



PATIENT PRESENTING CLINICAL SIGNS

Daisy Baumgartner History: losing weight, vomiting meds: LRS, ampicillin, metronidazole

SPECIES Abnormal PE/Chem/CBC/UA Results: elevated BUN, pH

Canine

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

BREED The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 4.0 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.

Lab

SEX

Intact Female

Normal size and margination were present in the kidneys. A normal 1:3 cortex / medulla ratio was maintained. The medulla and cortices were uniform in texture with some increased echogenicity and loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The left kidney measured 6.3 cm in length. The right kidney measured 7.3 cm in length.

AGE

15 Years

Adrenal Glands

WEIGHT

17.5 kg

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 2.6 cm in length x 0.75 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 2.5 cm in length x 1.1 cm width at the caudal pole.

INTERPRETED BY

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

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.

IMAGING PERFORMED BY

Kelly Reschny

HOSPITAL NAME

St. Catharine's AH

Liver

The liver was subjectively normal in size, structure, and contour. The liver parenchyma was mildly nonuniform and hypoechoic to the spleen with a moderate coarse echotexture and subjective mild to benign parenchymal remodeling. The hepatic and portal vasculature were normal in appearance without signs of congestion.

REFERRING VET

Dr. Boctor

The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.

INVOICE

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Gastrointestinal

The stomach exhibited intact and sonographically unremarkable wall layering with a normal wall layer ratio. A moderate amount of retained non-shadowing ingesta/chyme was present in the stomach lumen. No overt evidence of mechanical pyloric outflow obstruction.

DATE

1/24/22



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The small intestine revealed segmental nonhomogeneous mass, measuring approximately 5.0 cm x 4.5 cm subjectively within the mid abdomen. Intestinal distention with retained non-shadowing ingesta/chyme was noted within the mid to cranial abdomen, suspected to be proximal to the intestinal mass, indicating complete to partial obstruction. Concurrent empty small intestine exhibiting intact wall layering and maintained 1:3 muscularis to mucosa ratio and without evidence of mechanical or metabolic ileus was concurrently present and likely distal to the intestinal mass. The jejunum wall measured 0.45 cm.

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

Mild evidence of periintestinal reactive mesentery. No evidence of effusion or overt significant lymphadenopathy

Other

No overt pathology in the area of the uterus or bilateral ovaries, although indistinctly visualized.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Intestinal mass- neoplasia favored. Inflammation, necrosis, intussusception, granuloma or other possible yet thought less likely.
- Associated likely proximal distended small bowel and stomach with retained ingesta/chyme, concurrent empty and sonographically unremarkable small bowel, likely distal- consistent with secondary partial to complete obstructive pattern

Secondary Findings

- Bilateral mild chronic renal changes

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Given the reported intact status of this patient, the possibility of non-intestinal origin of the mass, such as uterine origin enveloping a segment of the small intestine cannot be definitively excluded yet considered less likely.

Three-view chest radiographs recommended. Assuming no evidence of thoracic pathology and normal cardiopulmonary status, laparotomy for gross inspection of the likely intestinal mass with potential for resection anastomosis could be considered. Alternatively, abdominal CT for further assessment and surgical planning as well as assessment for nonobvious metastasis could be considered.



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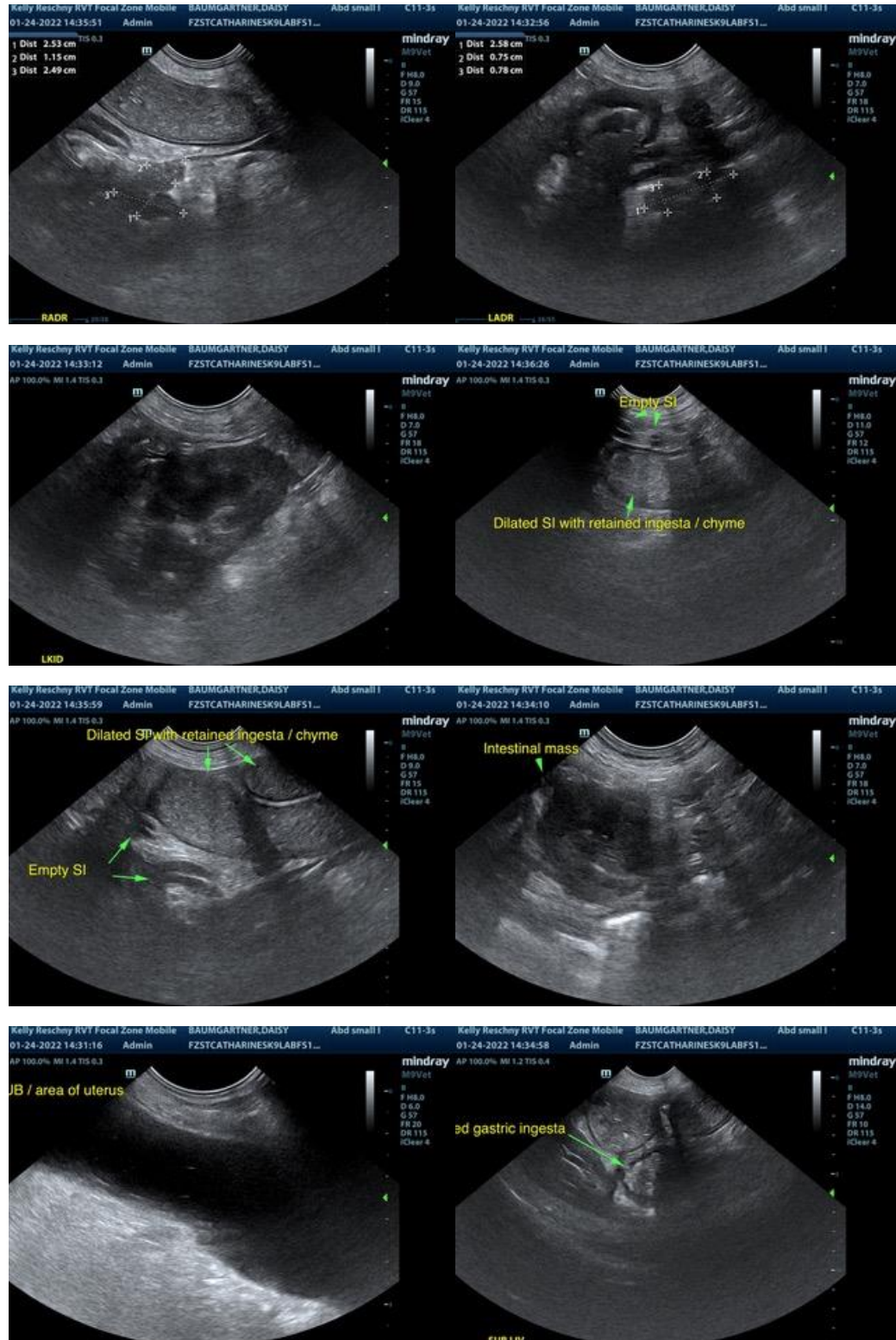
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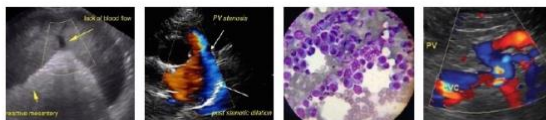
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.



PATIENT

Daisy Baumgartner

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.

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