



## PATIENT

Emma Wasserman

## SPECIES

Canine

## BREED

Terrier Mix

## SEX

Spayed Female

## AGE

9 Years

## WEIGHT

20 pounds

## INTERPRETED BY

R. McKenzie Daniel,  
DVM, DABVP

## IMAGING PERFORMED BY

Dr. Michael  
Wasserman

## HOSPITAL NAME

DWDS LLC

## REFERRING VET

Dr. Cindy Wasserman

## INVOICE

13157

## DATE

01/14/26

## PRESENTING CLINICAL SIGNS

Submitted study contained 27 videos, primarily of the small intestine.

Surgery 1/12/25. 2 days post op R and A. Anorexia for 2 days. Regurgitation emerging tonight after brief abd. us. currently on rimadyl 2mg/kg PO BID. Started 24 hours after surgery. Cefazolin post op and for three more dosages every 8 hours SC. buprenorphine was given three dosages post op q8 hrs. Stool today concerning for upper GI bleed expected with recent R and A. Small liver biopsy performed at surgery and adequate hemostasis achieved with PDS ligature. Likely to consider full abdominal scan tomorrow if vomiting emerges. Small amounts of food being hand fed. Currently no vomiting.

Abnormal PE/Chem/CBC/UA Results: To likely be performed tomorrow morning. May perform SDEP abdomen AM first thing stat submission and plan for exploratory.

## LIMITED ULTRASONOGRAPHIC EXAMINATION

The visualized spleen was sonographically normal.

The stomach was not definitively visualized.

The small intestine presented with generalized intact mildly prominent wall layering exhibiting subjective propensity for mildly prominent muscularis layer. The visualized segments of small intestine were empty without evidence of mechanical or metabolic ileus. Segmental intestinal corrugation, which may indicate spasming, were present.

Generalized variable omental hyperechogenicity and a mild volume of peritoneal effusion were present.

No obvious visualized significant omental lymphadenopathy.

## ULTRASONOGRAPHIC FINDINGS

- Moderate enteritis pattern exhibiting empty segmental corrugated intestine.
- Variable hyperechoic omentum and mild volume peritoneal effusion.

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No evidence of small intestine obstructive pattern or definitive stricture in the submitted images. Underlying primary nonspecific intestinal disease or secondary enteritis with concurrent associated reactive omental changes and effusion with potential for peritonitis. Correlation with abdominocentesis into pocket of peritoneal effusion for analysis, cytology +/- culture and sensitivity if evidence of inflammatory effusion component or bacteria is recommended. If evidence of septic abdomen, exploratory laparotomy with gross inspection of the gastrointestinal tract is indicated.



**PATIENT**

Emma Wasserman

**SPECIES**

Canine

**BREED**

Terrier Mix

**SEX**

Spayed Female

**AGE**

9 Years

**WEIGHT**

20 pounds

**INTERPRETED BY**

R. McKenzie Daniel,  
DVM, DABVP

**IMAGING PERFORMED BY**

Dr. Michael Wasserman

**HOSPITAL NAME**

DWDS LLC

**REFERRING VET**

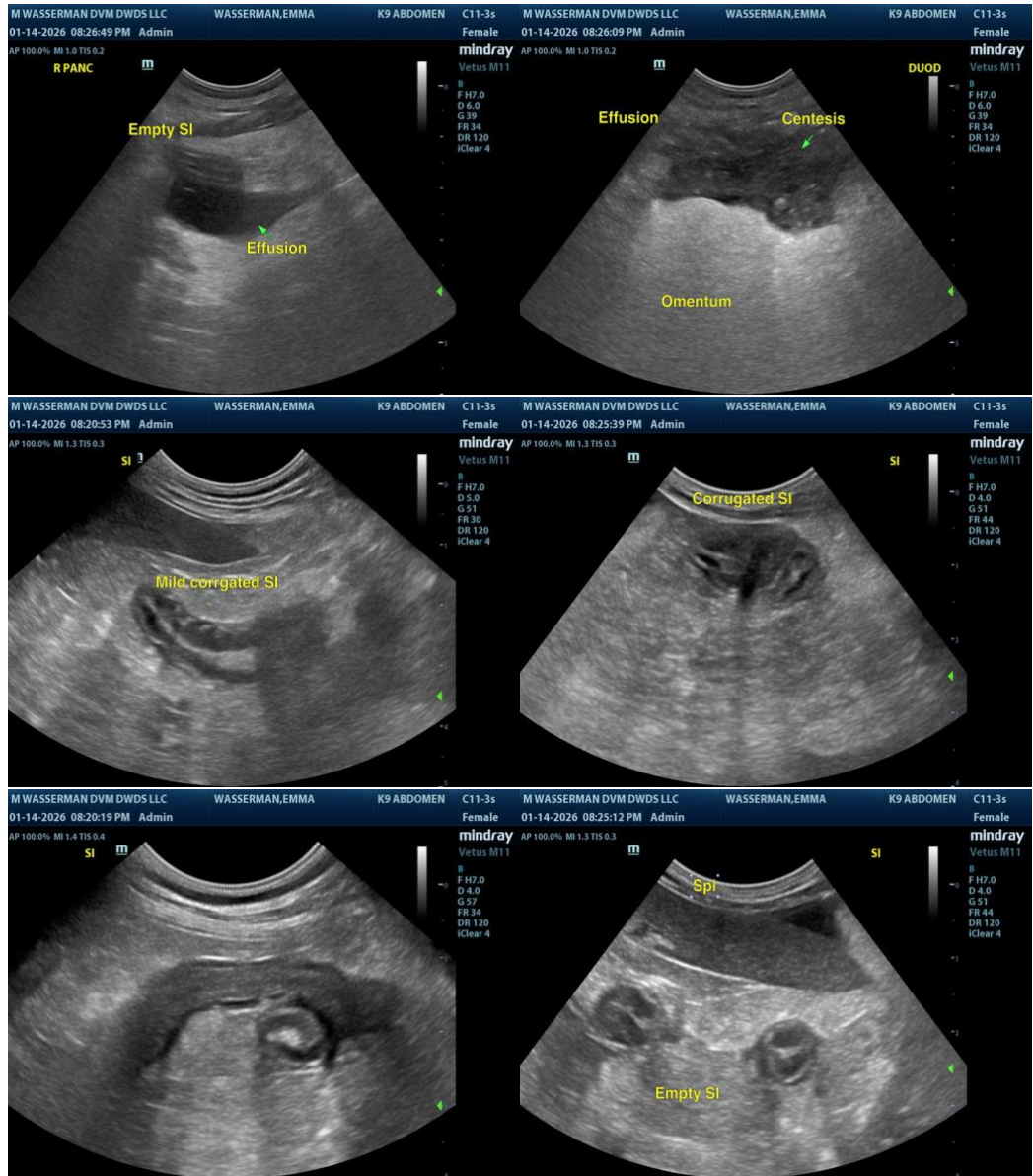
Dr. Cindy Wasserman

**INVOICE**

13157

**DATE**

01/14/26



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 can be of any further assistance, please contact me.

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

[info@SonoPath.com](mailto:info@SonoPath.com)