



PATIENT

Rue Bowers

SPECIES

Canine

BREED

Bernse Mtn Dog

SEX

Intact Female

AGE

7 Months

WEIGHT

73 Pounds

PRESENTING CLINICAL SIGNS

Ingested foreign material about 1 week ago and now vomiting. P not currently on any meds.

Abnormal PE/Chem/CBC/UA Results: Distended intestinal loops BW: pending

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2.0 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.

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.

Adrenal Glands

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 anechoic content and minor echogenic luminal debris, likely secondary to fasting. 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. Mild gastric distension with primarily anechoic fluid was present. No evidence of retained gastric ingesta, foreign material, or mechanical pyloric outflow obstruction.

The small intestine exhibited segmental to potential multiple mildly irregular, strongly shadowing luminal echoes with concurrent segmental intestinal distention with retained chyme. Example of echo measured 2-3 cm in diameter. Segmental intestinal plication exhibiting linear-like hyperechoic echo within the plicated intestinal lumen, with possible, although not definitive associated intussusception, potentially in the area of the plicated intestine. Concurrent segments of empty sonographically normal small intestine likely distal to the strongly shadowing intestinal echoes, area of plication, and possible intussusception.

Normal visible colon wall layers were present with apparent formed feces in lumen.

INTERPRETED BY

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

IMAGING PERFORMED BY

Jasmine Palacios

HOSPITAL NAME

Rivers Edge PMC

REFERRING VET

Dr. David Gray

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Pancreas

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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.

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Free Abdomen

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Intermittent enlarged mesenteric lymph nodes were present. Example measured 4.3 cm x 1.1 cm. These lymph nodes were homogenous, mildly hypoechoic and smoothly margined. A normal width: length ratio was maintained (<0.5). Evidence of perilymphatic inflammation was evident.

SEX

Intact Female

Intermittent small pocket of very scant peritoneal free fluid noted.

No evidence of pathology associated with the uterus or bilateral ovaries.

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ULTRASONOGRAPHIC FINDINGS

- Hypomotile gastritis
- Small intestinal foreign body/bodies with associated segmental obstructive pattern, concurrent linear intestinal foreign body, with secondary intestinal plication and possible intussusception.
- Likely associated intermittent mesenteric lymphadenitis and intermittent scant peritoneal free fluid

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Exploratory laparotomy with expectation toward likely multiple enterotomies recommended. Brief sonographic reassessment prior to surgery to assess for evidence of progressive peritoneal effusion or evidence of peritonitis, given this presentation, is suggested. Likely potential for resection and anastomosis pending gross inspection of the intestinal tract should be expected. Guarded to possible very guarded prognosis.

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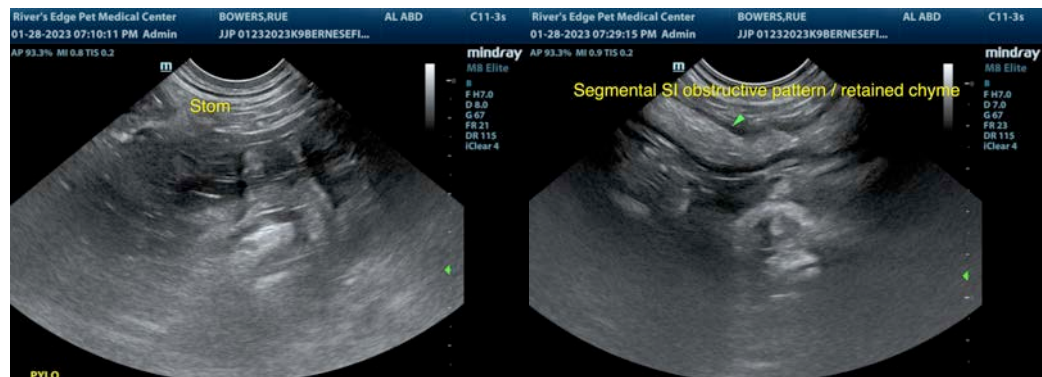
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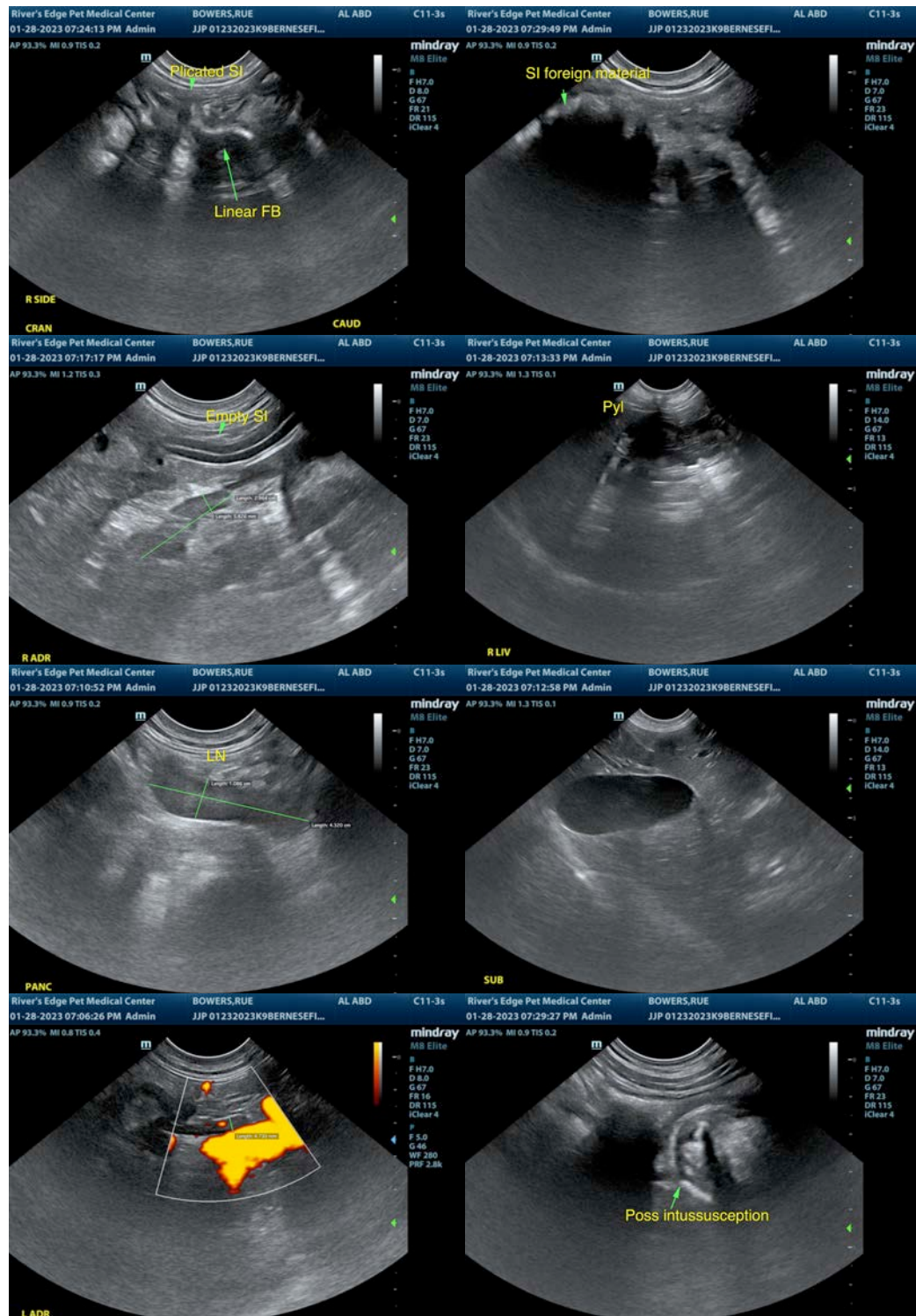
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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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