



PATIENT PRESENTING CLINICAL SIGNS

Wip Regel History: Intermittent appetite, vomiting

SPECIES ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Canine Urinary System

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 was noted.

BREED Vizsla
The residual prostate was free of pathology.

SEX Neutered Male
The area of the aortic trifurcation was free of pathology.

AGE 9 years
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 in length. The right kidney measured 5.8 cm in length.

WEIGHT 51 Pounds
Adrenal Glands
No overt pathology was noted in the area of the left or right adrenal glands.

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.

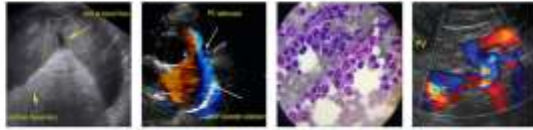
IMAGING PERFORMED BY Rebekah Jakum, CVT ARDMS/RVT
Liver/ Gallbladder
The liver was subjectively normal in size, structure, and contour. The liver parenchyma was uniform and hypoechoic to the spleen with a mild coarse echotexture. The hepatic and portal vasculature were normal in appearance without signs 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 New Britain VC
Gastrointestinal

REFERRING VET Dr. Seth Mitchell
The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach was empty with no signs of ileus, obstruction, or foreign material. The gastric body wall width measured 0.40 cm.

INVOICE 12457
The small intestine exhibited primarily Intact wall layering and maintained a 1:3 muscularis/mucosa ratio. A segment of small intestine subjectively In the area of the mid abdomen and likely Involving jejunum exhibited mural hypertrophy with intact yet altered to indistinct wall layering. This segment of intestine measured approximately 7.0 cm in diameter with wall width approaching 1.0 cm.

DATE 10.26.2021



PATIENT

Wip Regel

Associated mild metabolic ileus with abnormal segment of intestine was noted, yet no overt evidence of mechanical obstruction or foreign material. By comparison, normal-appearing duodenum measured 0.49 cm width, while normal-appearing jejunum measured 0.40 cm width.

SPECIES

Canine

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

Pancreas

BREED

Vizsla

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

SEX

Neutered Male

Subtle evidence of regional peri intestinal reactive mesentery was noted around the abnormal segment of small intestine without evidence of overt lymphadenopathy.

ULTRASONOGRAPHIC FINDINGS

AGE

9 years

Primary Findings

- Persistent segmental small Intestinal thickening with intact yet altered to indistinct wall layering - focal infiltrative (Inflammatory vs. neoplastic) enteropathy likely
- Low-grade hepatopathy - reactive hepatopathy or low-grade hepatic parenchymal inflammation, given the ALT elevation, suspected

WEIGHT

51 Pounds

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

INTERPRETED BY

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

Given the patient's clinical signs as well as persistent segmentally thickened small intestine, exploratory laparotomy with either biopsy or ideally resection anastomosis of the abnormal segment of intestine along with additional small intestinal biopsies is recommended. Three view chest radiographs are recommended prior to surgical considerations if not done.

IMAGING PERFORMED BY

Rebekah Jakum, CVT
ARDMS/RVT

Hepatic biopsies may be considered at the time of surgery, given the ALT elevation. Hepatosupportive medications empirically could also be considered.

HOSPITAL NAME

New Britain VC

REFERRING VET

Dr. Seth Mitchell

INVOICE

12457

DATE

10.26.2021





PATIENT

Wip Regel

SPECIES

Canine

BREED

Vizsla

SEX

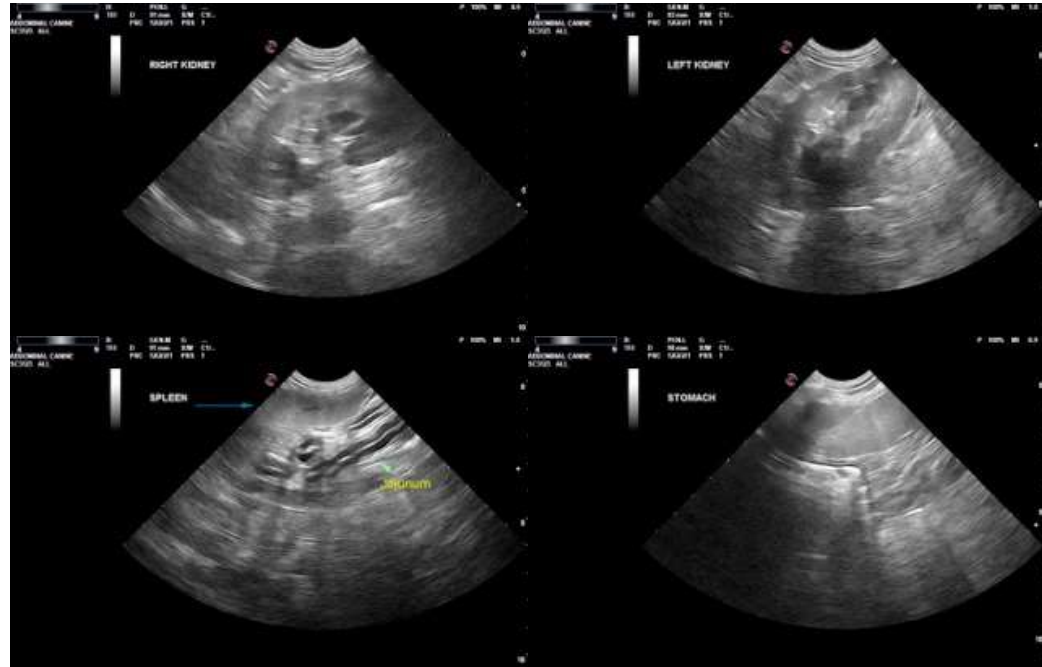
Neutered Male

AGE

9 years

WEIGHT

51 Pounds



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.

INTERPRETED BY

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

R. McKenzie Daniel, DVM, DABVP (Canine/Feline Practice)
mac.daniel@sonopath.com

IMAGING PERFORMED BY

Rebekah Jakum, CVT
ARDMS/RVT

HOSPITAL NAME

New Britain VC

REFERRING VET

Dr. Seth Mitchell

INVOICE

12457

DATE

10.26.2021