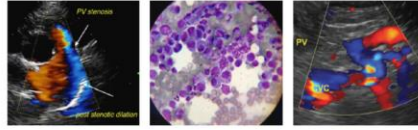


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fredgromalak@gmail.com**PATIENT**

Beau Evans 53732A

SPECIES

Canine

BREED

Pitbull Terrier

SEX

M/N

AGE

8 years

WEIGHT

27.4 kg

INTERPRETED BYR. McKenzie Daniel,
DVM, DABVP
(Canine and Feline)**IMAGING PERFORMED BY**

Tom McNeill

HOSPITAL NAME

SVS Imaging CT

REFERRING VETMadison Veterinary
Specialists-Dr. McKelvey**INVOICE**

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DATE

9/30/22

PRESENTING CLINICAL SIGNS

Acute onset of vomiting and anorexia for 48 hours.
Severe lethargy. Reportedly got into the trash 4-5 days ago.

Abnormal PE/Chem/CBC/UA Results- HCT - 44.8 (37.3-61.7), WBC - 23.39 (5.05-16.76), NEU- 19.70 (2.95-11.64), Mono- 1.96 (0.16-1.12), EOS - 0.04 (0.06-1.23), SDMA- 28 (0-14), CREA- 1.9 (0.5-1.8), PHOS- 7.3 (2.5-6.8), TP- 8.3 (5.2-8.2), GLOB- 4.8 (2.5-4.5), CHOL- 369 (110-320)

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.

The residual prostate was symmetrically normal in size with uniform parenchyma and slight coarse echotexture measuring 1.3 cm in diameter.

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 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 6.6 cm in length. The right kidney measured 7.0 cm in length.

Adrenal Glands

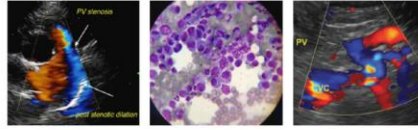
The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.62 cm width at the caudal pole and 0.48 cm width at the cranial pole. The right adrenal gland was indistinctly visualized without overt pathology. The right adrenal gland measured 0.60 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 exhibited potential for mild generalized enlargement. The parenchyma of the liver was subjectively increased in echogenicity compared to the spleen and renal cortices. The echotexture of the liver parenchyma was uniform with a mild coarse echotexture. A solitary, nondisruptive, hypoechoic to anechoic nodule vs. cyst was present in the ventral liver measuring 0.4 cm in diameter. The capsule of the liver was symmetrical in margination. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended in size

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containing moderate, dependent to nondependent, nonorganized, gallbladder debris. No overt evidence of gallbladder or peripheral gallbladder inflammatory criteria was noted. The cystic and common bile ducts were normal.

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Gastrointestinal

The stomach was markedly distended with retained anechoic fluid and sonographically unremarkable gastric wall layering. No evidence of mechanical pyloric outflow obstruction or obstructive pyloric mural pathology was noted.

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The upper small intestine including the duodenum and segmental upper jejunum exhibited concurrent distention with retained anechoic fluid extending caudally. A solitary, strongly shadowing, irregular jejunal luminal echo was present measuring approximately 5.0-6.0 cm in diameter, consistent with obstructive foreign body. Minor concurrent fluid dilation of the aboral jejunum with potential although not definitive mild linear component extending caudally. Segments of empty jejunum without evidence of mechanical / metabolic ileus were also noted without evidence of additional obstructive criteria to the level of the colon.

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

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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.

INTERPRETED BYR. McKenzie Daniel,
DVM, DABVP
(Canine and Feline)**Free Abdomen**

Intermittent mesenteric lymph nodes were present. The lymph nodes were essentially isoechoic to adjacent omentum without evidence of peripheral inflammation and maintaining a normal width: length ratio (<0.5). An example lymph node measured 3.4 cm x 0.75 cm. No overt evidence of peritonitis was noted.

IMAGING PERFORMED BY

Tom McNeill

ULTRASONOGRAPHIC FINDINGS**HOSPITAL NAME**

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- Jejunal foreign body with proximal gastric and segmental intestinal obstructive pattern, empty small intestine distal
- Intermittent benign / reactive mesenteric lymph nodes
- Subjective mild hepatomegaly exhibiting generalized parenchyma hyperechogenicity with focal nondisruptive intraparenchymal cyst vs. nodule
- Moderate gallbladder debris

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**DATE**

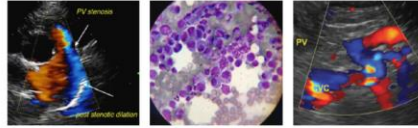
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Exploratory laparotomy with expectation towards enterotomy is recommended.

The hepatic presentation was nonspecific, given lack of hepatic enzyme elevations. Gross inspection of the liver at the time of surgery with potential for hepatic biopsies, assuming normal clotting status, may

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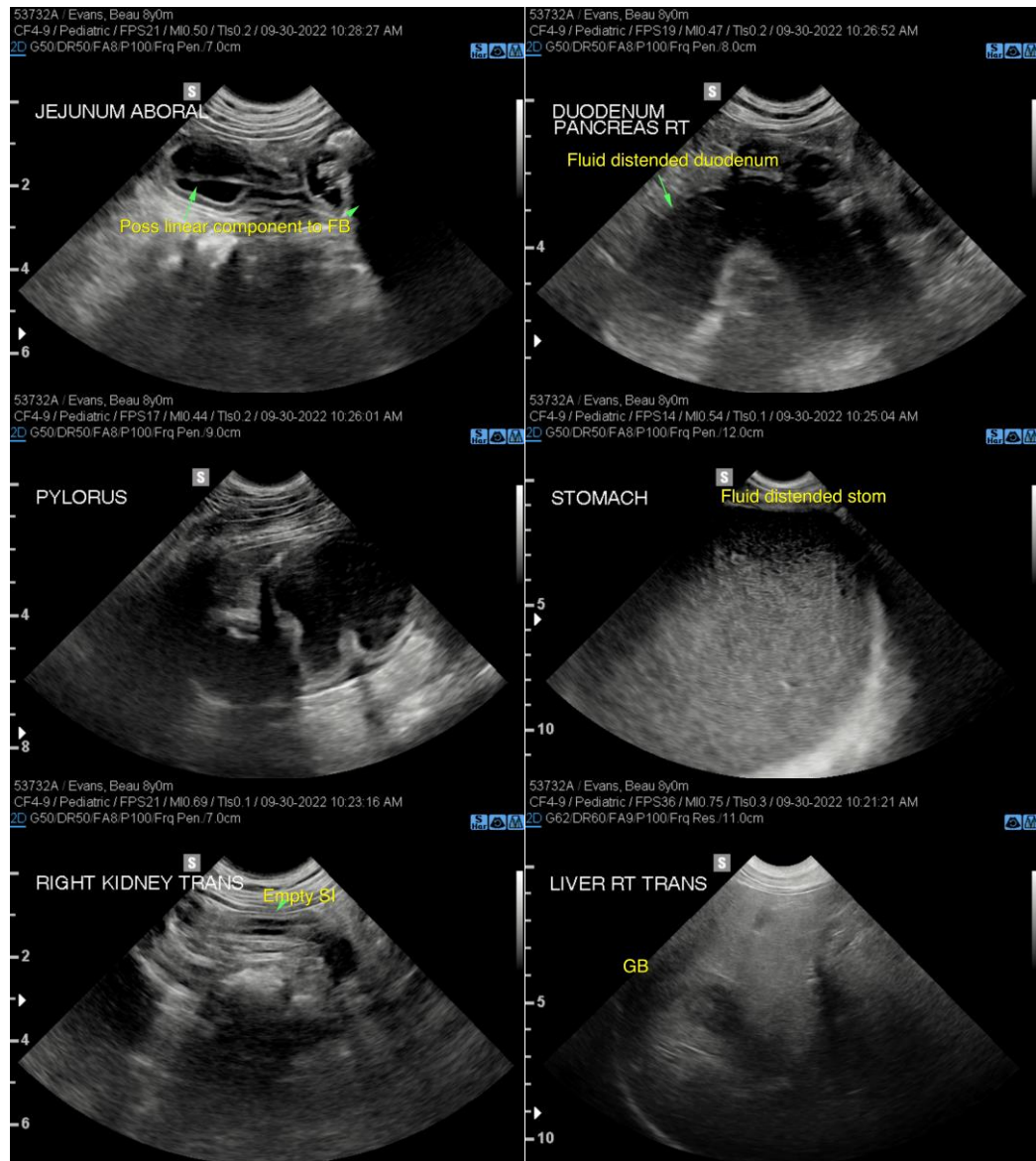
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be considered. Concurrent gross inspection of the gallbladder with potential for manual expression could also be considered.



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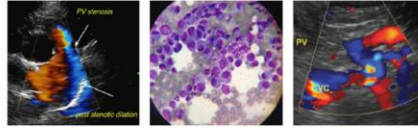
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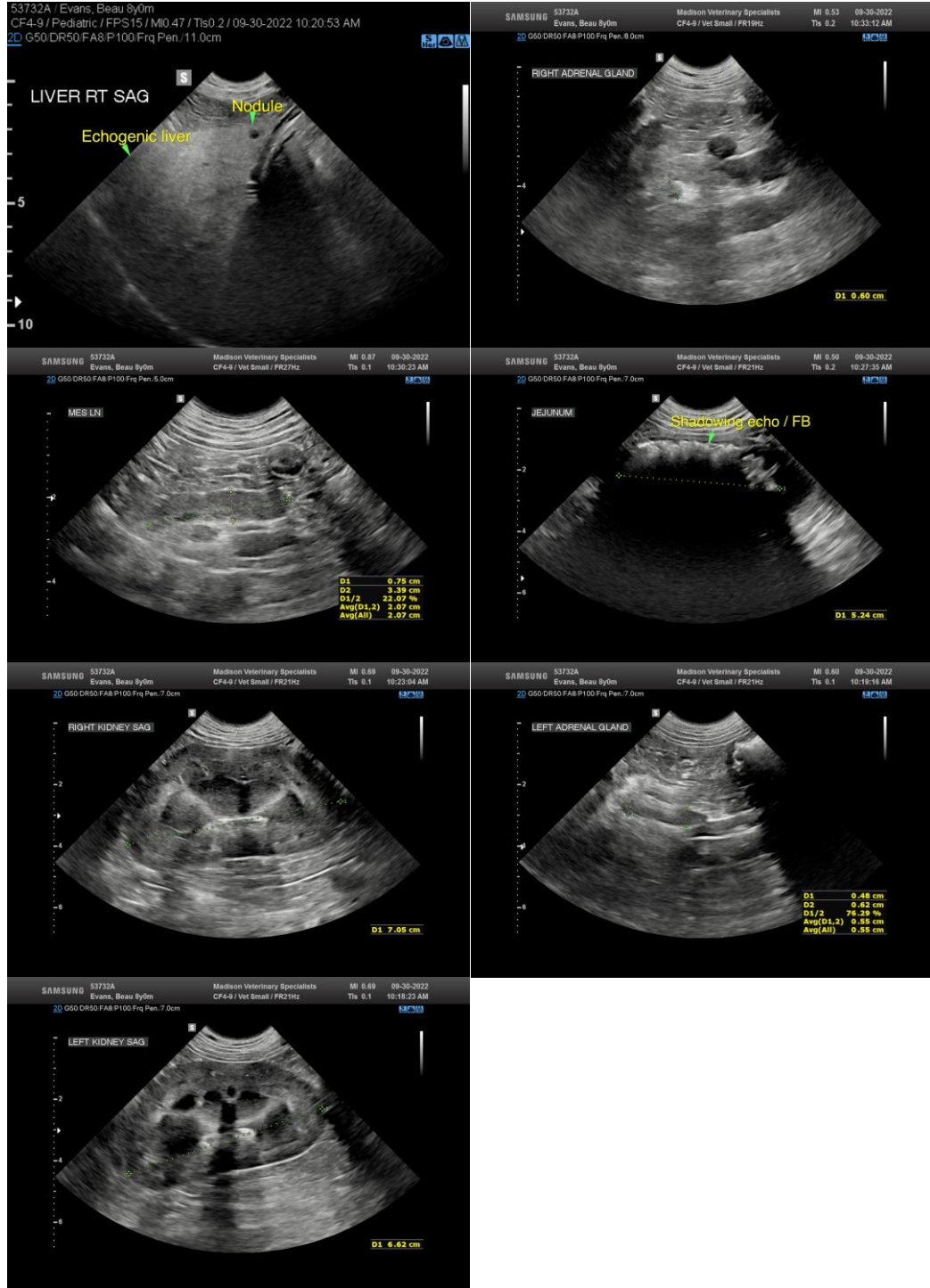
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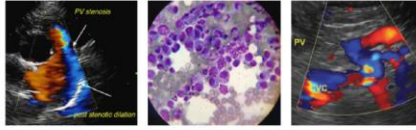


The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

Thank you for this referral. If the clinical or image interpretation does not parallel your findings or if I

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PATIENT

can be of any further assistance please contact me.

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