



PATIENT

Armany Pantoja

SPECIES

Canine

BREED

Mixed

SEX

Male intact

AGE

14y

WEIGHT

11.3 lb

INTERPRETED BY

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

IMAGING PERFORMED BY

Julizza Diaz

HOSPITAL NAME

Centro Veterinario
del Norte

REFERRING VET

Dra. Damaris
Trinidad

INVOICE

15329

DATE

11/2/22

PRESENTING CLINICAL SIGNS

Patient presented to clinic on August 30, 2022 for weight loss. At that time bloodwork and xrays were performed, radiologist interpretation was: "The dilated segment of small intestine may be secondary to foreign material and a partial small intestinal obstruction. An abdominal ultrasound to evaluate why this segment is dilated (foreign material versus an intestinal mass causing a stricture) may be recommended". At that time, ultrasound was recommended but owner never presented for study. He was taken during past week to rDVM and he was hospitalized. Patient has lost 3 pounds in last 2 months.

Albumin 2.0, Amylase 499, Lipase 496, HCT 30.9, WBC 28.7 with monocytosis

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 was noted.

The prostate was mildly prominent in size with intact, symmetrical capsule contour. The margins of the gland were intact and able to be differentiated from the surrounding tissue. The prostatic parenchyma was mildly echogenic to heteroechoic without parenchymal mineralization. No overt evidence of prostatic neoplastic criteria.

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 was maintained. The medulla and cortices were uniform in texture with some increased echogenicity and mild loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The left kidney measured 4.2 cm in length. The right kidney measured 4.3 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 0.47 cm width at the caudal pole and 0.37 cm width at the cranial pole. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.55 cm width at the caudal pole and 0.56 cm width at the cranial pole.

Spleen

The spleen was subnormal in size suspected to be secondary to volume contraction. No evidence of neoplastic criteria was noted.

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



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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.

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Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach was empty with mild luminal gas. No signs of ileus, obstruction, or foreign material. The gastric body wall width measured 0.30 cm.

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The small intestine presented intact wall layering and subjective maintained 1:3 muscularis/mucosa ratio. The small intestine exhibited segmental empty lumen with concurrent segmental moderate retained nonshadowing ingesta / chyme. Adjacent to the area of segmental intestinal retained ingesta / chyme, a nonspecific shadowing echo measuring approximately 2.0 cm in diameter was present. Regional peri intestinal mild hyperechoic mesentery was noted. No obvious evidence of loss of intestinal wall layering or intestinal tumors was noted.

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

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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.

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Free Abdomen

Intermittent, mildly prominent, mesenteric lymph nodes were present. These lymph nodes were homogenous, mildly hypoechoic and smoothly marginated. A normal width: length ratio was maintained (<0.5). Evidence of perilymphatic inflammation was evident. An example of lymph node size was 1.0 cm diameter. Scant to mild pockets of primarily peri intestinal free fluid were noted.

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ULTRASONOGRAPHIC FINDINGS

- Segmental small intestinal distention with retained nonshadowing ingesta / chyme
- Nonspecific intestinal shadowing echo - concern for intestinal foreign body
- Associated mild peri intestinal mesenteric lymphadenopathy, regional peri intestinal mildly hyperechoic mesentery, and scant free fluid

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The segmental intestinal retained ingesta / chyme with concurrent segments of empty small intestine may suggest segmental metabolic vs. mechanical intestinal ileus. The exact location of the nonspecific shadowing intestinal echo was difficult to ascertain with potential colon location, although suspected intestinal location within the area of retained intestinal ingesta/chyme and secondary partial obstruction pattern is primarily concerning.

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Regardless, given this presentation, exploratory laparotomy with gross inspection of the intestinal tract and with intestinal biopsies considered essential is warranted. Primary or concurrent underlying



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inflammatory intestinal disease could also be present with intestinal neoplasia considered less likely, yet cannot be definitively excluded.

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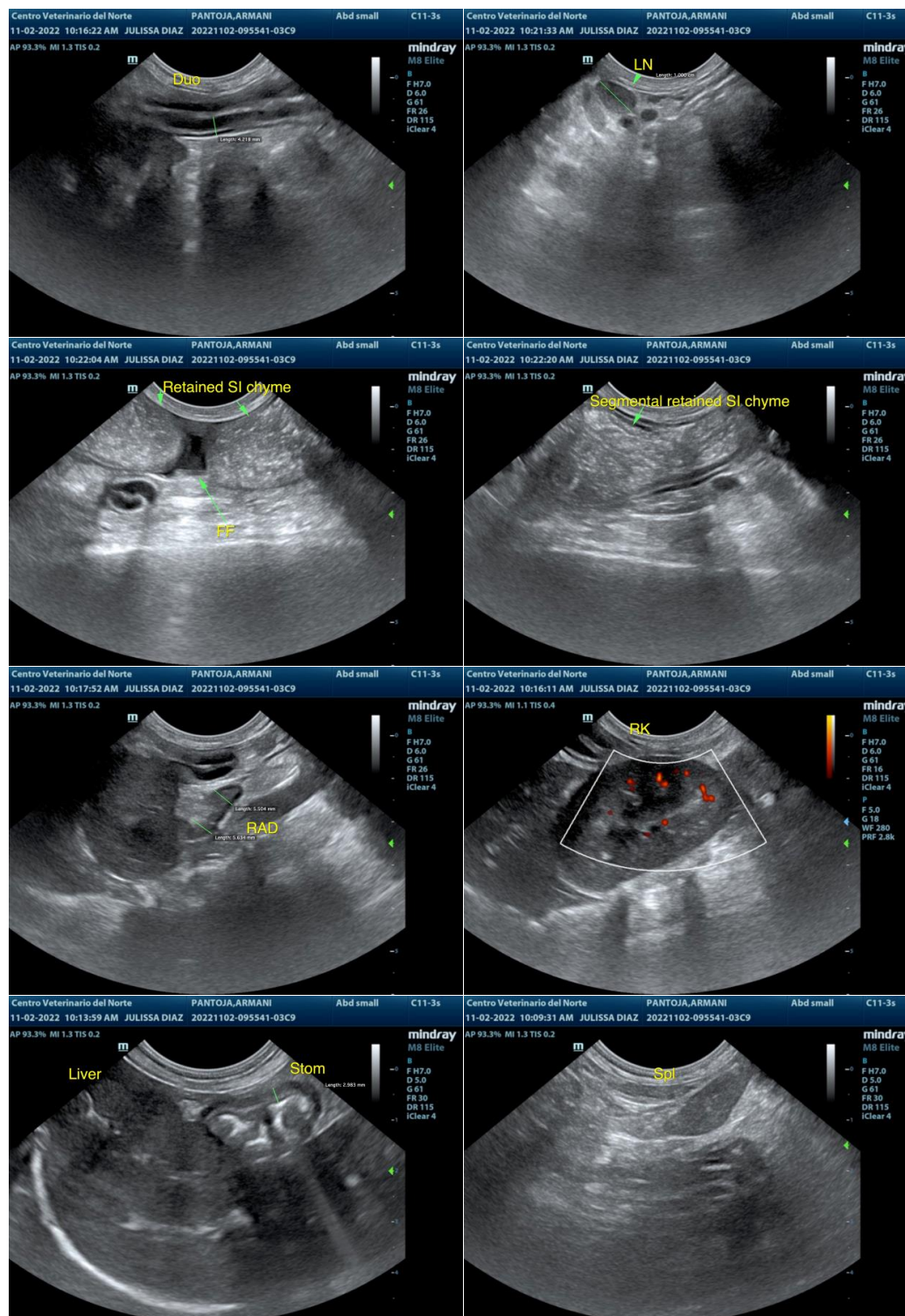
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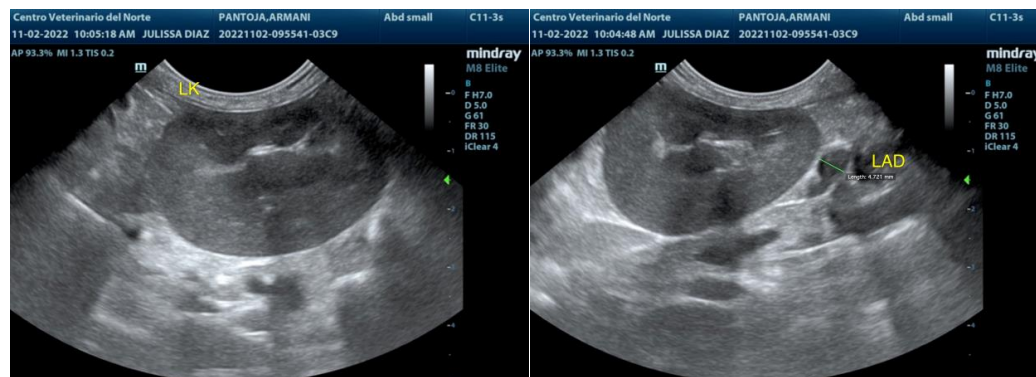
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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