



PATIENT	PRESENTING CLINICAL SIGNS
Cosmo Buskiewicz	
SPECIES	ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN
Canine	Urinary System
BREED	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 were noted.
Shih Tzu	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 3.3 cm in length. The right kidney measured 3.7 cm in length.
SEX	Adrenal Glands
MN	The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.36 cm width at the caudal pole and 0.31 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 0.59 cm width at the caudal pole.
AGE	Spleen
4yr	The spleen exhibited mildly subnormal size consistent with volume contraction with overall normal parenchyma echogenicity. The capsule was smooth and regular without apparent expansion.
WEIGHT	Liver/Gallbladder
NA	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. No evidence of a portosystemic shunt. The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content with moderate non-organized echogenic debris likely secondary to fasting/anorexia. The cystic and common bile ducts were normal.
INTERPRETED BY	Gastrointestinal
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	The stomach presented mild wall thickening secondary to echogenic mucosa hypertrophy. Intact wall layering was maintained and distinct. Mild gastric distension with primarily anechoic fluid was present.
IMAGING PERFORMED BY	REFERRING VET
Shari Reffi CVT	The small intestine presented intact variably prominent wall layering with a variably prominent and mildly thickened to hyperechoic submucosa layer. Within a mid-abdominal intestinal segment consistent with jejunum, a spherical shadowing echo measuring up to 2.5 cm in diameter was present. Regional probable proximal but possible distal obstructive pattern present around the intestinal shadowing echo with minor retained chyme. Concurrent segments of empty small intestine were present to the level of the ileocolic junction.
HOSPITAL NAME	INVOICE
Newton Vet	12622ag
DATE	Pancreas
01/07/2023	The colon walls presented intact yet mildly prominent wall layering with mild thickened to echogenic submucosa. Nonformed fecal matter was present in the colon lumen with lumen dilation.



PATIENT

Cosmo Buskiewicz

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.

SPECIES

Canine

Free Abdomen

Focally enlarged mid abdominal mesenteric lymph nodes were present. These lymph nodes were homogenous, mildly hypoechoic and smoothly marginated. A normal width: length ratio was maintained (<0.5). Evidence of perilymphatic inflammation was evident. An example of lymph node size was 2.0 cm x 0.6 cm.

BREED

Shih Tzu

Peri intestinal hyperechoic mesentery was present with intermittent pockets of mild peritoneal free fluid.

SEX

Rapid view of the heart revealed no evidence of pericardial masses or effusion in the visible window with overtly normal cardiac chamber sizes and subjective adequate LV systolic function.

MN

ULTRASONOGRAPHIC FINDINGS

AGE

4yr

- Enterocolitis pattern with jejunal foreign body and secondary segmental partial intestinal obstructive pattern
- Associated mesenteric lymphadenitis and generalized primarily peri intestinal reactive mesentery
- Intermittent mild peritoneal free fluid
- Normal volume liver-likely low-grade reactive hepatopathy

WEIGHT

NA

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

INTERPRETED BY

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

The mild intestinal mural changes may indicate inflammation secondary to passing of the jejunal foreign body however underlying primary intestinal disease i.e. IBD, PLE or other with less likely potential for infiltrative intestinal neoplasia could be possible. The omental hyperechogenicity and mild free fluid may be secondary to current intestinal inflammation. Potential for mild to emerging peritonitis possible.

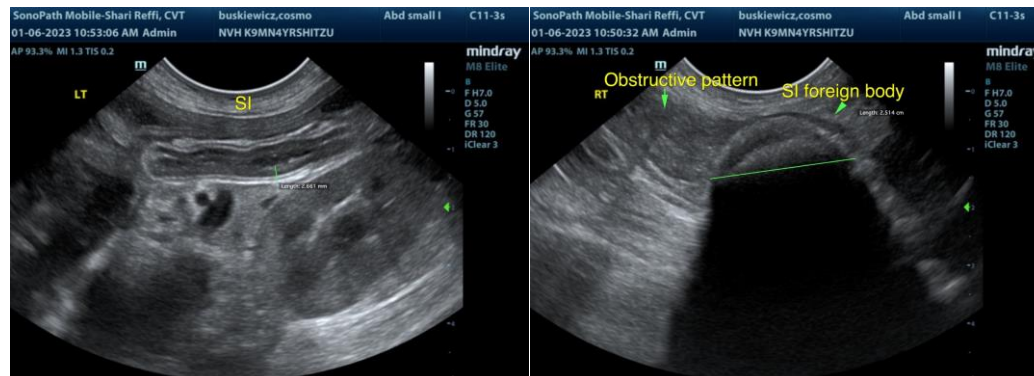
IMAGING PERFORMED BY

Shari Reffi CVT

If the patient can be stabilized, exploratory laparotomy with enterotomy and with intestinal biopsies considered essential is recommended.

HOSPITAL NAME

Newton Vet



REFERRING VET

Dr. Kim

INVOICE

12622ag

DATE

01/07/2023



PATIENT

Cosmo Buskiewicz

SPECIES

Canine

BREED

Shih Tzu

SEX

MN

AGE

4yr

WEIGHT

NA

INTERPRETED BY

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

IMAGING PERFORMED BY

Shari Reffi CVT

HOSPITAL NAME

Newton Vet

REFERRING VET

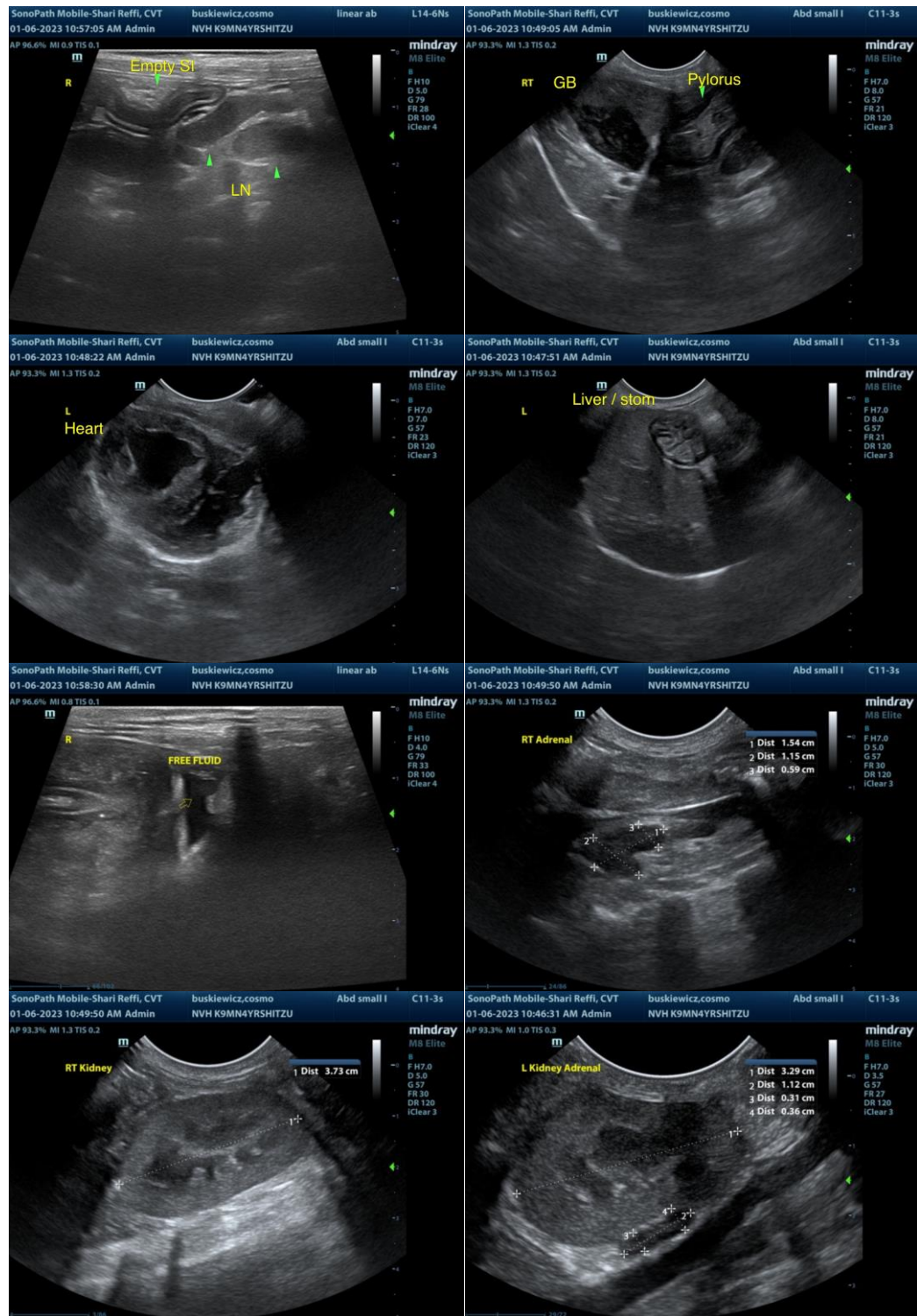
Dr. Kim

INVOICE

12622ag

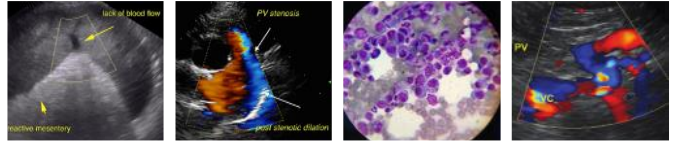
DATE

01/07/2023



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



PATIENT

can be of any further assistance, please contact me.

Cosmo Buskiewicz

SPECIES

Canine

BREED

Shih Tzu

SEX

MN

AGE

4yr

WEIGHT

NA

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

Shari Reffi CVT

HOSPITAL NAME

Newton Vet

REFERRING VET

Dr. Kim

INVOICE

12622ag

DATE

01/07/2023