident.

BREED

Boxer

Free Abdomen

No omental masses or overt/significant lymphadenopathy was present.

SEX

FS

Suspect scant areas of peri intestinal free fluid.

AGE

7yr

- Mild to moderate retained gastric fluid/chyme.
- Segmental moderate intestinal dilation with retained fluid/chyme, concurrent segmental empty intestine.
- Subjective non-formed fecal matter proximal and likely descending colon.
- Sonographically unremarkable pancreas, no overt evidence of active pancreatitis.
- Moderate non-organized gallbladder sediment (not overtly consistent with mucocele criteria.)
- Subjective non-specific abnormal right kidney.

WEIGHT

34.4kg

ULTRASONOGRAPHIC FINDINGS

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Considerations for the retained gastric ingesta/ fluid and segmental moderate intestinal fluid dilation may include metabolic vs mechanical ileus. However concurrent segments of empty intestine indicates strong potential for non-obvious intestinal obstructive criteria and segmental intestinal obstructive pattern. Potential for unknown right kidney dystrophy without overt evidence of right kidney neoplastic criteria.

Based on the GI presentation in conjunction with clinical signs, exploratory laparotomy with gross inspection of the GI tract and right kidney is warranted. Intestinal biopsies are considered essential despite exploratory findings.

Hospitalization with 24 supportive IVF protocol and as needed GI support, correction of potential dehydration and electrolyte abnormalities with recheck sonogram in 24 hours following documented NPO would be more conservative approach.

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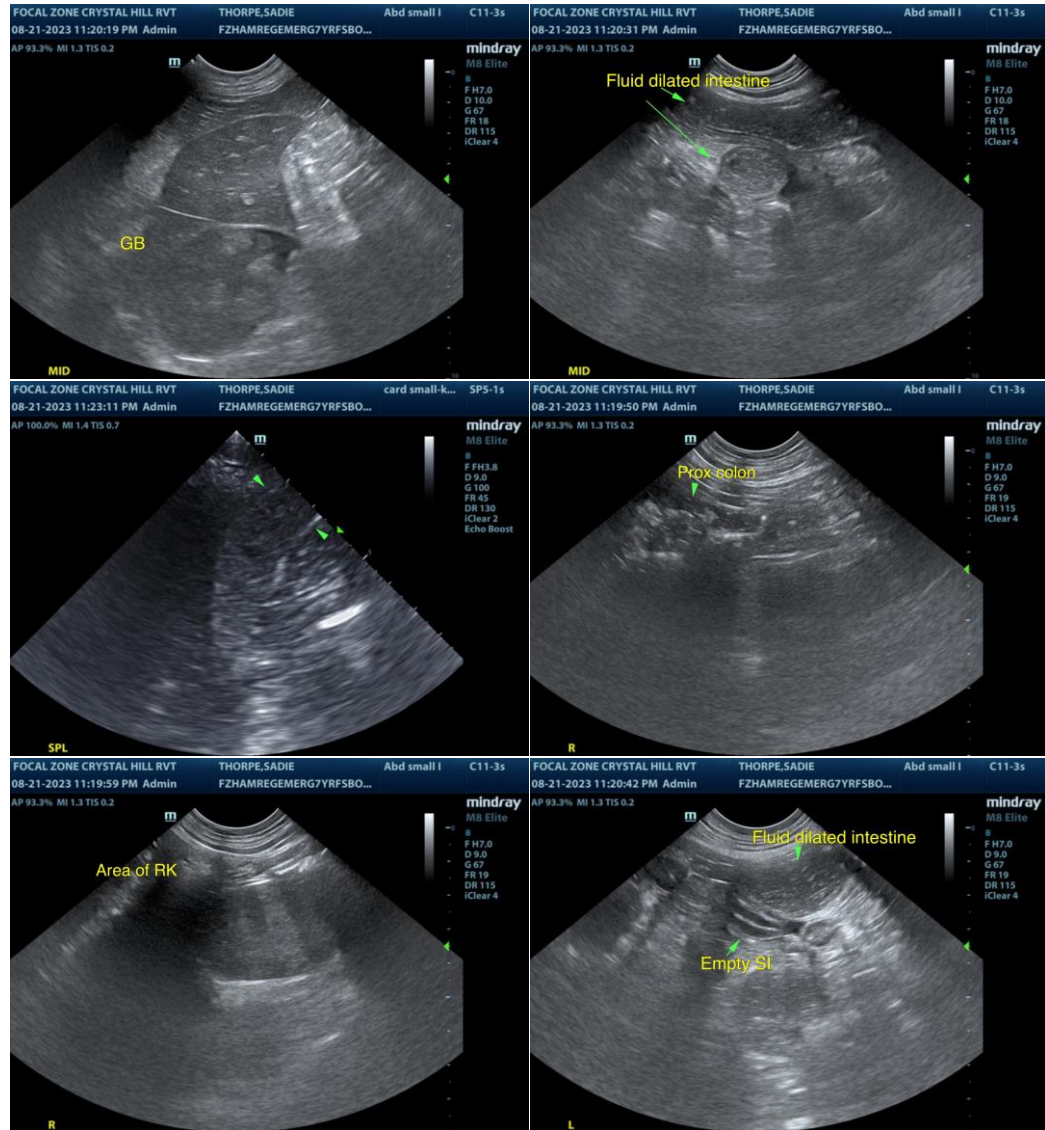
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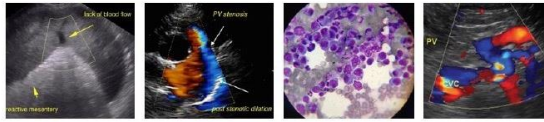
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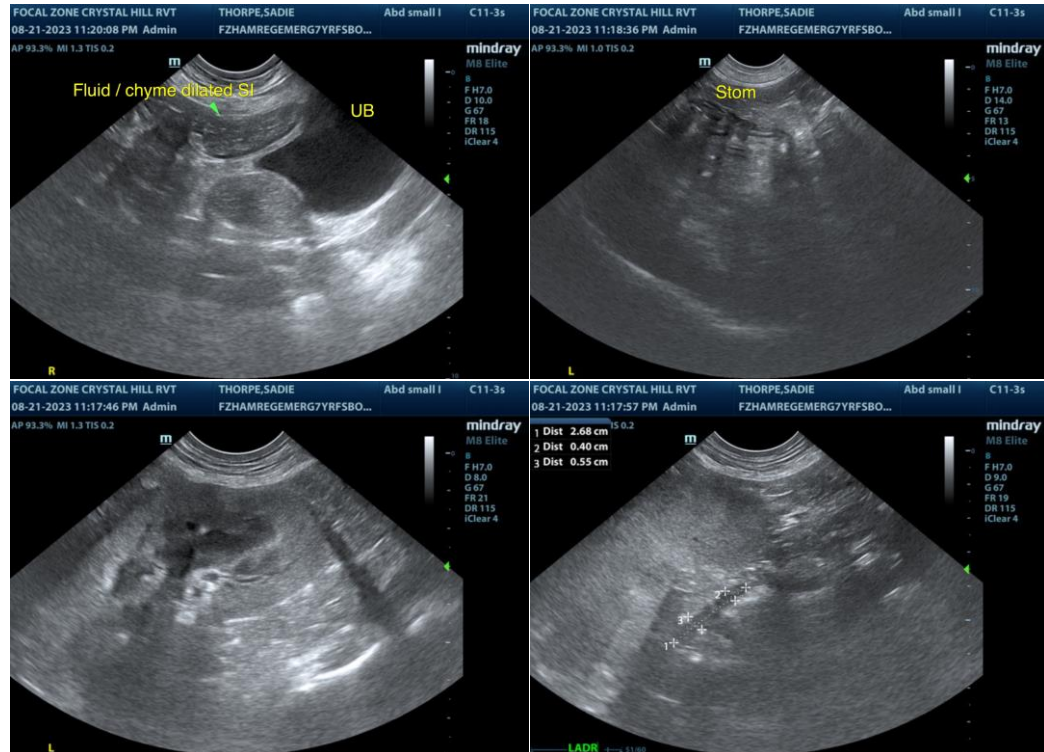
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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