



<b>PATIENT</b>	<b>PRESENTING CLINICAL SIGNS</b>
Rhythm Dempsey	Had GDV surgery 2-3 weeks ago (staples still in skin), VERY bloated and gassy.
<b>SPECIES</b>	<b>Submitted cursory radiographs dated 12/28 revealed evidence of subjective significant pneumoperitoneum with nonspecific soft tissue retained gastric ingesta.</b>
Canine	
<b>BREED</b>	<b>ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN</b>
	<b>Urinary System</b>
Lab x	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 was noted.
<b>SEX</b>	
FS	No evidence of medial Iliac or sublumbar lymphadenopathy.
<b>AGE</b>	
9 years	Normal size and margination were present in the kidneys, although, potential for mild subnormal estimated right kidney size is possible. 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 6.8 cm in length. The right kidney measured 6.0 cm in length.
<b>WEIGHT</b>	
72 lbs.	
<b>INTERPRETED BY</b>	<b>Adrenal Glands</b>
R. McKenzie Daniel, DVM, DABVP	The left adrenal gland was overtly normal in size, position and shape measuring 2.1 cm length x 0.68 cm width at the caudal pole. The right adrenal gland was indistinctly visualized yet without overt pathology subjectively measuring 2.2 cm length x 0.78 cm width at the caudal pole.
<b>IMAGING PERFORMED BY</b>	<b>Spleen</b>
Kelly Reschny	The spleen was normal in size and maintained a symmetrical capsule contour with mild generalized splenic parenchyma heterogeneity, which may indicate a patient variant, incidental hyperplasia, hematopoiesis or similar. No evidence of splenic neoplastic criteria. Normal splenic vascularity was present.
<b>HOSPITAL NAME</b>	<b>Liver/ Gallbladder</b>
Royal Veterinary Hospital	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.
<b>REFERRING VET</b>	<b>Gastrointestinal</b>
Dr. Jaffrey	The stomach exhibited moderate to possibly marked distention with retained primarily nonshadowing ingesta extending to the area of the pyloric outflow. No evidence of mechanical pyloric outflow obstruction was noted.
<b>INVOICE</b>	
15771	
<b>DATE</b>	
1/3/22	



<b>PATIENT</b>	The small intestine presented intact wall layering and maintained a 1:3 muscularis/mucosa ratio. The small intestine was primarily empty with mild segmental nonshadowing ingesta / chyme and segmental gas.
Rhythm Dempsey	
<b>SPECIES</b>	Normal visible colon wall layers were present with apparent formed feces in lumen.
Canine	<b>Pancreas</b>
<b>BREED</b>	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.
Lab x	<b>Free Abdomen</b>
<b>SEX</b>	Focal to intermittent mesenteric nodes were present. The lymph nodes were essentially isoechoic to adjacent omentum without evidence of peripheral inflammation and maintaining a normal width: length ratio (<0.5). The lymph nodes were not consistent with inflammatory or neoplastic criteria. An example lymph node measured 3.0 cm x 1.1 cm. No overt evidence of peritoneal effusion. The possibility of persistent pneumoperitoneum cannot be excluded, although evidence of significant pneumoperitoneum as indicated by submitted previous radiographs was not overtly obvious. Subtle evidence of perigastric mild hyperechoic mesentery was noted.
FS	
<b>AGE</b>	
9 years	
<b>WEIGHT</b>	<b>ULTRASONOGRAPHIC FINDINGS</b>
72 lbs.	<ul style="list-style-type: none"> <li>Moderate to possibly marked gastric distention with retained primarily nonshadowing ingesta / luminal gas</li> </ul>
<b>INTERPRETED BY</b>	<ul style="list-style-type: none"> <li>Overtly normal small bowel exhibiting mild segmental gas pattern and nonshadowing ingesta / chyme</li> <li>Mild heterogeneous spleen - subjectively benign</li> </ul>
R. McKenzie Daniel, DVM, DABVP	
<b>IMAGING PERFORMED BY</b>	<b>INTERPRETATION OF THE FINDINGS &amp; FURTHER RECOMMENDATIONS</b>
Kelly Reschny	The presence of gastrointestinal ingesta, specifically moderate to possibly marked retained gastric ingesta may indicate post-prandial presentation. However, given recent GDV surgery, some degree of metabolic vs. mechanical gastric ileus could be possible.
<b>HOSPITAL NAME</b>	
Royal Veterinary Hospital	Empirically, monitoring for evidence of gastric emptying along with smaller more frequent feedings of bland to potential hydrolyzed diet and as-needed gastroprotectants is suggested. However, given evidence of previous to possible persistent pneumoperitoneum, re-exploratory laparotomy with gross inspection of the area of GDV repair, as well as gross inspection of the intestinal tract for evidence of perforation may be indicated if evidence of persistent gastric retained ingesta or pneumoperitoneum. Correlation with recheck abdominal radiographs is recommended.
<b>REFERRING VET</b>	
Dr. Jaffrey	
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**PATIENT**

Rhythm Dempsey

**SPECIES**

Canine

**BREED**

Lab x

**SEX**

FS

**AGE**

9 years

**WEIGHT**

72 lbs.

**INTERPRETED BY**

R. McKenzie Daniel,  
DVM, DABVP

**IMAGING PERFORMED BY**

Kelly Reschny

**HOSPITAL NAME**

Royal Veterinary  
Hospital

**REFERRING VET**

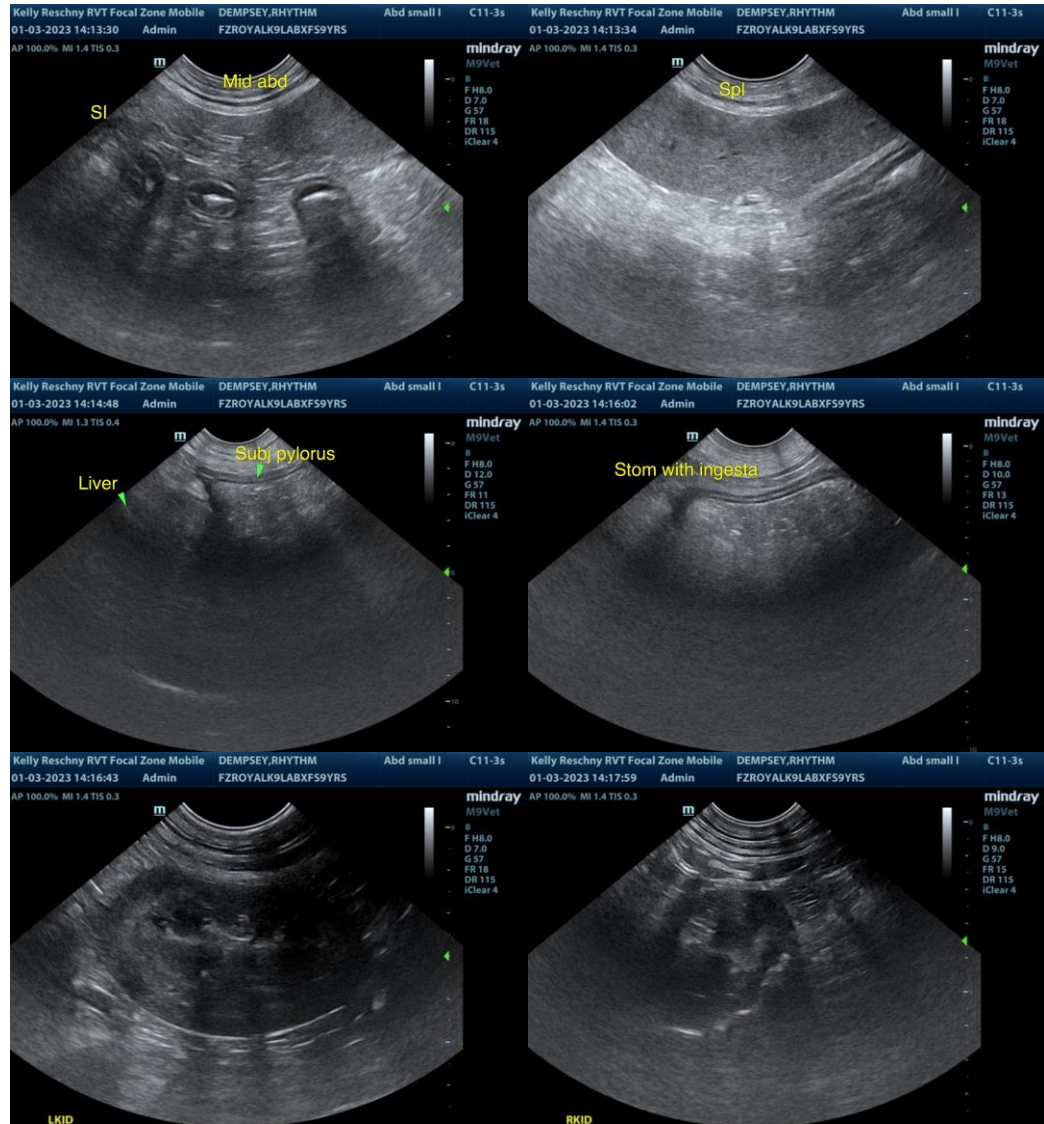
Dr. Jaffrey

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**PATIENT**

Rhythm Dempsey

**SPECIES**

Canine

**BREED**

Lab x

**SEX**

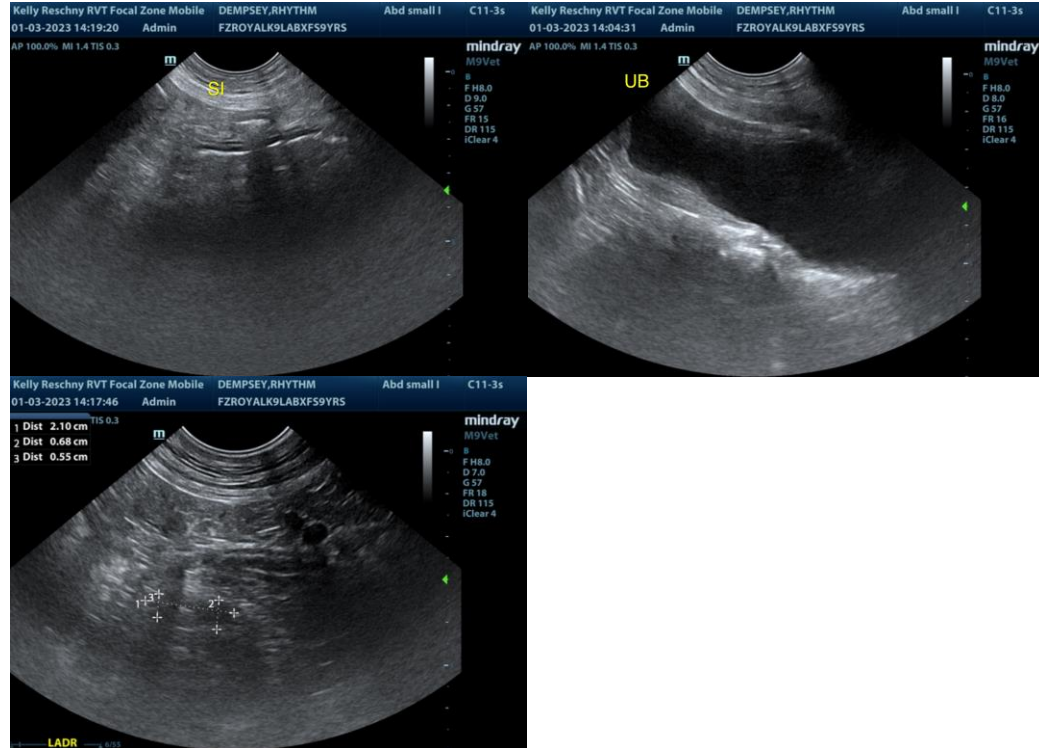
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)**  
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