
PATIENT PRESENTING CLINICAL SIGNS

Ahboo Fan
SPECIES Canine
BREED Labrador Retriever

2-28-23 underwent emergency FB surgery at local EMERG. Large amount of carpet fibre removed from stomach. 3-13-23 recheck post-surgery and suture removal. Still seemed nauseous, was lip smacking and had a difficult recovery which took a while to get him eating again. Is eating now. Eating 3 cans of Gastro per day but would like to start adding some kibble back in. Wondering if should go to Hypo diet? Not vomiting but still having lots of loose stools. Rule out infection/vs inflammation or tissue reaction around remaining internal suture? Or hernia of body wall? Skin incision on abdomen healed well and hair growing back. Ultrasound decided as tool to rule out IBD or any body wall that is not intact. Did cytology on cystic lesion which contained WBCs and started Simplicef for 7 days. Has also been on Advantix, Advantage multi and Cerenia.

SEX Abnormal PE/Chem/CBC/UA Results: Mild elevation of SDMA 16(0-14) bloodwork otherwise NSF

Neutered Male

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN
AGE *Urinary System*

7 Years

The urinary bladder is moderately distended with anechoic urine, and no luminal sediment is present. The ureteral papillae, trigone and pelvic urethra are of normal appearance, and the ureters are not visible (normal). No masses, calculi or mucosal irregularities are noted. Urethra visualized to 3.0 cm.

WEIGHT

35.0 kg

The prostate is of appropriate size for patient age and neutering status, with a homogenous parenchyma and smooth capsule. The prostatic urethra is non-dilated with normal margins.

INTERPRETED BY

Tam Mengine, DVM,
 DABVP (canine/feline
 practice)

The kidneys are of normal size and shape and exhibit appropriate corticomedullary differentiation with a normal 1:3 cortex to medulla ratio. There is no evidence of nephrolithiasis, mineralization, pyelectasia, cystic change or hydronephrosis. The proximal ureter is not visible (normal). The left kidney is 5.5 cm in length. The right kidney is 6.3 cm in length.

IMAGING PERFORMED BY

Crystal Hill

Adrenal Glands

The left adrenal gland is identified in its normal location. It is of normal size and shape with appropriate parenchymal echogenicity and normal phrenic vasculature. The left adrenal gland height is 9.8 mm at the cranial pole and 8.5 mm at the caudal pole. The right is not distinctly visualized, but the region appears unremarkable.

HOSPITAL NAME

Bronte Village AH

Spleen

The spleen is of appropriate size and has a normal, homogenous parenchyma with a smooth, continuous capsular surface. The splenic vasculature is normal with no evidence of congestion or thrombosis, and blood flow through the splenic hilus appears normal.

REFERRING VET

Dr. McGrath

Liver

The liver is of appropriate size and shape, with sharp borders and a mildly coarse parenchymal echotexture that is hypoechoic to the spleen. The portal and hepatic vasculature are of normal size and appearance with no evidence of congestion or thrombosis.

INVOICE

12759

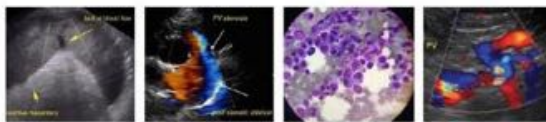
The gallbladder is moderately distended with anechoic contents. The wall was thin and continuous with no focal lesions. The cystic and common bile ducts are normal / not visible.

DATE

4/14/23

Gastrointestinal

The stomach is empty. The gastric wall is subjectively normal in thickness, and exhibits appropriate wall layering, but cannot be accurately measured due to normal deviations of the rugal folds. The pylorus is of normal appearance.


PATIENT

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There is a 2.0 cm length of shadowing foreign material observed within the gastrointestinal tract. The remaining portions of the duodenum, jejunum, and ileum are of normal thickness with intact wall layering that exhibits the appropriate 1:3 muscularis to mucosa ratio.

SPECIES

Canine

The visible portions of the colon are of normal thickness, up to 1.5 mm, with intact wall layering. The ileocecal junction is visualized and appears normal.

BREED

Labrador Retriever

Pancreas

The right limb of the pancreas is swollen and hypoechoic, surrounded by hyperechoic mesenteric fat. The pancreatic duct appears normal.

SEX

Neutered Male

Free Abdomen

There is no evidence of free fluid within the peritoneal cavity. The omentum and intra-abdominal fat are of appropriate echogenicity. Enlarged abdominal lymph nodes are not observed. The aortic trifurcation has normal blood flow with no evidence of thrombosis.

AGE

7 Years

ULTRASONOGRAPHIC FINDINGS
Findings

- Inflamed right limb of the pancreas, consistent with pancreatitis
- Shadowing material within the gastrointestinal tract

INTERPRETED BY

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 DABVP (canine/feline
 practice)

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The appearance of the material in the gastrointestinal tract raises the concern that the patient may have ingested more foreign material. If gastrointestinal symptoms persist, or certainly if they progress to vomiting or anorexia, then another exploratory surgery would be recommended.

IMAGING PERFORMED BY

Crystal Hill

The appearance of the right pancreas is consistent with pancreatitis, which may also be an explanation for the observed symptoms. Additional recommendations include:

HOSPITAL NAME

Bronte Village AH

- A cPLI level is recommended for confirmation and monitoring purposes.
- Supportive care including fluid therapy, antiemetics, analgesics, appetite stimulants (if needed) are warranted.
- A highly digestible, low fat intestinal diet should be encouraged as soon as vomiting can be controlled.
- A probiotic such as Visbiome Vet may be beneficial in case the intestinal floor has been disrupted by the recent surgery.

REFERRING VET

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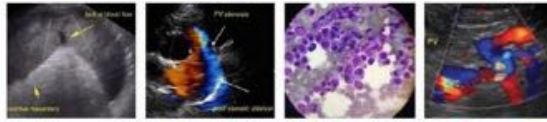
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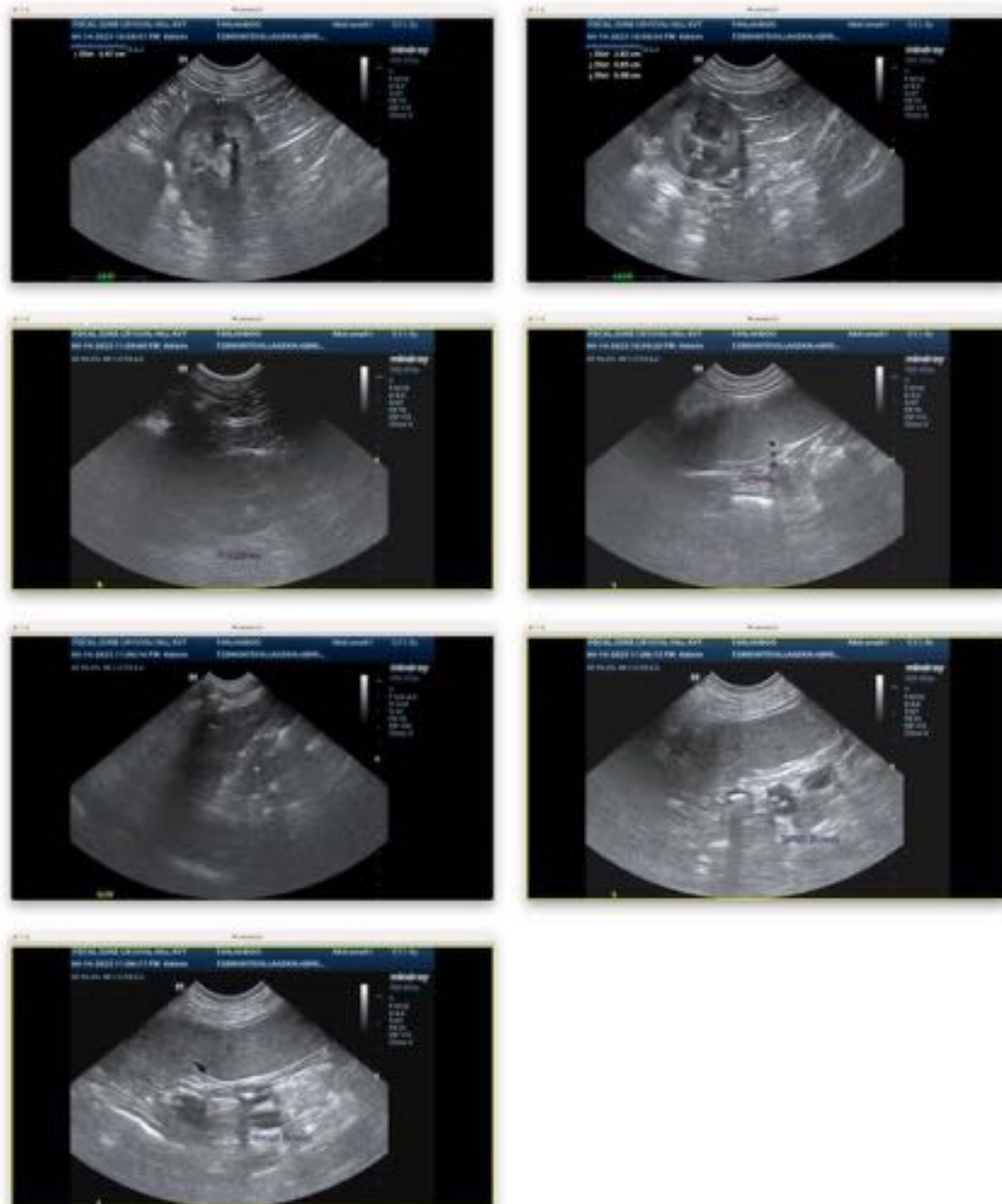
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Tam Mengine, DVM, DABVP (canine/feline practice) info@SonoPath.com