



PATIENT

Greta Srinivasan

SPECIES

Canine

BREED

German Shepherd

SEX

Spayed Female

AGE

1 year and 5 months

WEIGHT

53.2 lbs.

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

Kelly Vazquez

HOSPITAL NAME

Westwood Regional
Vet Hospital

REFERRING VET

Dr. Cattiny

INVOICE

12183

DATE

9/7/21

PRESENTING CLINICAL SIGNS

-Patient presents for signs of HGE. Recently spayed at RDVM (approx. 1 week ago). Elevated renal values.

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.

No overt pathology was noted in the area of the previous uterus or bilateral ovaries.

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 6.5 cm in length. The right kidney measured 6.9 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 2.7 cm length x 0.44 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 2.3 cm length x 0.69 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 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 exhibited intact and sonographically unremarkable wall layering with generalized gastric distention secondary to moderate to marked retained anechoic fluid. The gastric body wall width measured 0.45 cm.



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The small intestine exhibited primarily intact wall layering and maintained a 1:3 muscularis/mucosa ratio with generalized small intestinal ileus exhibited by mild generalized distention with retained anechoic fluid and segmental echogenic nonshadowing chyme. At least one intussusception was present in the mid-abdomen medial to the right kidney. Potential for multiple intussusceptions in the area of the mid-abdomen, (potentially 2) are possible.

The colon walls presented intact yet mildly prominent wall layering with mildly thickened to echogenic submucosa. The colon exhibited variable distention with nonformed to liquid feces consistent with diarrhea. The distal descending colon wall width measured 0.40 cm.

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, midabdominal, 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 of a lymph node measured 2.3 cm x 0.75 cm. Subtle reactive peri intestinal mesentery was noted primarily around the intussusception. No evidence of peritoneal free fluid.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Acute gastroenteritis pattern with generalized gastrointestinal ileus and solitary to potential multifocal intussusception/s
- Intermittent mild mesenteric lymphadenopathy - subjectively benign, lymphoid hyperplasia or minor associated reactive lymphadenitis likely

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Fresh fecal analysis to assess for parasitic ova / Giardia is recommended. It is suspected that the Intussusception to intussusceptions may be causing at least a partial obstruction, given the generalized gastrointestinal ileus pattern which may indicate distal small intestinal or ileocolic location, although this is not overtly definitive.

Laparotomy with reduction of the intussusception or resection anastomosis along with gastroenterocolic biopsies is indicated. Urinalysis is suggested to assess for prerenal vs. renal azotemia, although no overt evidence of renal structural pathology was noted.



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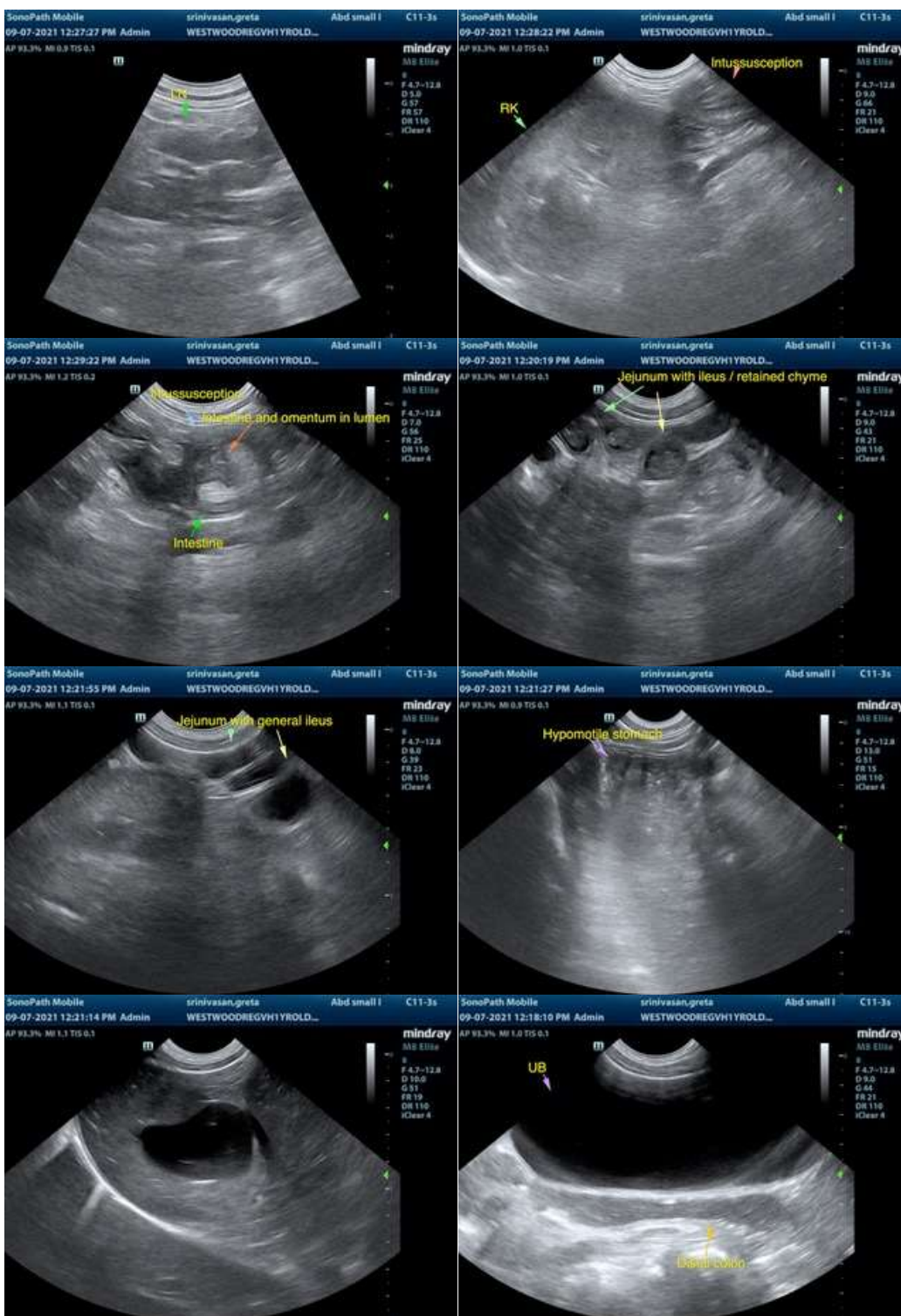
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

R. McKenzie Daniel, DVM, DABVP (Canine / Feline Practice)
info@SonoPath.com