



PATIENT

Hercules Elizondo

SPECIES

Canine

BREED

German Shep

SEX

M/N

AGE

5 years

WEIGHT

95

INTERPRETED BY

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

IMAGING PERFORMED BY

Nicole Gotfredson

HOSPITAL NAME

Buffalo VC

REFERRING VET

Garry Gotfredson
DVM

INVOICE

15976

DATE

1/27/23

PRESENTING CLINICAL SIGNS

Previous foreign body surgery 9/22/22-removed a ball at another practice. Dog presented to us today with vomiting-vomited up a foam pad this morning. Radiographs show colon gas and no obstructive pattern. Rectal exam-bloody diarrhea. Rule out foreign body

Abnormal PE/Chem/CBC/UA Results: WBC=16.98, Neutrophils=13.71, ALKP=22, CL=106

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra 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 was noted.

The area of the aortic trifurcation was free of pathology.

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 7.7 cm in length. The right kidney measured 7.8 cm in length.

Adrenal Glands

The left and right adrenal glands were not definitively visualized.

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

The stomach presented wall thickening secondary to echogenic mucosa hypertrophy. Intact wall layering was maintained and distinct. The stomach was primarily empty with subjective mild retained anechoic fluid.



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The intestinal walls demonstrated intact wall layering and maintained 1:3 muscularis / mucosa ratio. The mucosa exhibited mild decreased echogenicity with occasional mucosal speckling. A segmental generally mild to possible moderate ileus with concurrent segments of empty small intestine was present. No evidence of visualized small intestinal foreign material or evidence of small intestinal obstructive mural pathology.

Sonographically normal visible colon wall layers were present. The colon appeared to exhibit mild to possible moderate distention with non-formed fecal matter, consistent with patient history.

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 were evident.

Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

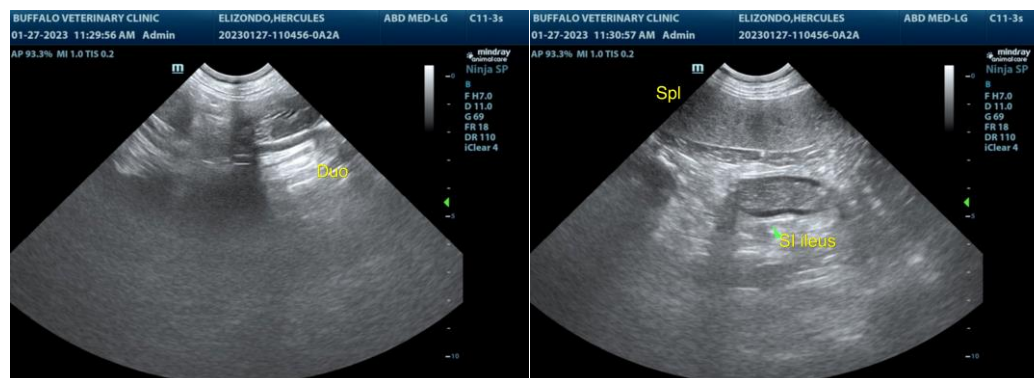
ULTRASONOGRAPHIC FINDINGS

- Acute gastroenteritis pattern
- Overtly normal colon exhibiting generalized non-formed fecal matter

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

A definitive obstructive pattern or visualized foreign material was not obvious. Overall, acute inflammatory gastrointestinal criteria with secondary non-formed fecal matter are possible. Acute gastro-enterotoxigenic insult, infectious disease, dietary indiscretion, and hemorrhagic gastroenteritis are all potentials. Technically, the possibility of a small amount of non to partially obstructive non-visualized foreign material cannot be definitively excluded, given the patient's history.

Hospitalization with 24-48/hour IV fluid, gastrointestinal support, and empirical therapy for acute hemorrhagic diarrhea syndrome/ acute inflammatory bowel episode with an assessment of clinical response would be reasonable. Sonographic monitoring of the gastrointestinal tract is likely ideal to assess for evidence of progressive gastrointestinal stasis or emerging obstructive pattern. A resting cortisol level to rule out occult Addison's Disease could be considered.





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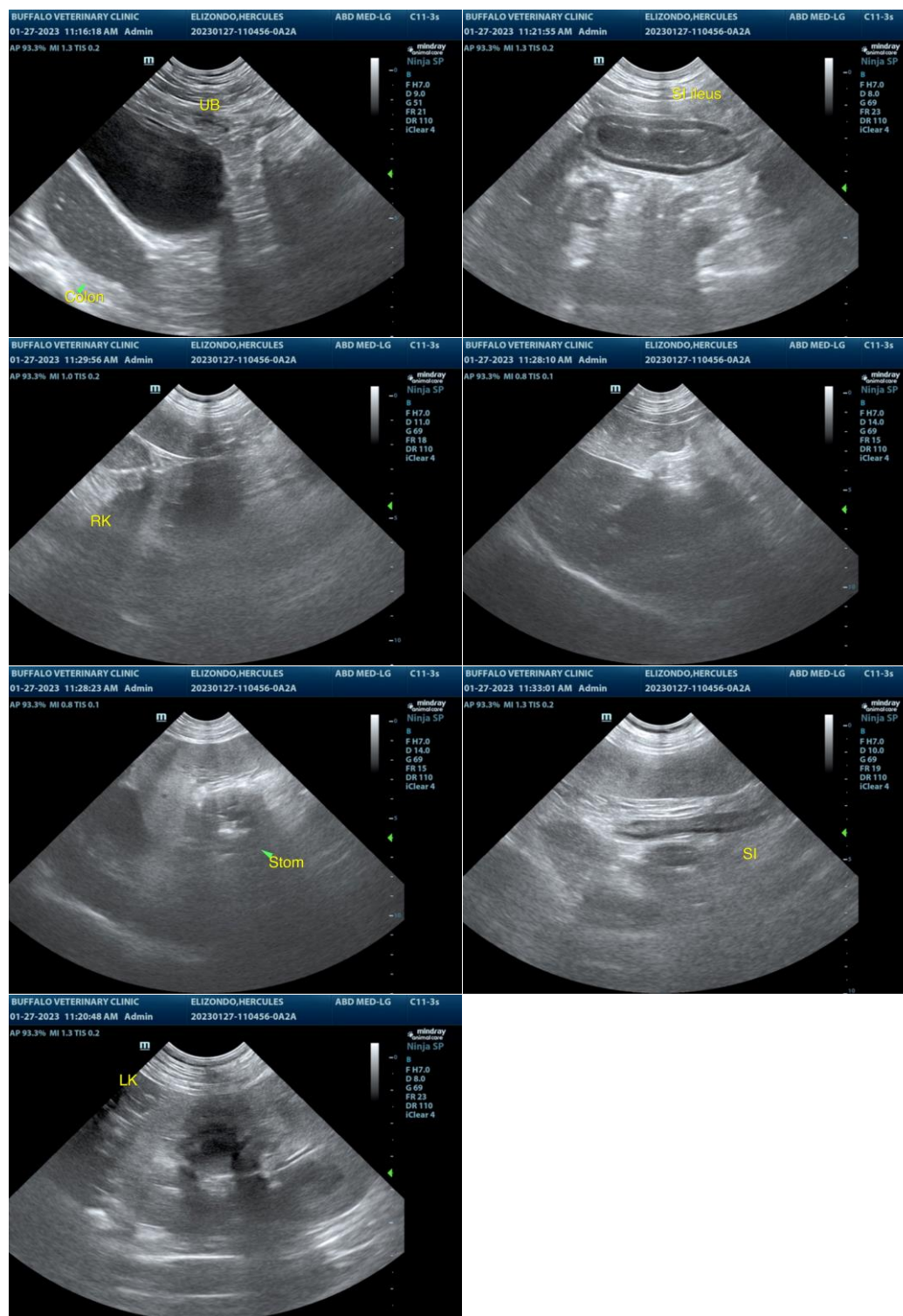
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.



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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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info@SonoPath.com

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