

**PATIENT**

Bruno Brown

**SPECIES**

Canine

**BREED**

Doberman/Pitbull Mix

**SEX**

MN

**AGE**

7yr

**WEIGHT**

80lb

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

Sarah Pender CVT

**HOSPITAL NAME**

SVS Imaging QC

**REFERRING VET**Dr. Skoglund/Dr.  
Schermer**INVOICE**

12663ag

**DATE**

1/11/2023

**PRESENTING CLINICAL SIGNS**

Hx of multiple bouts of pancreatitis. Did z/d trial 2 months ago and did not help. Decreased appetite late Dec. Ate hotdog buns 12/30/22, Nausea started 1/1/23. Has continued to not want to eat and having bouts of diarrhea.

Current meds: Cerenia 60mg SID, Metronidazole 500mg BID, Omeprazole 40mg SID,

Abnormal PE/Chem/CBC/UA Results: Rads showed what appears to be small pebble in stomach. slightly elevated alk phos, bilirubin in urine

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN****Urinary System**

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra 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 were noted.

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 7.5 cm in length. The right kidney measured 7.3 cm in length.

The area of the aortic trifurcation was free of pathology.

The area of the residual prostate appeared normal and free of pathology.

**Adrenal Glands**

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.86 cm width at the caudal pole and 2.8 cm length. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.68 cm width at the caudal pole and 3.6 cm length.

**Spleen**

The spleen exhibited primarily finely textured parenchyma which was hyperechoic to the liver and renal cortical parenchyma. Mild generalized parenchyma heterogeneity was present without evidence of nodular changes. 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. The parenchymal heterogeneity is likely consistent with benign changes such as extramedullary hematopoiesis or age related remodeling with minor potential for inflammatory or neoplastic disease.

**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 presented mild wall thickening secondary to echogenic mucosa hypertrophy. Intact wall layering was maintained and distinct. Mild gastric distension with retained hyperechoic non-

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shadowing ingesta/fluid along with a strongly shadowing mildly irregular luminal echo extending into the pyloric outflow measuring ~ 4.0 cm in diameter.

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The intestinal walls demonstrated intact wall layering and maintained 1:3 muscularis / mucosa ratio. The mucosa exhibited mild decreased echogenicity with occasional mucosal speckling. A segmental to diffuse ileus pattern with focal areas of non-specific hyperechoic ingesta were present. The ingesta did not overtly appear to be obstructive.

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

***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 was evident.

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***Free Abdomen***

No omental masses or peritoneal effusion was present.

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Focal, mildly prominent to enlarged 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).

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**ULTRASONOGRAPHIC FINDINGS**

- Gastric foreign body with suspected passing to non-obstructive concurrent small intestinal foreign material with secondary gastroenteritis pattern

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The mild inflammatory GI mural changes may be secondary to gastric and suspect passing small amounts of concurrent intestinal foreign material. Potential for possible primary intestinal disease cannot be definitively excluded given pica in this patient. Exploratory laparotomy with gastrotomy +/- enterotomy and with GI biopsies considered essential despite exploratory findings is recommended.

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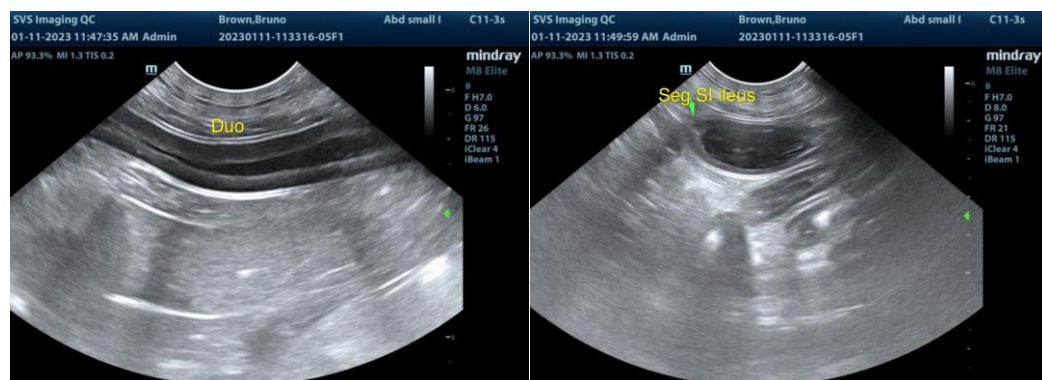
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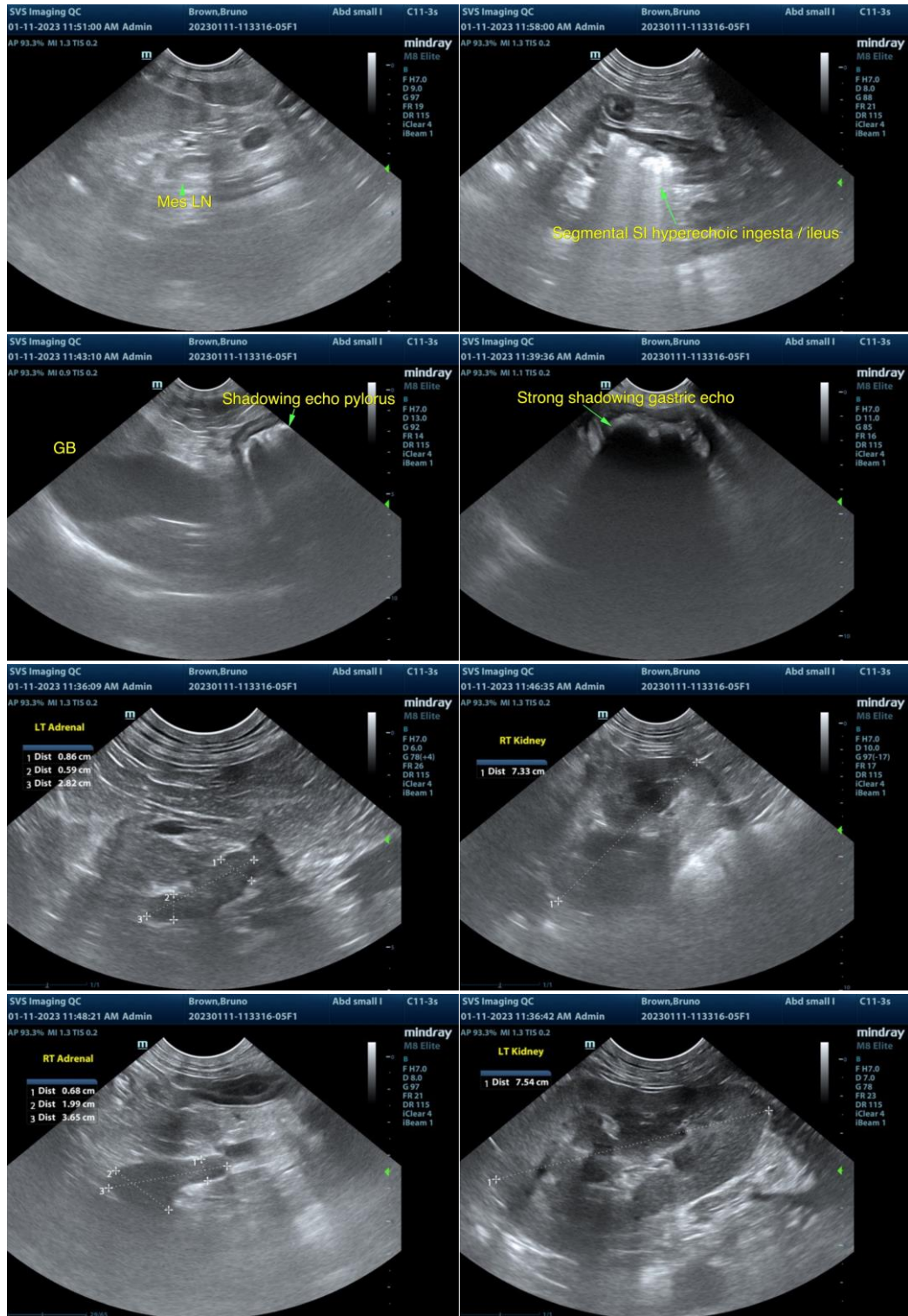
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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

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Clinical Sonography & Telecytology

EDUCATIONAL TELECONSULTATION SERVICES™

1-800-838-4268 info@sonopath.com SonoPath.com

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can be of any further assistance please contact me.

R. McKenzie Daniel, DVM, DABVP (Canine / Feline Practice)

info@SonoPath.com

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