



**PATIENT**

Parker Mandel

**PRESENTING CLINICAL SIGNS**

vomiting, anorexia, possible fb

**SPECIES**

Canine

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

The urinary bladder 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 prostate was of expected size and presentation for a young intact male canine.

**BREED**

Bernse X

The area of the aortic trifurcation was free of pathology.

**SEX**

Male

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 5.8 cm. The right kidney measured 5.1 cm. Potential for mild subnormal size of the right kidney compared to the left, although measurement variability suspected.

**AGE**

6 Months

**Adrenal Glands**

**WEIGHT**

35 Pounds

The adrenal glands were uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 2.3 cm length x 0.75 cm at the caudal pole. The right adrenal gland was not definitively visualized.

**INTERPRETED BY**

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

**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.

**IMAGING PERFORMED BY**

Jenn

**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 thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.

**HOSPITAL NAME**

Rockaway AH

**Gastrointestinal**

**REFERRING VET**

Dr. Bednar

The stomach presented intact and sonographically unremarkable wall layering. A moderately sized, asymmetrical marginated, strongly shadowing echo was noted within the gastric lumen measuring 3.0 cm in diameter, extending into the area of the pyloric outflow. The upper duodenum revealed probable extension of the gastric echo with concurrent linear component extended caudally within the mid to descending duodenum with secondary duodenal plication. Suspected separate intestinal echo noted in the cranial abdomen with subjective segmental intussusception. Concurrent segments of empty small bowel (likely distal) present. Minor inflammatory mural changes subjectively within the duodenum. The majority of the small intestine maintained intact wall layering with 1:3 muscularis/mucosa ratio. Intermittent small pockets of scant peritoneal free fluid, which is likely suggestive of physiologic free fluid, assuming normal albumin levels. Minor peri intestinal reactive mesentery. No obvious evidence of peritonitis or significant lymphadenopathy.

**INVOICE**

41936

**DATE**

10/10/22



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The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. The lumen of the small intestine was empty with no signs of ileus, obstruction or foreign material.

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

**SPECIES**

Canine

**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.

**BREED**

Bernse X

**ULTRASONOGRAPHIC FINDINGS**

**SEX**

Male

- Gastric to gastroduodenal foreign body with concurrent linear component and secondary duodenal plication.
- Probable separate intestinal foreign body and concurrent segmental small intestinal intussusception.

**AGE**

6 Months

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The gastric foreign body is suspected to be anchored with concurrent duodenal and segmental intestinal foreign body with secondary duodenal plication and concurrent segmental intussusception. Exploratory laparotomy with expectation toward gastrotomy with enterotomy to potential enterotomies +/- resection of the probable intussusception depending upon reducibility and gross appearance of the intestinal tract at the time of surgery is recommended.

**WEIGHT**

35 Pounds

**INTERPRETED BY**

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(Canine and Feline)

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Jenn

**HOSPITAL NAME**

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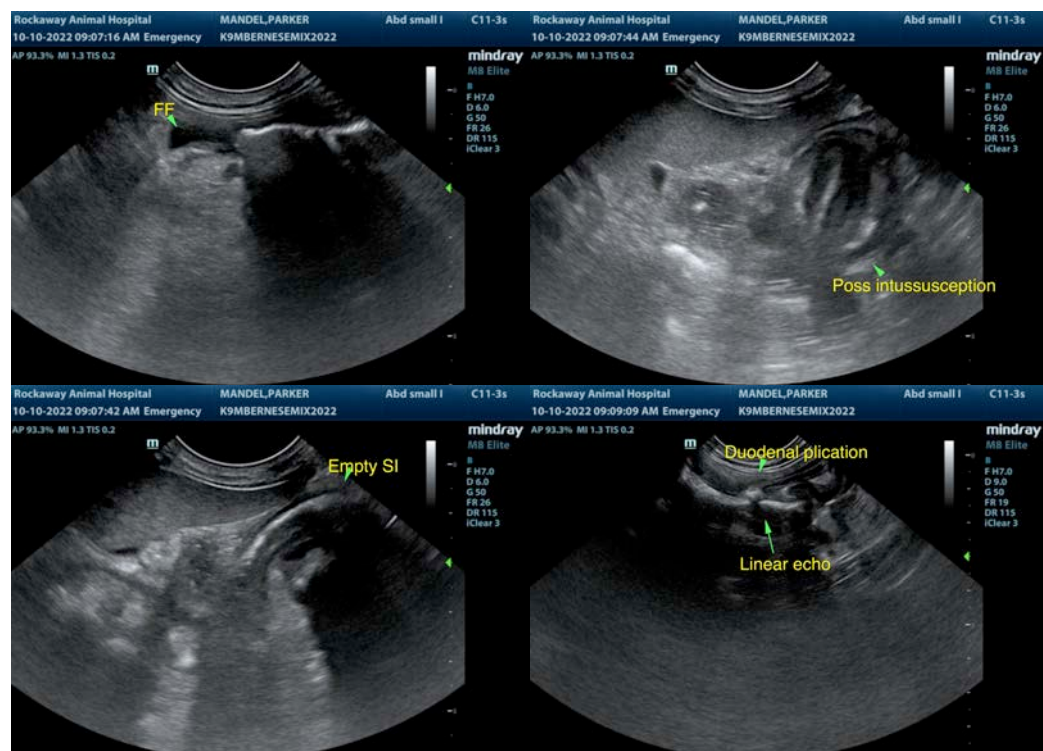
Dr. Bednar

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**SPECIES**

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**SEX**

Male

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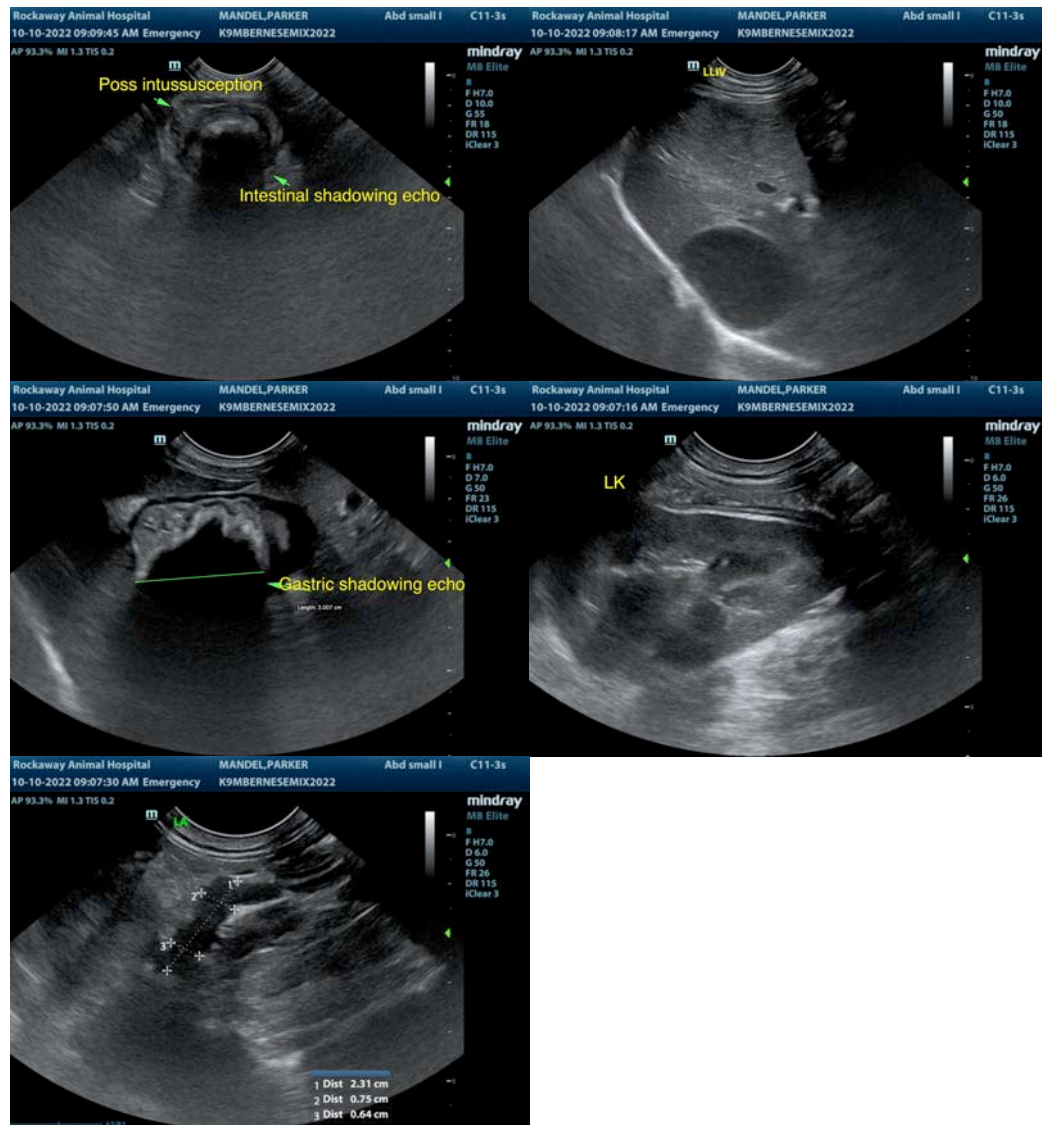
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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