

**PATIENT**

Vinny Schimmel

SPECIES

Canine

BREED

Rat Terrier

SEX

MN

AGE

8

WEIGHT

12kg

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

Tracy Lasarge

HOSPITAL NAME

SVS Imaging NW

REFERRING VETMadison Veterinary
Specialists Dr.
McKelvey**INVOICE**

12579ag

DATE

01/02/2023

PRESENTING CLINICAL SIGNS

Vinny, a 8 years old MN Rat Terrier was presented to the MVS Emergency Service on Jan 01, for evaluation of vomiting and lethargy. Severe vomiting Inappetence Dehydration Elevated ALKP Mild electrolyte derangement

Abnormal PE/Chem/CBC/UA Results: TP: 8.6 BUN: 34 Alkp: 427 WBC: 18.26

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**Urinary System**

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 3 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.

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 5.2 cm in length. The right kidney measured 5.1 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 0.58 cm width at the caudal pole and 0.44 cm width at the cranial pole. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.53 cm width at the caudal pole and 0.47 cm width at the cranial pole.

Spleen

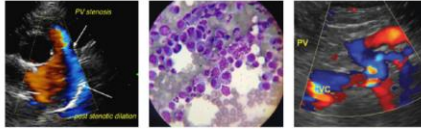
The spleen exhibited a finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. The capsule was smooth and regular without apparent expansion. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis. Acute to chronic inflammatory, neoplastic, or benign parenchyma changes were not noted.

Liver/Gallbladder

The liver presented possible borderline mild enlargement in size. The parenchyma of the liver was subjectively normal in echogenicity compared to the spleen and renal cortices. The liver parenchyma was uniform with a mildly coarse echotexture. The capsule of the liver was symmetrically rounded to mildly swollen in margination. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended in size with primarily anechoic luminal content. The cystic and common bile ducts were normal.

Gastrointestinal

The stomach presented mild to moderate wall thickening secondary to echogenic mucosa hypertrophy. Intact yet prominent wall layering was maintained and distinct. The gastric body wall measured 0.47 cm width. Mild gastric distension with primarily anechoic fluid was present extending to the level of the pyloric outflow. There were no signs of obstruction or foreign material

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fredgromalak@gmail.com**Clinical Sonography & Telectology**

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The duodenum exhibited intact mildly prominent wall layering with minor duodenal ileus to the level of the duodenal flexure. Within the upper to mid jejunum a strongly shadowing focal to segmental luminal echo was present measuring 3-4 cm in diameter. The associated jejunal walls exhibited mild to variable mural hypertrophy, decreased mural echogenicity and indistinct wall layering. Segments of jejunum likely proximal to the shadowing luminal echo contained mild associated retained fluid. Empty jejunum distal to the echo was present extending caudally to the level of the ileum.

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.

Free Abdomen

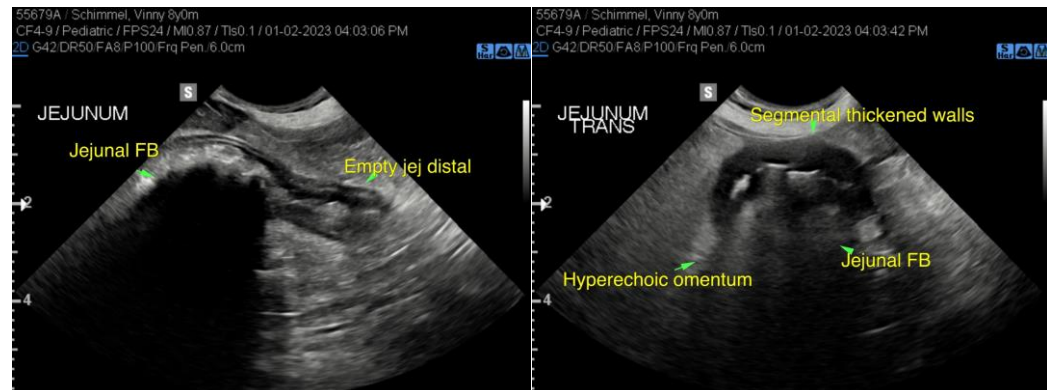
No omental masses, significant lymphadenopathy or peritoneal free fluid was present. Mild benign/reactive jejunal lymphadenopathy suspected. Mild peri jejunal hyperechoic mesentery noted around the mildly thickened jejunal segments.

ULTRASONOGRAPHIC FINDINGS

- Jejunal foreign body with associated mild proximal jejunal obstructive pattern and suspected secondary segmental inflammatory jejunal mural changes, empty jejunum distal
- Associated mild peri jejunal hyperechoic mesentery-suspect secondary reactive inflammatory changes
- Gastritis/gastroduodenitis with moderate retained gastric fluid-no overt evidence of gastroduodenal foreign body
- Benign hepatopathy-suspected metabolic/reactive/vacuolar hepatic changes

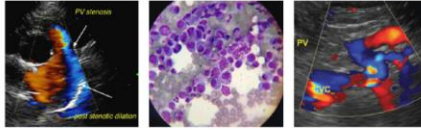
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Laparotomy with enterotomy and gross inspection of the generalized GI tract +/- GI biopsies is suggested. The mural changes in the segmental jejunum containing the foreign body are likely consistent with secondary inflammatory changes, minor potential for emerging neoplastic process is thought less likely. Potential for resection and anastomosis cannot be definitively excluded. No overt evidence of overt intestinal perforation or overt peritonitis was observed.



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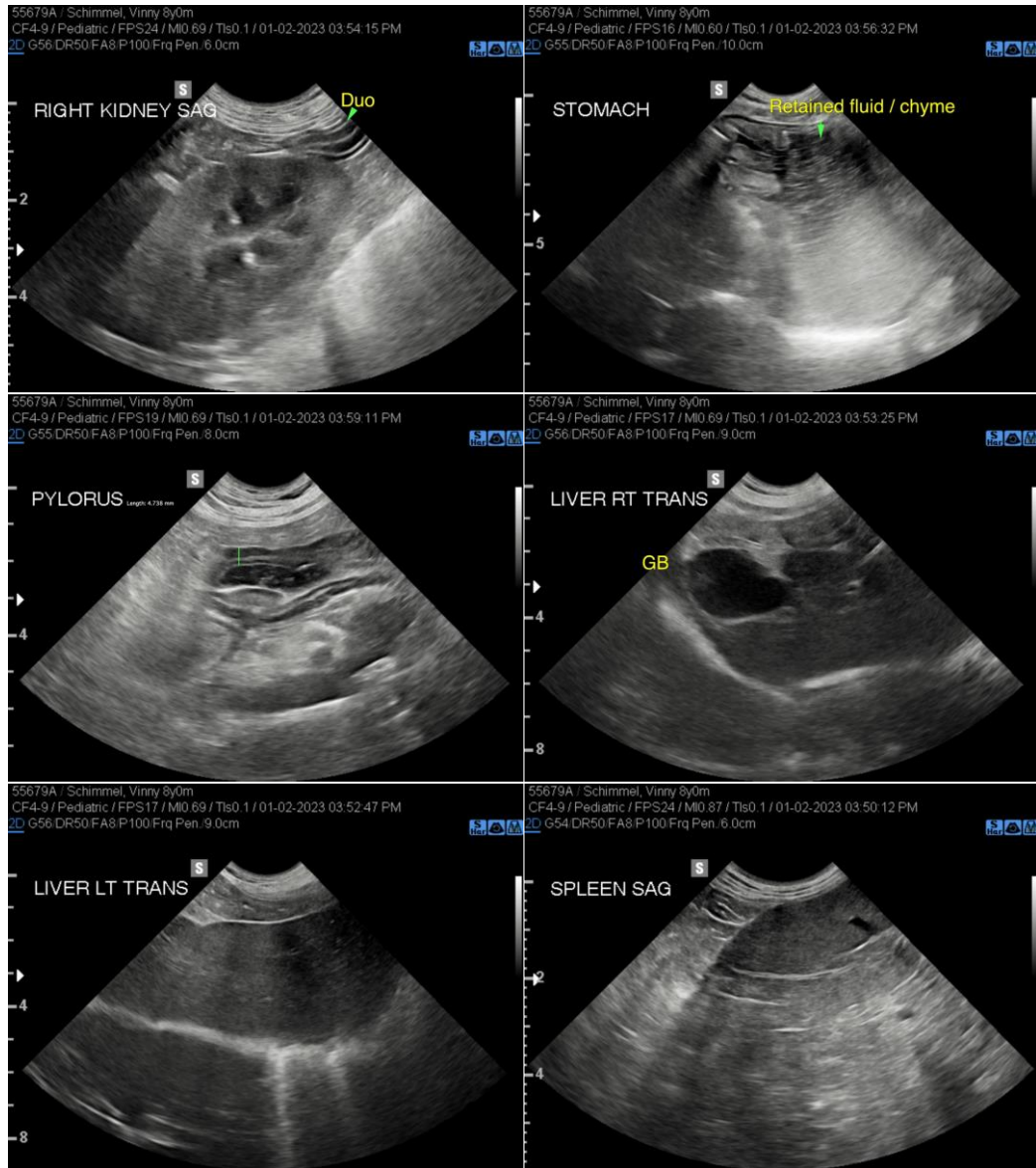
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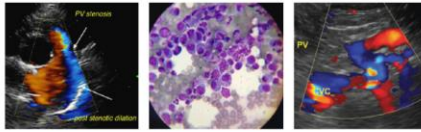
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

Thank you for this referral. If the clinical or image interpretation does not parallel your findings or if I can be of any further assistance please contact me.

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

info@SonoPath.com