



PATIENT PRESENTING CLINICAL SIGNS

Rig Rincon
Rig has not eaten a full meal since 7-20-22 (usual diet - Beneful). There was a dog fight that occurred between the housemates on this day. Rig does have a few wounds from this fight - torn skin under LF dewclaw, swollen area on upper right limb close to the "armpit." Allison has been keeping these wounds clean at home and they are not oozing. Rig has been vomiting sporadically for the same amount of time as well - bright green bile. Allison has tried multiple types of food to get Rig to eat, and the only thing he was interested in eating was some cold cuts on 7-26. He was able to keep this down for 24 hours, but did end up having diarrhea the same day. Outside of this diarrhea episode on 7-26, Rig has not defecated at all. Rig has been known to get into things that he should not, but there is nothing Allison can think of recently that Rig has gotten into. Rig was on the thinner side since before the dog fight, but has become much skinnier since due to not eating and vomiting.

Canine

Pit Bull

Abnormal PE/Chem/CBC/UA Results: PE: EMPTY GI TRACT. SWOLEN MID right ANTRACHIUM. NOT HOT, NOT PAINFUL TO TOUCH, NO FLUID FILL, BONE MARGIN BULGES SLIGHTLY- BUT AGAIN NOT PAINFUL. AREA AFFECTED ABOUT 10CM ALONG RADIUS AND ULNA. QUIET MILD TARTAR ONLY, HEALING LACERATION ON GUM BELOW 405-7. HEALING SCABS OVER SWELLIN OF right LABS ARE PENDING

AGE ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

11 Months **Urinary System**

Urinary System
Urinary bladder is adequately distended. It has a normal uniform wall thickness. Contents include primarily anechoic fluid with occasional echogenic non-shadowing debris, most consistent with exfoliated cells, mucous and/or small blood clots. Both sterile inflammation as well as urinary tract infection can also present with echogenic debris. No masses or cystoliths are observed. The trigone and visible pelvic urethra are normal in thickness with a smooth mucosal surface.

INTERPRETED BY The area of the prostate is imaged without evident pathology.

Beth Johnson, DVM
DACVIM
The right kidney is normal in size (5.31 cm), shape and echogenicity. It has smooth peripheral margination. There is a normal 1:3 cortex to medulla ratio with appropriate corticomedullary distinction. There is no evidence of pyelectasia, mineral or infarcts observed.

IMAGING PERFORMED BY
Carissa Rhoades
The left kidney is normal in size (4.39 cm), shape and echogenicity. It has smooth peripheral margination. There is a normal 1:3 cortex to medulla ratio with appropriate corticomedullary distinction. There is no evidence of pyelectasia, mineral or infarcts observed.

HOSPITAL NAME Adrenal Glands

Elizabeth AH
The right adrenal gland is normal in size (1.7 cm long x 0.76 cm wide), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.

REFERRING VET
Dr. Leon Anderson
The left adrenal gland is normal in size (2.5 cm long x 0.74 cm at the cranial pole and 0.93 cm at the caudal pole), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.

INVOICE Spleen

39973
The spleen is subjectively normal in size with a normal smooth capsular contour. Parenchyma is appropriately finely textured and homogenous with normal echogenicity relative to surrounding tissue (hyperechoic to liver). No focal nodules or masses are observed. Splenic vasculature appears normal.

DATE Liver

7/30/22



PATIENT	
Rig Rincon	The liver is subjectively normal in size with normal smooth curvilinear peripheral contour. Parenchyma is appropriately hypoechoic to the spleen in echogenicity and appropriately mildly coarse and homogenous in echotexture. No focal lesions are observed. Visible vasculature and biliary tree appear normal without distension or congestion.
SPECIES	
Canine	The gallbladder is non-distended in size. The wall is smooth without visible thickening. Luminal contents are primarily anechoic. There is no evidence of cystic or common bile duct dilation.
	<i>Gastrointestinal</i>
BREED	
Pit Bull	The stomach wall is normal in thickness (canine < 0.5 cm and feline < 0.4 cm) and layering. The stomach is markedly distended with echogenic fluid.
	There are areas of normal small bowel that are empty with no evidence of obstruction or foreign material, combined with, in the cranial abdomen, markedly echogenic fluid distended small bowel, with one focal loop containing a curvilinear echogenic structure with acoustic shadowing and concern for a possible intussusception, given the appearance of invaginated GI tract within the lumen of another loop of GI tract.
SEX	
Male	
AGE	
11 Months	The visible small intestines are normal in wall thickness and layering (canine duodenum < 0.5 cm and feline duodenum < 0.4 cm; other < 0.3 cm). Small intestinal motility appears adequate (1-3 contractions per min). The lumen of the small intestine is empty with no evidence of obstruction, foreign material or infiltrative disease.
WEIGHT	
49.2 Pounds	The visible colon is normal in wall thickness (< 0.2 cm) and layering. Contents are consistent with normal formed feces and gas.
	<i>Pancreas</i>
INTERPRETED BY	
Beth Johnson, DVM DACVIM	The pancreatic parenchyma is appropriately isoechoic to surrounding tissue. Visible capsule is smooth and normal in contour. There is no visible pancreatic duct dilation. There is no evidence of active peripancreatic inflammation.
	<i>Free Abdomen</i>
IMAGING PERFORMED BY	
Carissa Rhoades	A scant amount of anechoic free fluid is noted in the caudal abdomen, likely normal patient variant, given the age.
	There is no apparent lymphadenopathy noted in these images.
HOSPITAL NAME	
Elizabeth AH	PRIMARY FINDINGS
	<ul style="list-style-type: none"> The presence of normal empty small bowel combined with markedly fluid distended small bowel is a characteristic obstructive pattern. This finding combined with the acoustic shadowing described as well as the suspected invagination/intussusception is most concerning for an obstruction secondary to either a foreign body or intussusception or both.
REFERRING VET	
Dr. Leon Anderson	SECONDARY FINDINGS
	<ul style="list-style-type: none"> Urinary bladder debris
INVOICE	
39973	<u>INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS</u>
DATE	Recommendations include CBC/Chem panel, electrolytes and urinalysis, if not recently evaluated, and if metabolically stable, an exploratory laparotomy for suspect foreign body/possible intussusception removal/correction. A conservative approach is not recommended. However, if it is elected prior to proceeding with surgery, supportive/symptomatic medical management of gastroenteritis with IV
7/30/22	



PATIENT

Rig Rincon

fluids, antiemetics, gastroprotectants, as well as fasting, is recommended with immediate recheck imaging if gastrointestinal signs persist and/or progress, as that would be a sign of progressive obstruction and the need for surgery.

SPECIES

Canine

BREED

Pit Bull

SEX

Male

AGE

11 Months

WEIGHT

49.2 Pounds

INTERPRETED BY

Beth Johnson, DVM
DACVIM

IMAGING PERFORMED BY

Carissa Rhoades

HOSPITAL NAME

Elizabeth AH

REFERRING VET

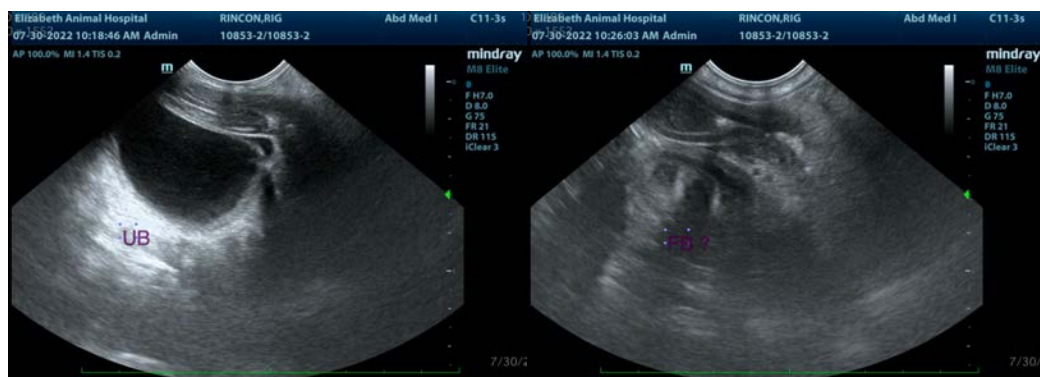
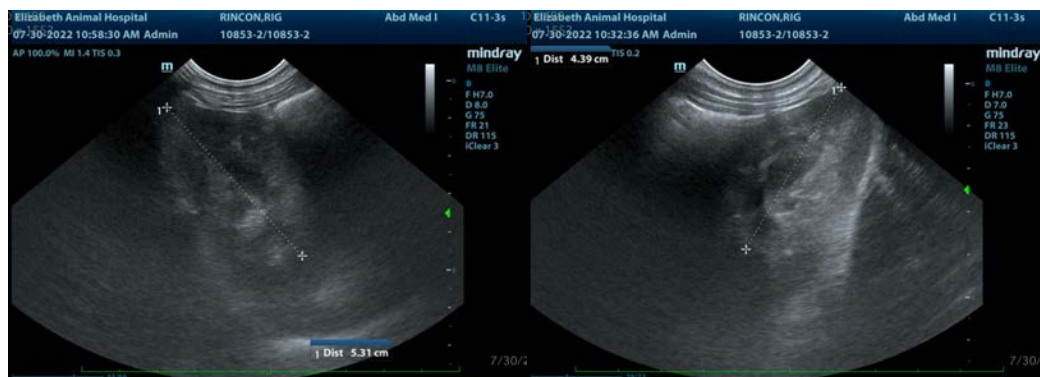
Dr. Leon Anderson

INVOICE

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DATE

7/30/22





PATIENT

Rig Rincon

SPECIES

Canine

BREED

Pit Bull



SEX

Male

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.

AGE

11 Months

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.

WEIGHT

49.2 Pounds

Beth Johnson, DVM, DACVIM
Beth.Johnson@sonopath.com

INTERPRETED BY

Beth Johnson, DVM
DACVIM

IMAGING PERFORMED BY

Carissa Rhoades

HOSPITAL NAME

Elizabeth AH

REFERRING VET

Dr. Leon Anderson

INVOICE

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DATE

7/30/22