



PATIENT

Mia Rogalski

SPECIES

Canine

BREED

Pitbull Mix

SEX

Female

AGE

12 years

WEIGHT

50 lbs.

PRESENTING CLINICAL SIGNS

Vomiting, lethargy.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2.0 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 was maintained. The medulla and cortices were uniform in texture with some increased echogenicity and mild loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The left kidney measured 6.1 cm in length. The right kidney measured 6.8 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 2.3 cm length x 0.56 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 3.1 cm length x 0.70 cm width at the caudal pole.

Spleen

The spleen exhibited primarily finely textured parenchyma which was hyperechoic to the liver and renal cortical parenchyma. Mild generalized parenchyma heterogeneity was present without evidence of nodular changes. 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. The parenchymal heterogeneity is likely consistent with benign changes such as extramedullary hematopoiesis or age-related remodeling with minor potential for inflammatory or neoplastic disease.

Liver/ Gallbladder

The liver was subjectively normal in size, structure, and contour. The liver parenchyma was mildly nonuniform and hypoechoic to the spleen with a moderate coarse echotexture and subjective mild to benign parenchymal remodeling. 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 exhibited moderate distention containing primarily echogenic fluid and chyme. Nonspecific shadowing multifocal echoes were present within the gastric lumen. An example measured 1.5 cm in diameter. The area of the pyloric outflow appeared to be free of obstructive pathology. The

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DVM, DABVP
(Canine and Feline)

IMAGING PERFORMED BY

Shari Reffi, CVT

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REFERRING VET

Dr. Giammanco

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stomach walls were intact without overt evidence of mural hypertrophy. The gastric body wall width measured 0.42 cm.

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The generalized intestinal walls demonstrated intact wall layering and maintained 1:3 muscularis / mucosa ratio. The mucosa exhibited mild decreased echogenicity with occasional mucosal speckling. Potential areas of nonspecific yet subjectively nonobstructive echogenic digesta were present in the intestinal lumen. A segmental to diffuse ileus pattern consisting of mild fluid accumulation in the intestinal lumen was present without obstruction or foreign material. The duodenum wall width measured 0.4 cm. The jejunum wall width measured 0.28 cm.

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The colon exhibited sonographically unremarkable walls with generalized colonic distention containing nonformed to liquid feces.

SEX

Female

Pancreas

AGE

12 years

The pancreas was normal in size and contour with isoechoic to heterogeneous parenchyma compared to adjacent omentum. No signs of active inflammation or neoplasia.

Free Abdomen

WEIGHT

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Small pockets of scant peri intestinal free fluid were present. No evidence of significant lymphadenopathy, although minor reactive lymphadenopathy is possible.

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ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Moderate gastric distention with retained echogenic fluid / chyme and multifocal shadowing yet nonspecific luminal echoes
- Generalized likely acute enterocolitis pattern with segmental jejunal and generalized colonic ileus
- Small pockets of scant peri intestinal free fluid - potentially owing to intestinal inflammation, minor potential for emerging peritonitis cannot be excluded
- Mild hepatopathy - subjectively benign, reactive or low-grade inflammation suspected

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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Acute gastroenterocolitis owing to dietary indiscretion / food hypersensitivity, enterotoxin insult, infectious gastroenterocolic disease, or other generalized gastroenterocolonopathy possible. The retained gastric fluid and chyme may suggest concurrent gastric stasis. The shadowing gastric echoes may also indicate dense ingesta or potential medication if clinically indicated. However, concern for nonobstructive gastric or potential small intestinal nonobvious foreign material is warranted. Given these findings along with the patient's clinical signs, exploratory laparotomy would be warranted in this case with gastrointestinal biopsies considered essential despite exploratory findings. Fresh fecal analysis to assess for parasitic ova / Giardia, assessment of serum cobalamin / folate levels, and hospitalization with 24-hour therapy for acute gastroenterocolitis with either radiographic or sonographic monitoring for evidence of normal gastric emptying would be a more conservative approach. Recheck sonogram is suggested in 12-24 hours for a reassessment of the shadowing gastric echoes if conservative therapy is elected.

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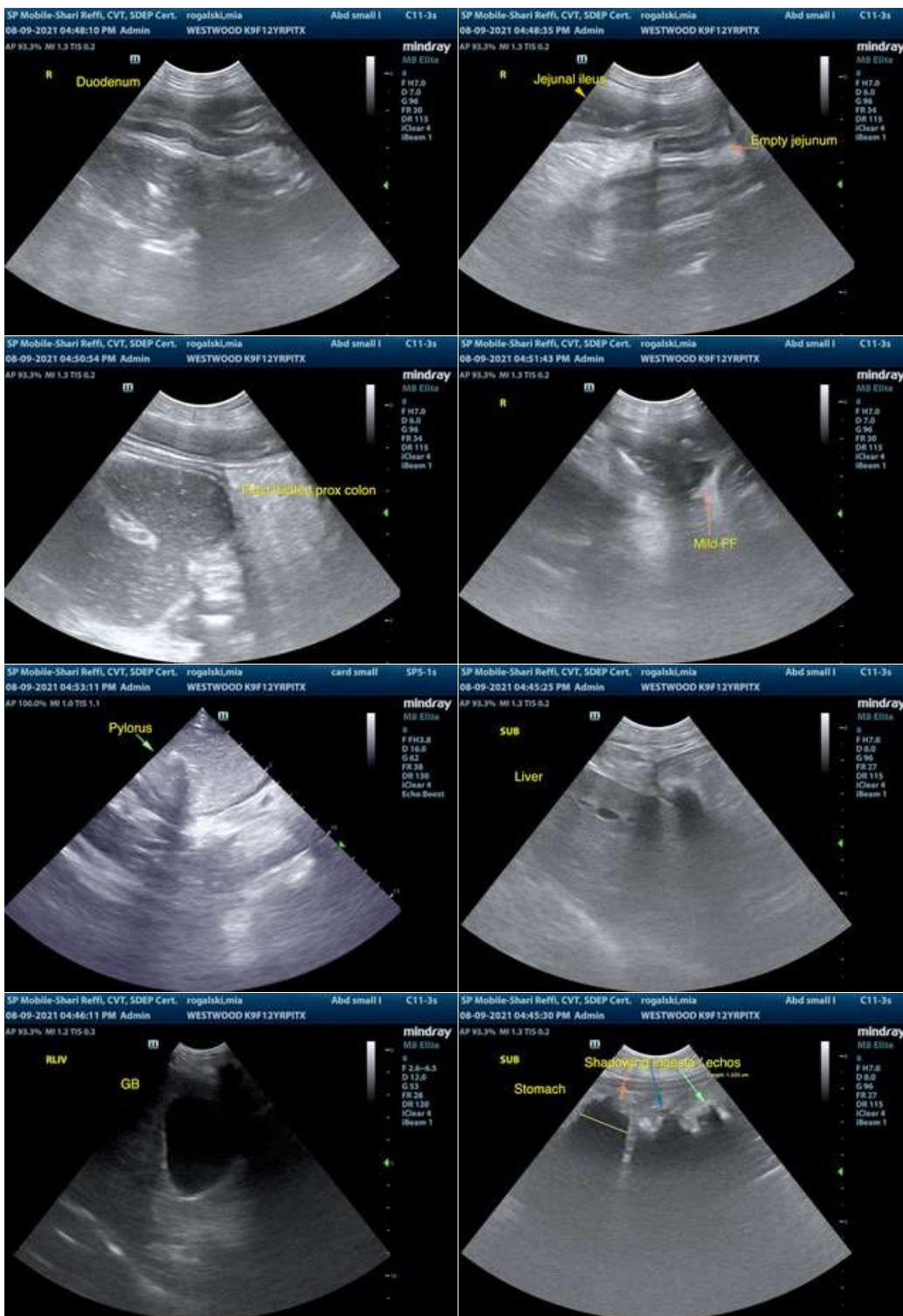
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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