



PATIENT

Geordi Jaramillo

SPECIES

Canine

BREED

Poodle Mix

SEX

NM

AGE

5 Years

WEIGHT

14.6 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Rivera

HOSPITAL NAME

DPC Veterinary
Hospital

REFERRING VET

Dr. Rivera

INVOICE

49726

DATE

1-21-22

PRESENTING CLINICAL SIGNS

Reason for Visit: V/D History: P presents for v/d for 2 days. P was here 1/2/22 for same issue, O states he improved for 2 weeks but now back at it again. P has been vomiting bile and having diarrhea. O tried feeding P some meat but feels like it made it even worse. P is refusing to eat now. Per O did not get into trash or any table scraps.

Abnormal PE/Chem/CBC/UA Results: CV/Respiratory: Normal heart rate and rhythm, no murmur, pulses strong and synchronous, normal bronchovesicular sounds. EENT: Clear OU and AU. No nasal discharge. No cough on tracheal palpation. Oral cavity: Mild to moderate dental tartar Musculoskeletal: BCS = 5/9. Ambulatory x 4 Uro/Perineum: No significant lesions Abd/GI: Soft, non-painful. Borborygmus. ~lime sized, firm, non-painful mid-abdominal structure. No fluid wave palpated Lymph Nodes: No peripheral lymphadenopathy Neurological: Alert and appropriate. No significant abnormalities Skin: Good hair coat. No ectoparasites seen Mentation: QAR Hydration: < 5% dehydration

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.

No overt pathology in the area of the residual prostate.

No evidence of pathology in the area of the aortic trifurcation.

Normal size and margination was 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 3.8 cm in length. The right kidney measured 4.3 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 0.55 cm width at the caudal pole and 0.42 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 0.52 cm width.

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 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



PATIENT	The stomach exhibited intact and sonographically unremarkable wall layering. The stomach appeared to exhibit mild to moderate gas distension. Sonographic assessment of the gastric interior was somewhat limited owing to gas. No overt evidence of retained fluid or ingesta. The ventral gastric body wall width measured 0.35 cm.
Geordi Jaramillo	
SPECIES	The small intestine exhibited segmental moderate retained fluid consistent with ileus or obstructive pattern. Focal to segmental area of intestinal mural hypertrophy with indistinct to loss of discernible wall layering as well as potential for intussusception or plication present in the subjective mid abdomen with wall width in this area of abnormal intestine measuring up to 0.57 cm. By comparison, duodenum wall measured 0.38 cm width. Empty small intestine suspected to be distal to the segmental thickened intestine was present.
Canine	
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Poodle Mix	Normal visible colon wall layers were present with apparent formed feces in lumen.
SEX	<i>Pancreas</i>
NM	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.
AGE	<i>Free Abdomen</i>
5 Years	Regional peri-intestinal reactive mesentery and small pockets of scant free fluid. Potential for minor reactive to benign lymphadenopathy suspected.
WEIGHT	ULTRASONOGRAPHIC FINDINGS
14.6 lbs	<ul style="list-style-type: none"> • Segmental intestinal mural thickening with concurrent likely proximal moderate intestinal fluid retention consistent with ileus/obstructive pattern - focal to segmental intestinal mural mass, intussusception versus plication possible. • Associated mild regional peri-intestinal peritonitis. • Mild gas distended stomach.
INTERPRETED BY	INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	Potential for more generalized intestinal mural disease in the surrounding intestine adjacent to the intestinal mural mass, intussusception, or plication cannot be definitively excluded. However, the focal area of intestinal mural thickening appears to at least be partially obstructive.
IMAGING PERFORMED BY	Exploratory laparotomy for gross inspection of the intestinal tract with high potential for resection anastomosis of the abnormal portion of intestine along with generalize gross inspection of the intestine and intestinal biopsies despite exploratory findings recommended.
Dr. Rivera	
HOSPITAL NAME	Given potential for regional peri-intestinal peritonitis, perioperative antibiotics should be considered.
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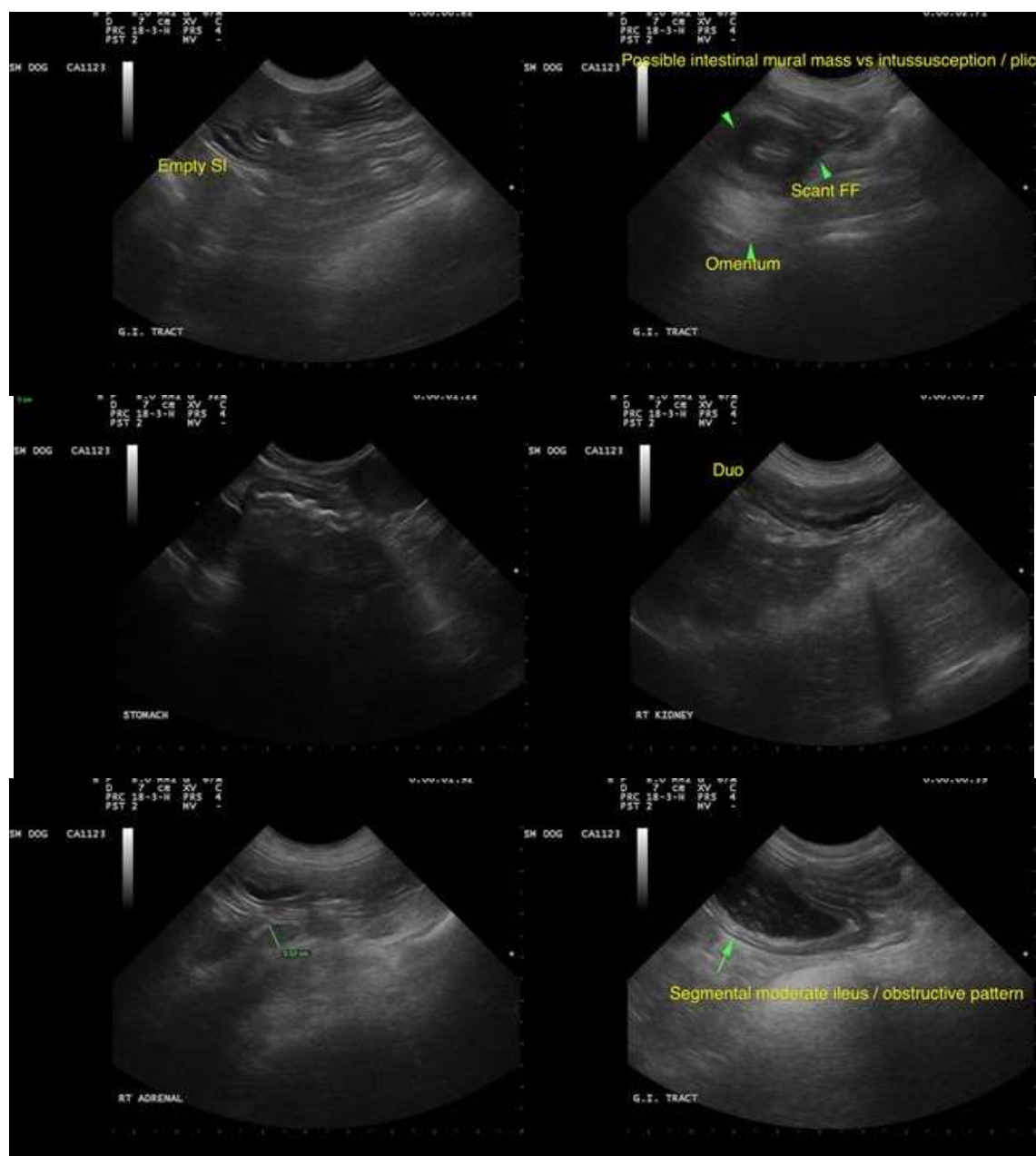
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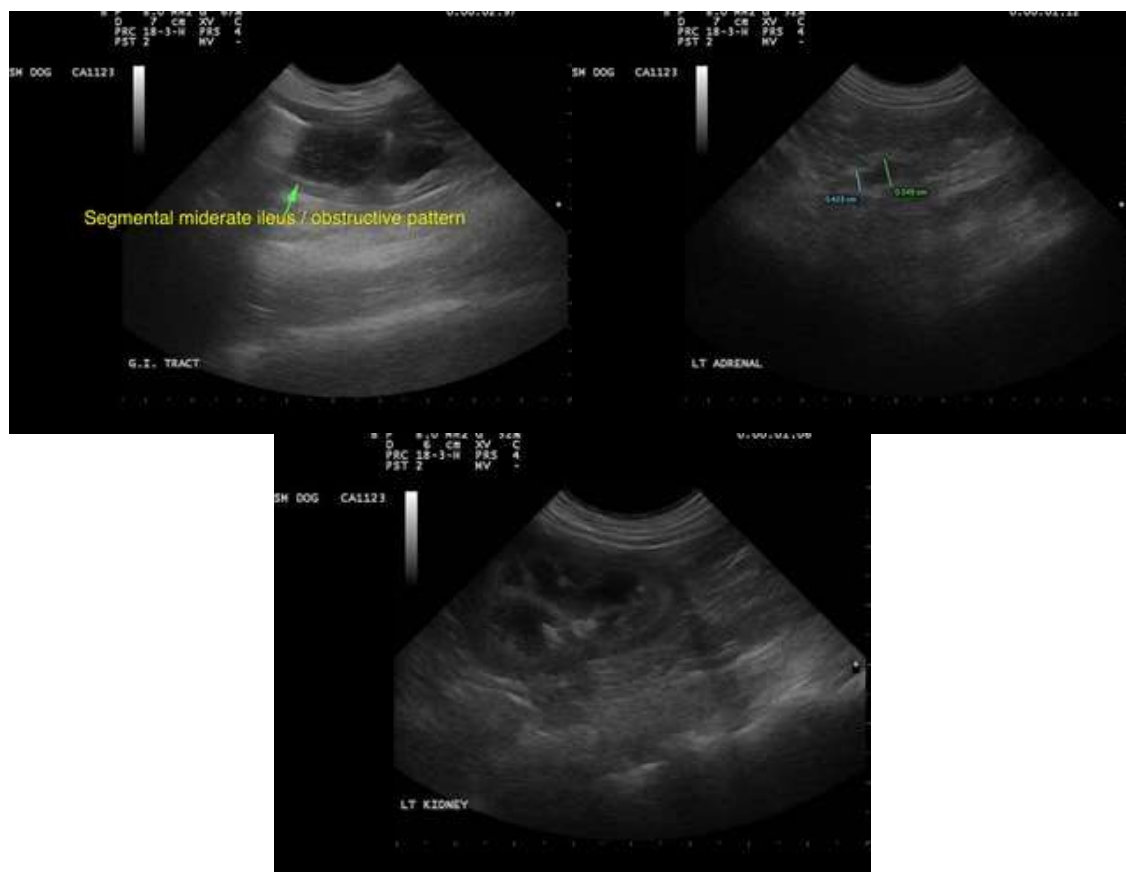
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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