



**PATIENT**

Precious Clarke

**SPECIES**

Canine

**BREED**

German Shephard

**SEX**

FS

**AGE**

13 years

**WEIGHT**

82.1 lbs.

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Jessica Miller

**HOSPITAL NAME**

North Warren AH

**REFERRING VET**

Dr. Corrado

**INVOICE**

12448

**DATE**

10/26/21

**PRESENTING CLINICAL SIGNS**

Vomiting 2 days. Possibly ate wee wee pads.

Abnormal PE/Chem/CBC/UA Results: Increased CPL

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

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.

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. The left kidney measured 6.1 cm in length. The right kidney measured 7.7 cm in length.

**Adrenal Glands**

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 2.6 cm length x 0.66 cm width at the caudal pole. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 2.8 cm length x 0.47 cm width at the caudal.

**Spleen**

The spleen was normal in size and contour exhibiting generalized splenic parenchyma heterogeneity with Intermittent small hyperechoic splenic nodules suggestive of areas of benign myelolipomas, hyperplasia, previous infarction, or emerging mineralization. One video clip exhibited a concurrent, mildly expansive, hypoechoic to nonhomogeneous nodule measuring approximately 1.7 cm in diameter. This nodule was nonspecific with considerations including hematopoiesis, hyperplasia, acute infarction, infection, focal splenitis with a potential for neoplasia.

**Liver/ Gallbladder**

The liver was subjectively normal in size, structure, and contour. The liver parenchyma was mildly nonuniform and hypoechoic to the spleen with a moderate coarse echotexture and subjective mild to benign parenchymal remodeling. The hepatic and portal vasculature were normal in appearance without signs of congestion.

The gallbladder was non-distended in size with moderate, nondependent mildly organized, echogenic luminal debris. An anechoic to hypoechoic rim noted between the dependent luminal debris and the Intraluminal wall with a subtle stellate pattern was present. The gallbladder walls were subtly echogenic yet not overtly thickened and were without evidence of peripheral inflammation. The cystic and common bile ducts were normal.



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***Gastrointestinal***

The gastric walls were sonographically unremarkable. The stomach contained a moderate amount of retained echogenic to anechoic fluid along with multiple hyperechoic shadowing luminal echoes. An example of shadowing gastric echo measured 2.0 cm in diameter.

The small intestine presented intact wall layering and maintained a 1:3 muscularis/mucosa ratio. Segmental variable jejunal ileus pattern along with focal to potentially several shadowing intestinal luminal echoes, one of which measured approximately 3.0 cm in diameter. Concurrent segments of empty small intestine were noted, likely distal to the areas of retained intestinal fluid and the shadowing echoes.

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

***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 were evident.

***Free Abdomen***

Subtle evidence of peri intestinal reactive mesentery without evidence of concurrent effusion or overt lymphadenopathy were noted.

**ULTRASONOGRAPHIC FINDINGS**

***Primary Findings***

- Moderate retained gastric fluid with multiple shadowing gastric echoes
- Segmental variable jejunal ileus with focal to potential multifocal shadowing intestinal echoes
- Nonspecific, mildly expansive, splenic nodule
- Moderate gallbladder debris - potential early gallbladder mucocele

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The presence of gastric and intestinal shadowing echoes with concurrent jejunal ileus is consistent with partially obstructive intestinal foreign bodies with probable concurrent gastric nonobstructive foreign material. Given these findings, exploratory laparotomy with gross inspection of the gastrointestinal tract with expectation toward enterotomy / potential enterotomies and / or gastrotomy, gross inspection of the spleen and gallbladder are indicated.



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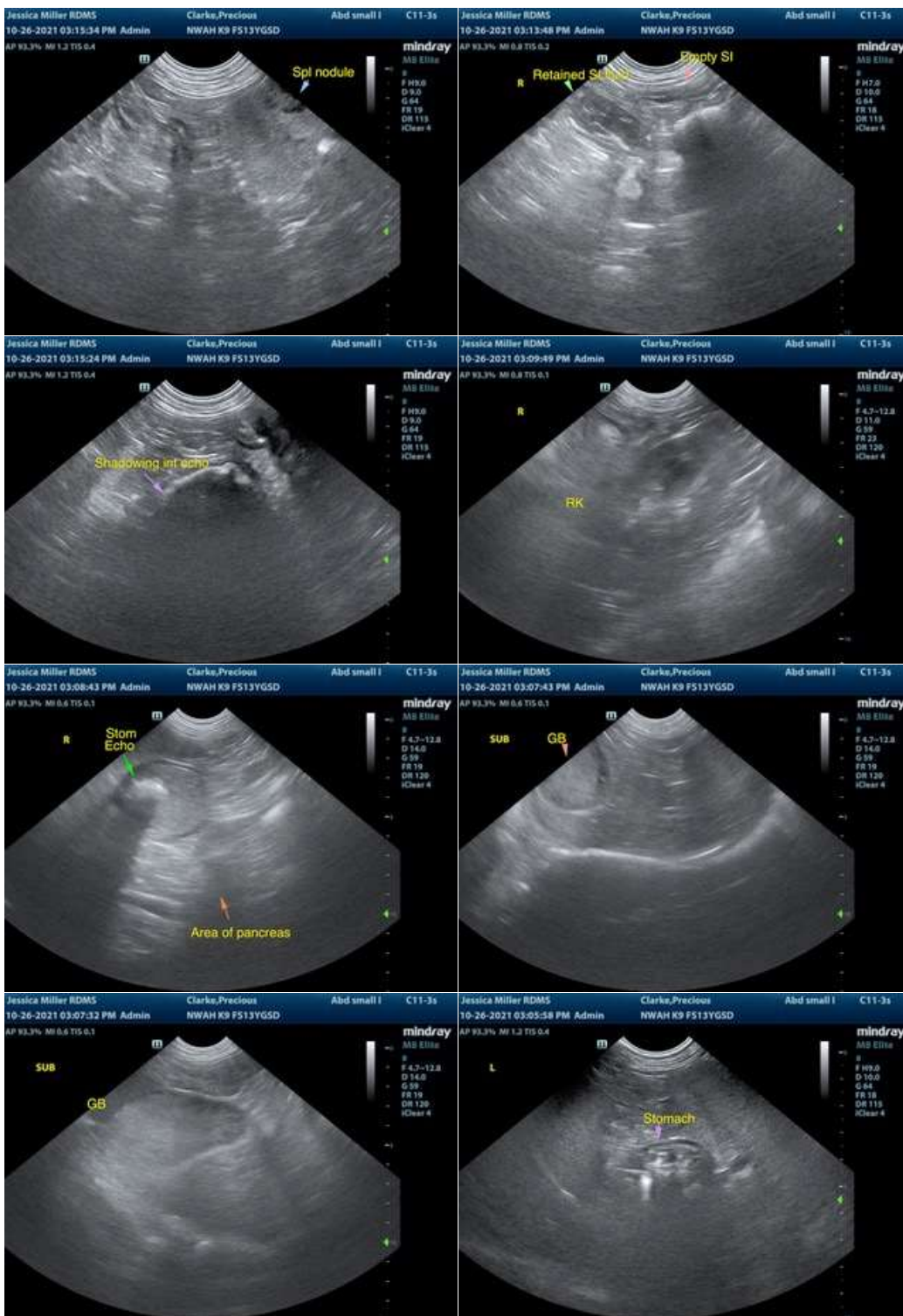
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

**R. McKenzie Daniel, DVM, DABVP (Canine / Feline Practice)**  
info@SonoPath.com