



PATIENT PRESENTING CLINICAL SIGNS

Charity Musselman History: Severe GI symptoms, vomiting, diarrhea, intermittent anorexia, concern for possible pancreatitis, mass, IBD, etc

SPECIES Medication: Ondanestron, Keflex, Pred, Entyce, SQF

Canine

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

BREED

Pitbull

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 4.0 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.

SEX

FS

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 6.6 cm. The right kidney measured 6.6 cm.

AGE

7 years

The area of the aortic trifurcation was free of pathology.

Adrenal Glands

WEIGHT

61 Pounds

The adrenal glands were subnormal in size, consistent with hypoadrenocorticism. The left adrenal gland measured 0.33 cm at the cranial pole and 0.44 cm at the caudal pole. The right adrenal gland was not definitively visualized owing to subnormal size.

Spleen

INTERPRETED BY

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

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

Rebekah Jakum, CVT
 ARDMS/RVT

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

Mill Pond VC

Gastrointestinal

The stomach exhibited severe distention with retained anechoic fluid. Potential for non-specific hyperechoic echo noted in the area of the gastroduodenal junction, although not definitive.

REFERRING VET

Dr. Kulig

The small intestine exhibited segmental intestinal plication with hyperechoic linear echo present in the lumen of the plicated intestine. A solid shadowing intestinal luminal echo was present measuring approximately 2.0 cm in diameter. Segments of normal appearing, empty, non-plicated small intestine containing mild luminal gas was visualized and likely distal to the plicated intestine. Subtle regional peri intestinal reactive mesentery was noted. No overt evidence of concurrent peritoneal free fluid.

INVOICE

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

DATE

10.13.2021



PATIENT *Pancreas*

Charity Musselman

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

No overt lymphadenopathy.

BREED

Pitbull

ULTRASONOGRAPHIC FINDINGS

SEX

FS

- Shadowing intestinal foreign body with concurrent segmental intestinal linear foreign body and secondary intestinal plication – suspect duodenal and/or jejunal involvement.
- Severe gastric fluid dilation – consistent with obstruction to gastric outflow.
- Sonographically unremarkable bilateral kidneys – suspect prerenal azotemia.

AGE

7 years

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The foreign body may potentially be anchored within the intestinal lumen, although the possibility of a small amount of foreign material anchored within the gastroduodenal junction cannot be excluded. Exploratory laparotomy with expectation toward probable multiple enterotomies as well as gross inspection of the stomach and gastroduodenal junction for evidence of retained potentially anchored foreign material is recommended. Concurrent or perioperative rehydration and correction of electrolyte abnormalities is indicated. Guarded prognosis.

WEIGHT

61 Pounds

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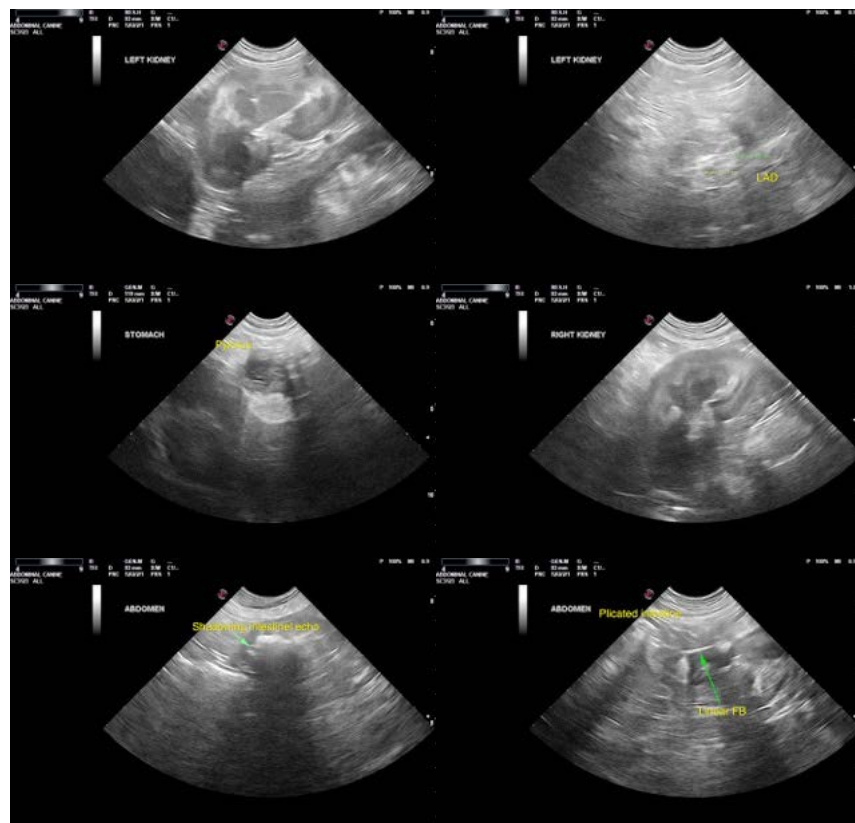
Dr. Kulig

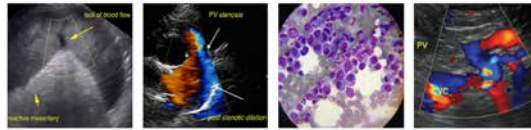
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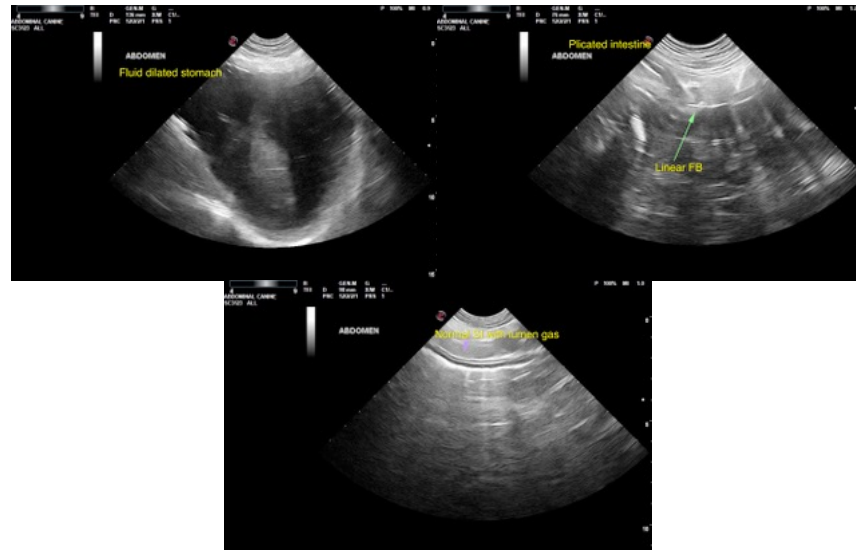
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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