



PATIENT

Igneel Ramos

SPECIES

Canine

BREED

English Bulldog

SEX

Neutered Male

AGE

2 Years 3 Months

WEIGHT

74.9 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Amanda Crook – SDEP
Certified Clinical

HOSPITAL NAME

Rivers Edge Pet
Medical Center

REFERRING VET

Dr. David Gray

INVOICE

26068

DATE

10/6/21

PRESENTING CLINICAL SIGNS

Presented 10/5 for 2 days + vomiting, lethargy and anorexia. Hospitalized on fluids, cerenia and unasyn. Fluids for 24 hours and did pass a full sock this morning prior to AUS - P has recently started to projectile regurgitate.

Abnormal PE/Chem/CBC/UA Results: See attached radiographs - foreign material in colon See attached labwork - CBC = elevated WBC, neutrophils, monocytes, CHEM = low electrolytes, Glob 4.6

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2.0 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.

The residual prostate was sonographically unremarkable.

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 7.2 cm. The right kidney measured 7.5 cm.

The area of the aortic trifurcation was free of pathology.

Adrenal Glands

The adrenal glands were uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 2.6 cm length x 0.52 cm at the caudal pole. The left adrenal gland measured 2.7 cm length x 0.59 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 anechoic fluid extending into the pyloric outflow. No evidence of mechanical pyloric outflow obstruction. The visualized gastric body walls were normal. Fluid dilation continued into and throughout the duodenum and into the segmental jejunum. The fluid dilation noted in the duodenum and jejunum was moderate to marked with both oral and aboral movement of fluid. An approximate 3.0 cm strongly shadowing echo was noted in the mid to caudal abdominal intestinal tract. Potential for additional shadowing echoes noted within the intestine. Segments of sonographically unremarkable, non-dilated intestine noted likely distal to the strongly shadowing intestinal luminal echo.



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The ileocolic junction and visualized segments of colon were sonographically unremarkable with luminal gas. Potential for concurrent colonic shadowing echo (given the patient's history) cannot be definitively excluded, yet not overtly evident. Regional primarily peri intestinal reactive mesentery noted along with minor peritoneal free fluid.

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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.

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Pancreas

English Bulldog

The pancreas was normal in size and contour with isoechoic to heterogeneous parenchyma compared to adjacent omentum. No signs of active inflammation or neoplasia.

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Free Abdomen

Intermittent, mildly prominent to enlarged mesenteric nodes were present. The lymph node was essentially isoechoic to adjacent omentum without evidence of peripheral inflammation and maintaining a normal width: length ratio (<0.5).

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ULTRASONOGRAPHIC FINDINGS

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- Marked gastric fluid retention
- Segmental mild to moderate mid to upper intestinal obstructive pattern with strongly shadowing intestinal echo to potential echoes
- Regional peri intestinal reactive mesentery and associated lymphadenopathy – probable lymphoid hyperplasia or minor reactive lymphadenitis.
- Minor peritoneal free fluid

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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This study is consistent with mid to upper intestinal tract obstructive pattern owing to intestinal foreign body to potential bodies. Some concern for regional peritonitis and associated lymphadenopathy warranted, while the possibility of emerging perforation cannot be definitively excluded. Exploratory laparotomy with expectation towards enterotomy or possible enterotomies with gross inspection of the colon and generalized gastrointestinal tract recommended. Appropriate perioperative antibiotic use suggested given the potential for peritonitis.

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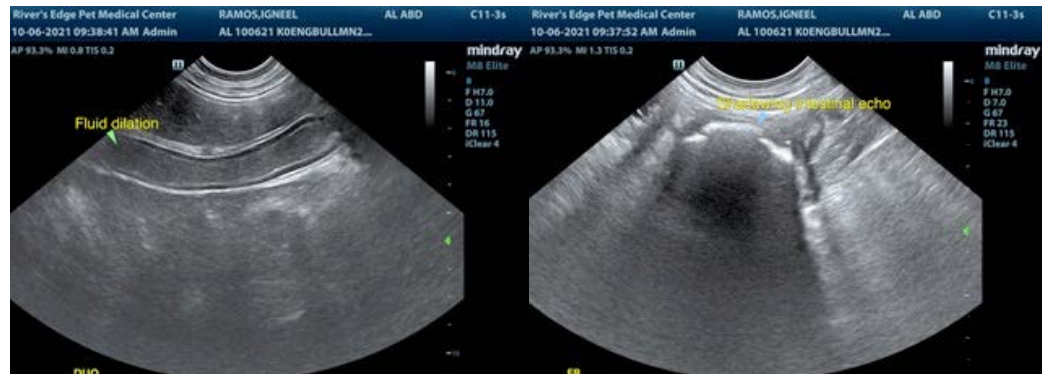
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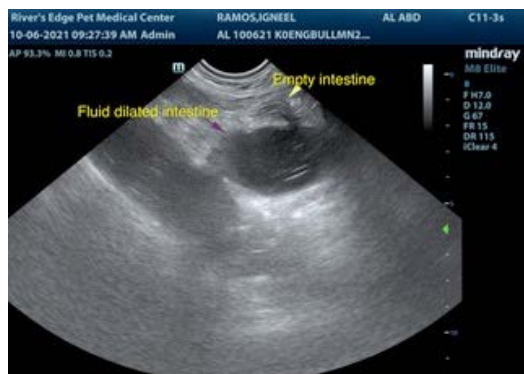
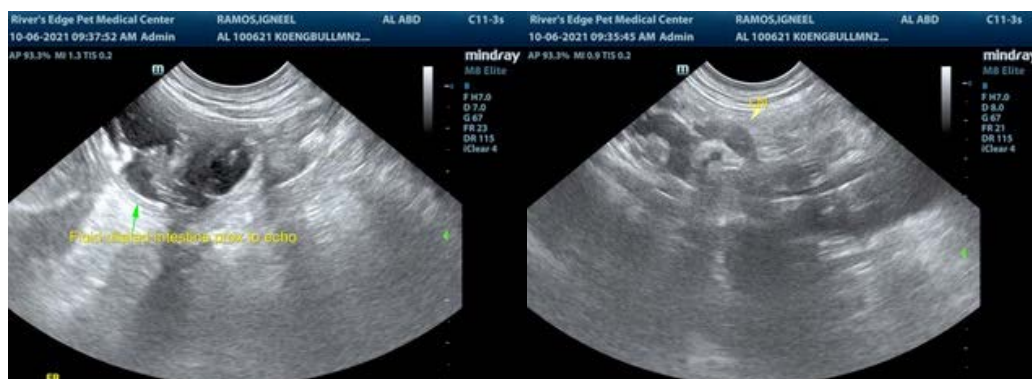
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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

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