



**PATIENT**

Chase White

**SPECIES**

Canine

**BREED**

Boxer

**SEX**

MN

**AGE**

6

**WEIGHT**

25kg

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Dr. Callihan

**HOSPITAL NAME**

Pacific Crest Mobile  
Vet

**REFERRING VET**

Dr.  
Johnson/Advanced  
Care Animal Hospital

**INVOICE**

12092ag

**DATE**

11/02/2022

**PRESENTING CLINICAL SIGNS**

Presented to primary care vet on 10/24 for increased frequency of vomiting. He was adopted a year ago with history of vomiting issues and occasional diarrhea but no specific etiology. He had a trial with pancreatic enzymes but this did not make a difference. The day he presented he had had many episodes of vomiting following hacking and coughing though his usual vomiting is confirmed vomit and not regurgitation. A trial of approx 1 month of omeprazole did not seem to make a difference in his GI signs.

PE: unremarkable other than slightly thin body condition 4/9

Labs: CBC normal; Chem panel normal other than albumin slightly low

His resting cortisol was normal last time checked (about 2 yr ago)

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra 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 left kidney measured 6.9 cm in length. The right kidney measured 7.0 cm in length.

The area of the aortic trifurcation was free of pathology.

The area of the residual prostate appeared normal and free of pathology.

**Adrenal Glands**

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.57 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 0.69 cm width 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**



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The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained mild to moderate retained fluid and luminal gas with no signs of ileus, obstruction or foreign material.

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The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. Focal to multifocal areas of thickened intestine likely jejunal in location, with intact yet indistinct wall layering as well as mild corrugation were present. Within a focal area of thickened intestine, a non-specific suspicious small shadowing echo measuring ~ 2.0 cm in diameter was visualized. Segments of the small intestine also exhibited retained non-shadowing ingesta/chyme.

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Normal visible colon wall layers were present with apparent semi 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 was evident.

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**Free Abdomen**

No overt lymphadenopathy or peritoneal effusion was present.

Minor peri intestinal hyperechoic mesentery was present.

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**ULTRASONOGRAPHIC FINDINGS**

- Mild retained gastric fluid-suspect metabolic gastric stasis
- Focal to multifocal thickened to corrugated small intestine, non-specific suspicious focal shadowing luminal echo and potential mild partial obstructive pattern
- Subtle peri intestinal hyperechoic mesentery-likely reactive, no overt peritonitis

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The focally thickened segments of jejunal intestine may indicate inflammatory disease, secondary reactive intestinal changes owing to chronic foreign body and mild to partial segmental obstructive pattern, stricture if possible evidence of previous foreign body surgery (unknown given history) or other enteropathy with potential neoplastic criteria less likely. Exploratory laparotomy with gross inspection of the GI tract and with biopsies considered essential despite exploratory findings is recommended.

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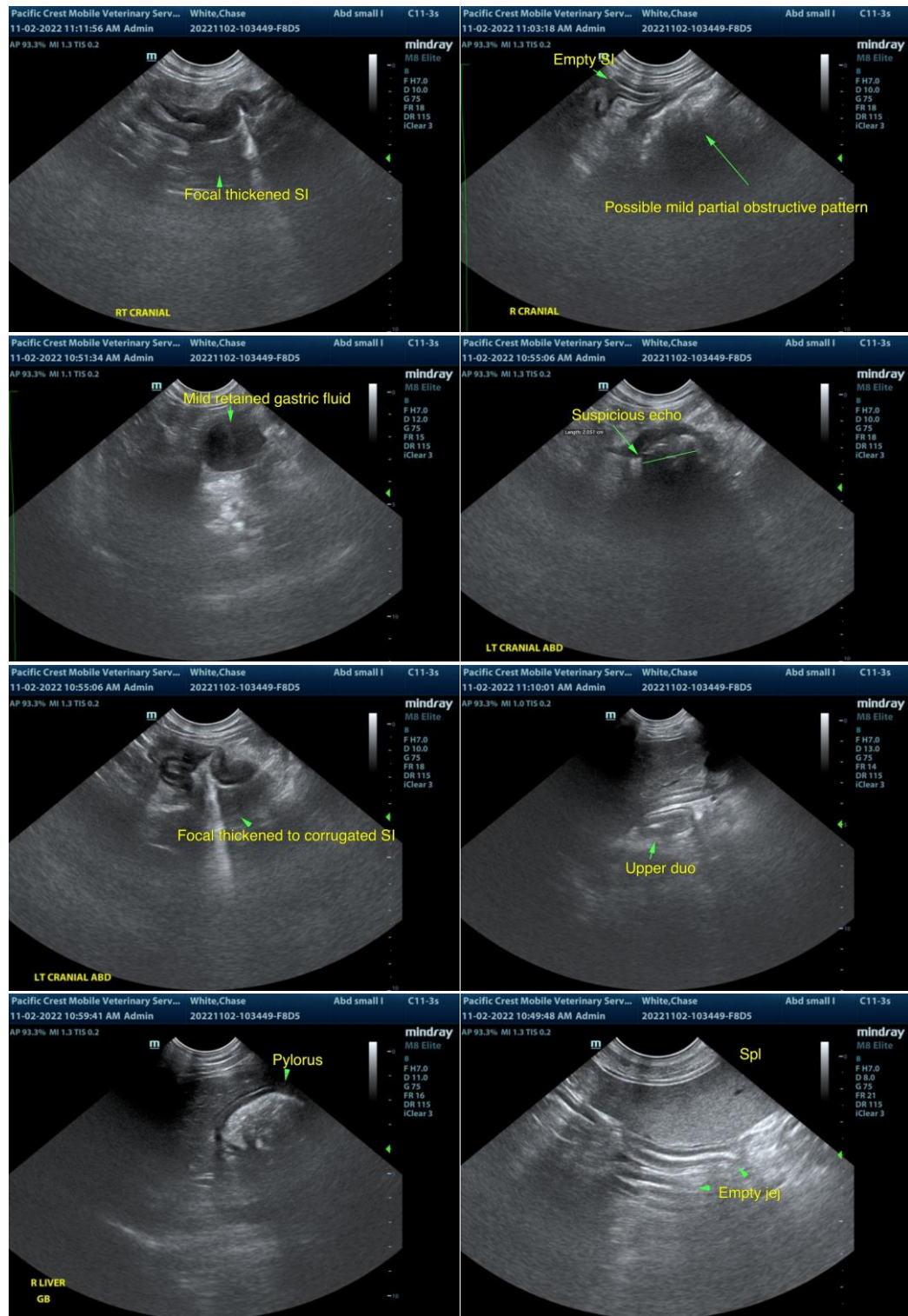
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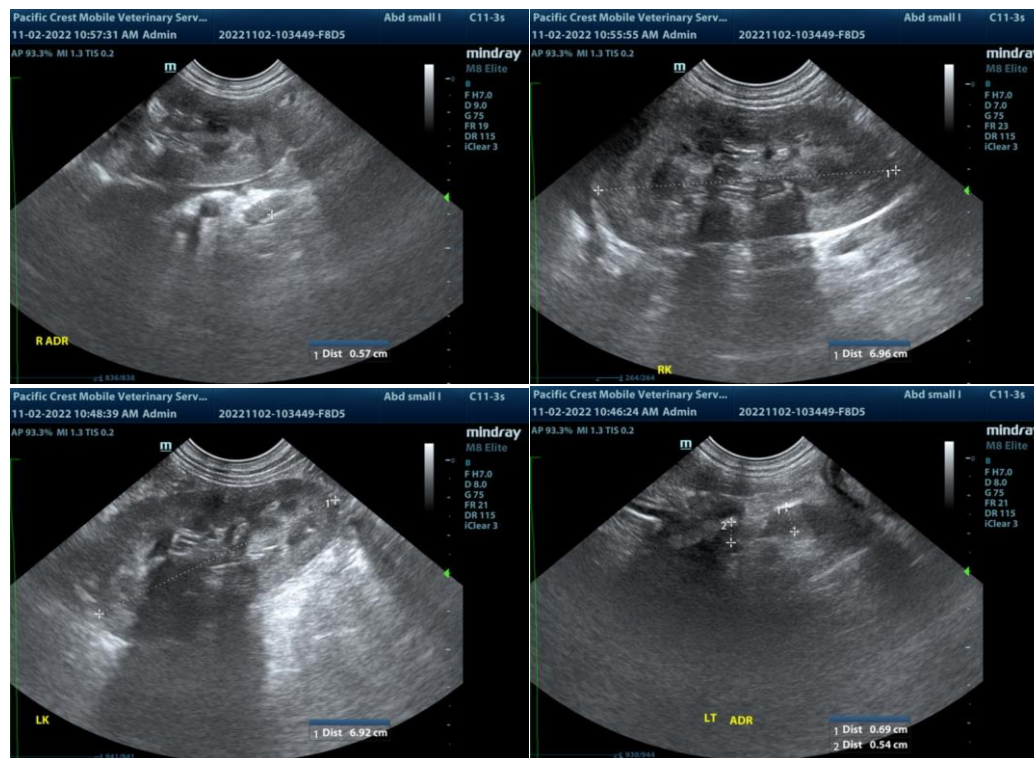
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

R. McKenzie Daniel, DVM, DABVP (Canine / Feline Practice)

info@SonoPath.com