



PATIENT

Diezel Watson

SPECIES

Canine

BREED

French Bulldog

SEX

Neutered Male

AGE

8 Months 3 Weeks

WEIGHT

25.4 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Amanda Crook – SDEP
Certified Clinical
Sonographer

HOSPITAL NAME

Rivers Edge PMC

REFERRING VET

Dr. David Gray

INVOICE

26686

DATE

10/27/21

PRESENTING CLINICAL SIGNS

24 hours abdominal distension and vomiting and acting painful. Been in hospital on IVF and cerenia with buprenorphine

Abnormal PE/Chem/CBC/UA Results: See attached labwork - low electrolytes See attached radiographs - full films yesterday and follow up lateral today. Dilated stomach tuesday Pm and wednesday am, 1 sm mineralized object in small intestine

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

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

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 right kidney measured 5.5 cm. The left kidney measured 5.2 cm.

Adrenal Glands

The adrenal glands were uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 2.0 cm length x 0.46 cm at the caudal pole. The right adrenal gland measured 2.0 cm length x 0.41 cm at the caudal pole.

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.

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.

Gastrointestinal

The stomach exhibited marked distention with retained primarily anechoic fluid. The gastric walls were sonographically unremarkable, yet mildly prominent. Mild shadowing echo noted primarily within the gastric antrum and pylorus measured approximately 1.5 cm in diameter. The strongly shadowing echo occupied the majority, if not the entirety, of the duodenal lumen, extending caudally into the jejunum.

Segmental concurrent jejunal shadowing echo was present with segmental small intestinal, likely jejunal obstructive pattern exhibited by segmental jejunal moderate fluid distention. Concurrent segment of empty, normal appearing jejunum extending caudally and likely distal to the area of shadowing jejunal echoes and jejunal fluid dilation noted. Intact wall layering was noted throughout the small intestine with maintained 1:3 muscularis/mucosa ratio. Associated peri intestinal reactive mesentery and intermittent, subjectively benign to reactive mesenteric lymph nodes were present.



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

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Pancreas

SPECIES

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.

Canine

ULTRASONOGRAPHIC FINDINGS

BREED

- Severe retained gastric fluid with echogenic to shadowing primarily pyloric echo
- Duodenal and segmental jejunal shadowing echoes with segmental jejunal obstructive pattern
- Mild reactive peri intestinal reactive mesentery and intermittent benign mesenteric lymphadenopathy – likely lymphoid hyperplasia or minor reactive lymphadenitis.

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SEX

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Neutered Male

Sonographic findings consistent with gastric, duodenal and segmental jejunal foreign bodies consistent with cloth fabric or similar secondary segmental jejunal obstructive pattern and potential obstruction to pyloric outflow. Exploratory laparotomy with expectation towards likely multiple enterotomies as well as gastrotomy indicated. No overt evidence of peritonitis or intestinal perforation noted. Subjective gross evaluation of the intestine at the time of surgery recommended with potential for gastrointestinal biopsies to assess for possible underlying gastropathy.

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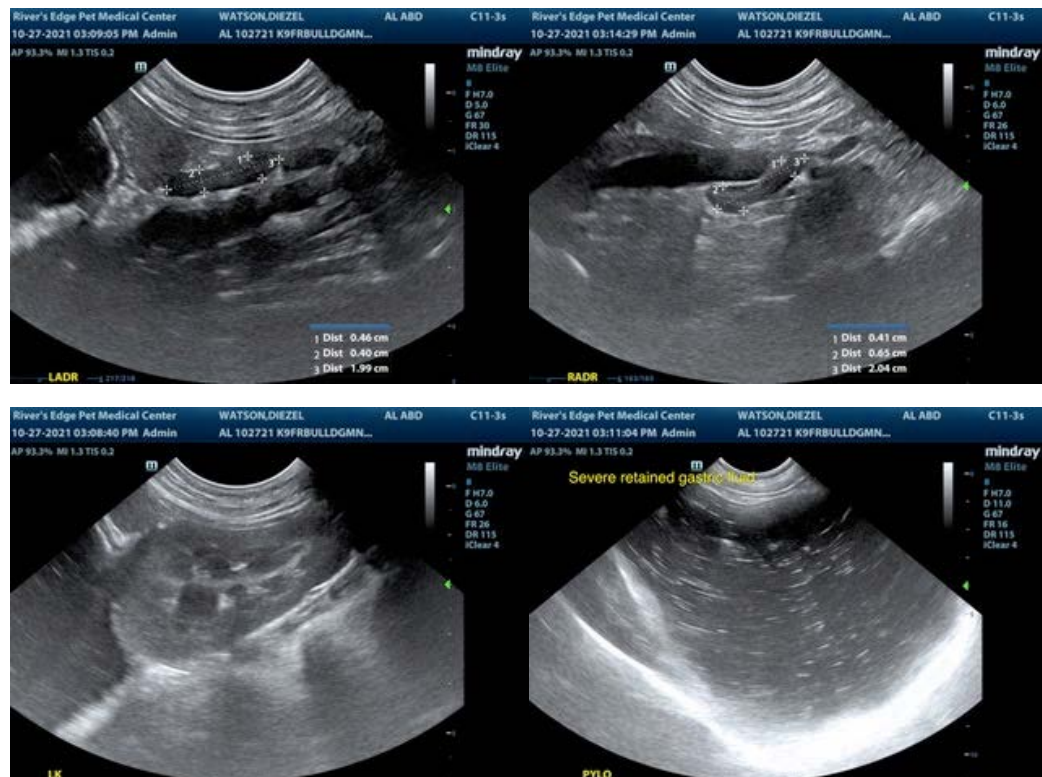
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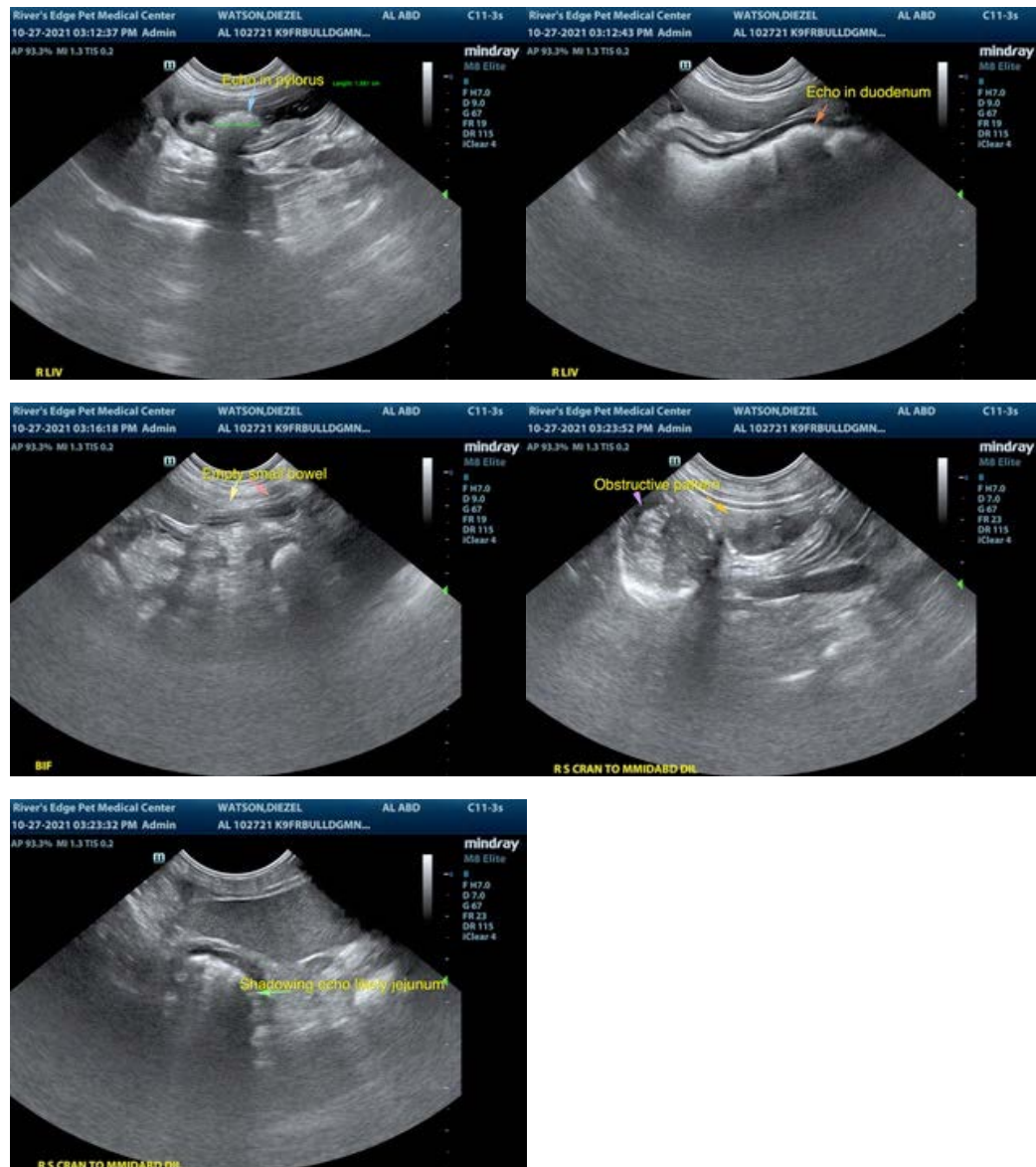
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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