



**PATIENT**

Wolfy Holland

**SPECIES**

Canine

**BREED**

Belgian Malinois Mix

**SEX**

Neutered Male

**AGE**

3 Years

**WEIGHT**

85 Lbs.

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Adrienne Ligenza

**HOSPITAL NAME**

Rush Veterinary  
Center

**REFERRING VET**

Dr. Lori Milot

**INVOICE**

13478

**DATE**

1/18/22

**PRESENTING CLINICAL SIGNS**

History: vomiting on/off since Saturday, xrays, SQF and Cerenia injection given yesterday (1/17), no vomiting since, does chew/eat things, recently chewing in wood, not interested in food, o feels might have eaten this morning if offered. Provided radiographs, dated 1/17/22 and 1/18/22, revealed potential ill-defined mildly radio dense opacity within the mid abdomen on radiographs dated 1/17/22 and potential similar appearing ill-defined mildly radio dense opacity in the cranial abdomen caudal to the stomach on radiographs dated 1/18/22.

Abnormal PE/Chem/CBC/UA Results: see rads - original taken 1/17, repeat lateral today 1/18

**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 were noted. Aortic trifurcation was normal.

No overt pathology in the area of the residual prostate.

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 7.2 cm in length. The right kidney measured 8.4 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 0.66 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 0.56 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*

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 intact yet mild prominent wall layering. Moderate retained anechoic fluid and echogenic non-shadowing chyme were present in the stomach. No overt evidence of shadowing opacity or gastric foreign body. No overt evidence of mechanical pyloric outflow obstruction. The ventral gastric body wall measured 0.5 cm.



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The small intestine presented intact wall layering and maintained 1:3 muscularis/mucosa ratio. Segmental mild retained non-shadowing duodenojejunal chyme and luminal gas was present. No overt evidence of small intestinal obstructive pattern or definitive obstructive foreign body. The duodenum wall measured 0.38 cm. The jejunum wall measured 0.38 cm.

## SPECIES

Canine

The colon presented intact sonographically unremarkable wall layering with mixed pattern formed to semi-formed/soft fecal matter present.

## Pancreas

## BREED

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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.

## SEX

Neutered Male

## Free Abdomen

A small pocket of very scant free fluid was present in the left lateral abdomen adjacent to the caudolateral spleen. No overt evidence of significant lymphadenopathy. The omentum exhibited normal uniform echogenicity without evidence of peritonitis.

## AGE

3 Years

## ULTRASONOGRAPHIC FINDINGS

## WEIGHT

85 Lbs.

- Acute gastroenteritis pattern with moderate gastric hypomotility and mild retained segmental duodenojejunal chyme
- Small pocket of non-specific peritoneal free fluid in the left lateral abdomen

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Overt evidence of definitive gastrointestinal obstructive pattern or foreign material was not overtly visualized in the study. The hypomotile stomach may be secondary to gastric metabolic stasis, potentially owing to dietary indiscretion given the patients history. However, in light of provided radiographs and patient history, the possibility of a small amount of non-obstructive passing foreign material or non-visualized foreign body cannot be definitively excluded. Without evidence of definitive obstructive pattern or visualized foreign body, continued supportive care for acute gastroenteritis with either radiographic or sonographic monitoring of the gastrointestinal tract and for evidence of either normal gastric emptying or continued to progressive gastric hypomotility would be appropriate.

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## REFERRING VET

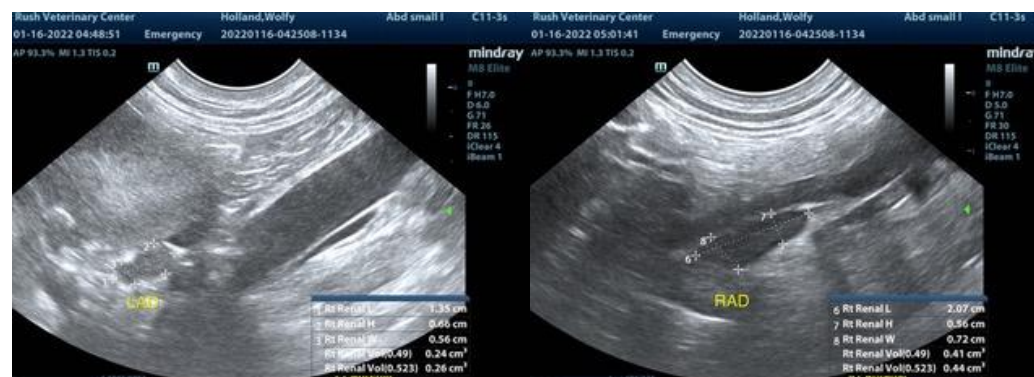
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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