



PATIENT

Dafny Williams

SPECIES

Canine

BREED

Labrador Retriever

SEX

FS

AGE

3 Years

WEIGHT

32kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Callihan/AEC

HOSPITAL NAME

Animal Emergency
Care

REFERRING VET

Dr. Callihan /AEC

INVOICE

47439

DATE

9-19-21

PRESENTING CLINICAL SIGNS

Dafny, 3 yr FS labrador with no prior health issues, had surgery to remove multiple gastric foreign bodies early Saturday morning 9/17. She had ingested a kong and what was described as multiple spheroid/ball-shaped items (I don't have anything more specific than that). She had unremarkable surgery and initial recovery but continues to look quite dumpy and not rebounding as expected for a lab. She had an NG tube placed pre-op and continues to have moderate production of brown fluid. Vitals are normal.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary Bladder

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra exhibited normal thickness and tone. Primarily anechoic urine was present in the lumen. Echogenic to particulate sediment was present and is likely mild cellular debris or protein. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic mural changes were noted.

Liver / Gallbladder

The visualized 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 visualized stomach exhibited intact wall layering with a normal wall layer ratio. The stomach contained a moderate amount of retained anechoic fluid and echogenic chyme or mucus. No overt evidence of gastric foreign material noted.

The intestinal walls demonstrated intact wall layering and maintained 1:3 muscularis / mucosa ratio. Segmental mild to moderate intestinal retained fluid with both oral and aboral movement of the fluid noted. The mucosa exhibited mild decreased echogenicity with occasional mucosal speckling. Solitary strongly shadowing ovoid echo noted within the intestinal lumen measuring approximately 3.0 cm in diameter. The small intestine suspected to be distal to the luminal echo was empty without concurrent evidence of intestinal fluid dilation, yet with mild inflammatory pattern exhibited by mild segmental intestinal corrugation. Mild peri-intestinal reactive mesentery with small pockets of scant peritoneal free fluid were present.

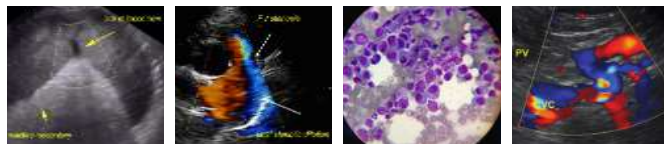
Normal visible colon wall layers were present with apparent formed feces in lumen.

Pancreas

Potential focal area of active pancreatic inflammation in the right pancreatic limb possible with associated peripancreatic reactive mesentery.

Free Abdomen

No overt lymphadenopathy was present.



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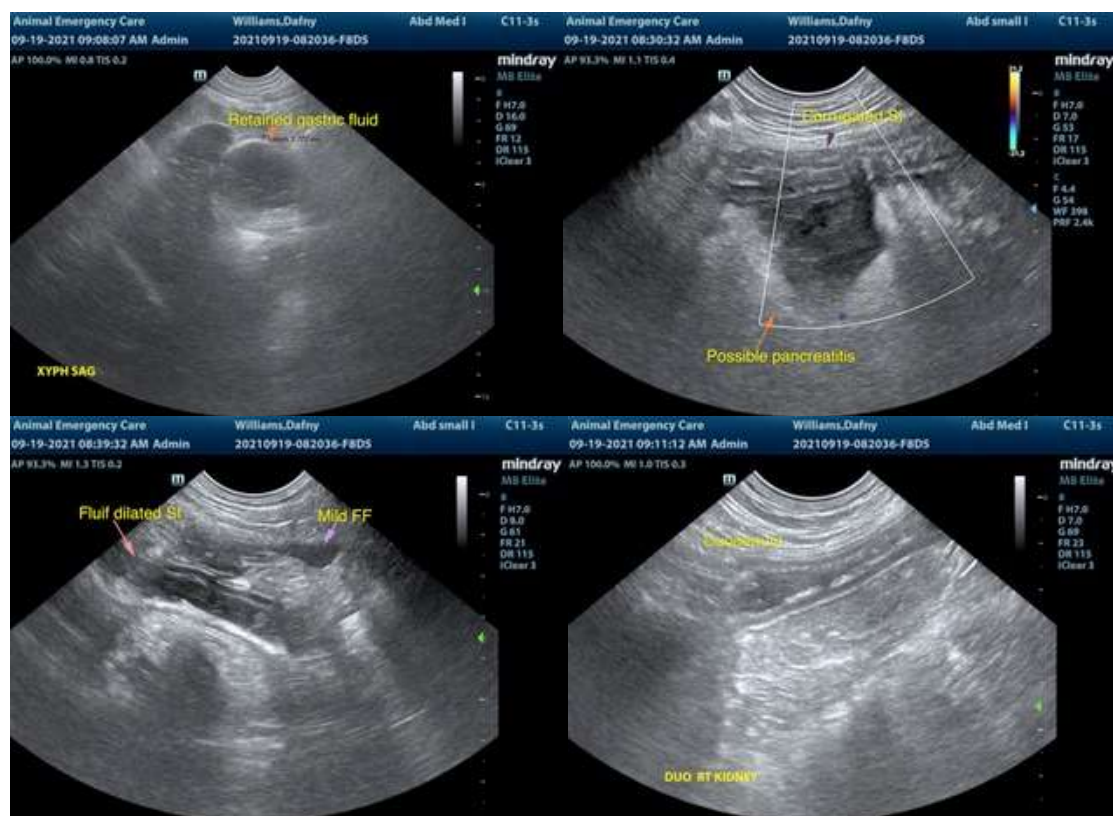
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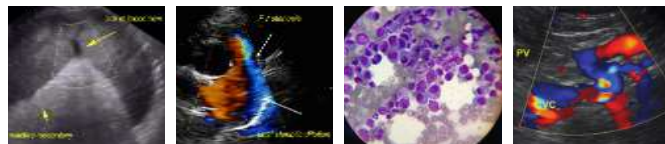
ULTRASONOGRAPHIC FINDINGS

- Retained intestinal foreign body with likely upper gastrointestinal obstructive pattern, generalized gastrointestinal pattern with segmental intestinal corrugation.
- Potential concurrent focal active pancreatitis.
- Peri-intestinal reactive mesentery with mild peritoneal free fluid - potential peritonitis.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Exploratory laparotomy with expectation toward enterotomy, gross inspection of the entire gastrointestinal tract +/- gastrointestinal biopsies, and abdominal flush if evidence of peritonitis recommended. Perioperative antibiotics +/- plasma expanders would be appropriate. Post-operative gastroenteritis/pancreatitis treatment protocol recommended with monitoring of clinical response.





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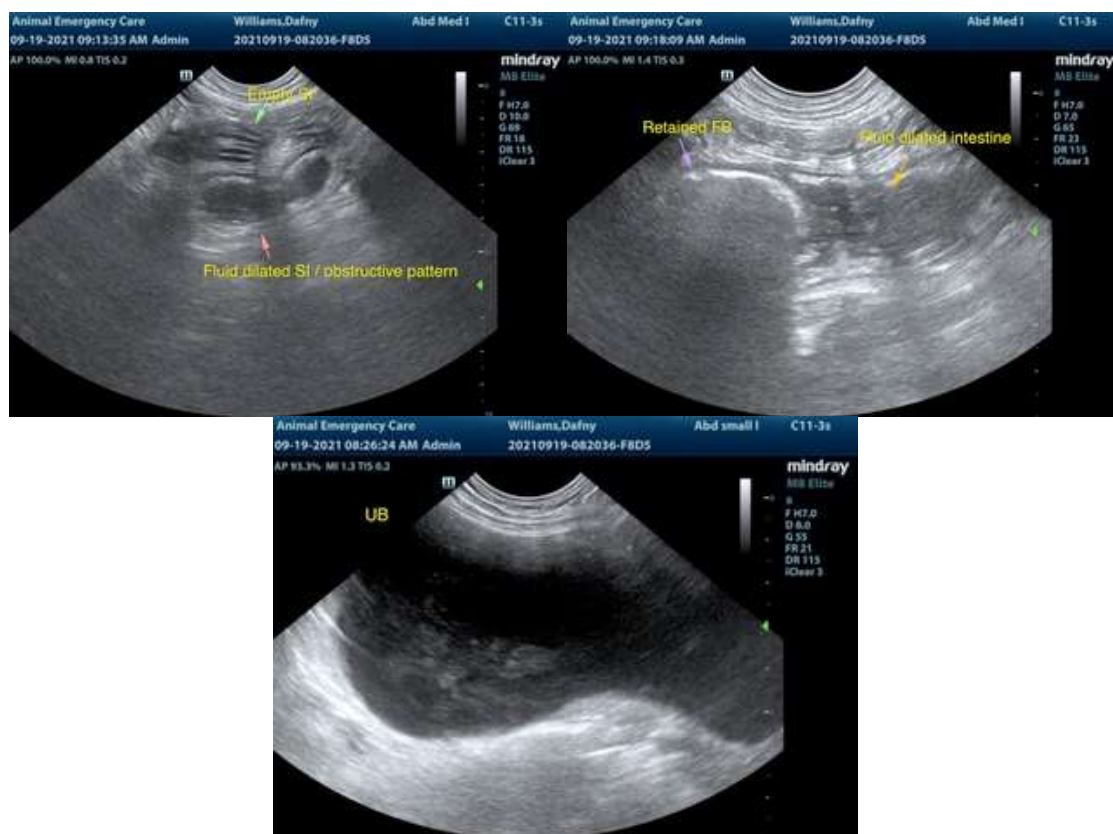
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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