



**PATIENT**

Sampson Chapman

**SPECIES**

Canine

**BREED**

Dachshund

**SEX**

Neutered Male

**AGE**

13 Years

**WEIGHT**

12

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Nicole Gotfredson

**HOSPITAL NAME**

Buffalo VC

**REFERRING VET**

Teresa Bessler

**INVOICE**

18890

**DATE**

11/29/22

**PRESENTING CLINICAL SIGNS**

History: 11/28/22: Has halothosis and grade 2 dental dz but do not see an infected tooth. Color pink, H/L normal. Abdomen is tender when palpate CBC normal Chem normal Rads show stomach full of food, SI has some gas and gritty appearance, nothing in colon. Right lateral view shows circular are in pylorus. Has only eaten 2 oz of food since Fri. Had few raisins on Wed and started feeling poorly on Fri. Very lethargic. Barium series 4.5 hour after barium still has some barium coating something in stomach. Tx. IV fluids and laxatone. 11-29 Did eat small amount of food last night at 8:30 but nothing this morning. Seems to feel a little better. Temp 101.1, abdomen not as tender. Rads show all barium into colon but stomach still is full of something. U/S see something in stomach, have Dr. G take a peek. Continue with fluids 30 ml/hr and other half tube of laxatone. Owner would like to try conservative therapy at this time. 11/29/22: Repeat radiographs show something suspicious in the stomach. Dog is still not eating and no BM. Positive murphy sign over stomach and pancreas region.

**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 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 4.3 cm in length. The right kidney measured 4.7 cm in length. Focal areas of nonobstructive medullary mineral/small renoliths were present in both kidneys.

**Adrenal Glands**

No overt pathology in the area of the left or right adrenal glands.

**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 mildly nonuniform and hypoechoic to the spleen with a moderate coarse echotexture and subjective mild to benign parenchymal remodeling. The hepatic and portal vasculature were normal in appearance without signs of congestion.

The gallbladder was non-distended in size with primarily anechoic content with mild congealed hyperechoic luminal debris. No evidence of gallbladder or peripheral gallbladder inflammation. The cystic and common bile ducts were normal.

**Gastrointestinal**



<b>PATIENT</b>	The stomach presented intact and sonographically unremarkable wall layering. The stomach was nondistended containing a mild amount of nonspecific ingesta, exhibiting mild progressive distal acoustic shadowing. Evidence of strongly shadowing ingesta echoes or evidence of mechanical pyloric obstruction was not present.
Sampson Chapman	
<b>SPECIES</b>	The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. Segmental to generalized nonshadowing chyme as noted. No evidence of mechanical small intestinal obstructive pattern or foreign material to the level of the colon.
Canine	
<b>BREED</b>	Normal visible colon wall layers were present with apparent formed feces in lumen.
Dachshund	
<b>SEX</b>	<b>Pancreas</b> 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.
Neutered Male	
<b>AGE</b>	<b>Free Abdomen</b> No overt lymphadenopathy or peritoneal effusion was present.
13 Years	
<b>WEIGHT</b>	<b>ULTRASONOGRAPHIC FINDINGS</b>
12	<ul style="list-style-type: none"> <li>• Mild chronic renal changes with nonobstructive medullary mineral/small renoliths</li> <li>• Nondistended stomach containing mild retained nonspecific ingesta exhibiting mild progressive distal acoustic shadowing</li> </ul>
<b>INTERPRETED BY</b>	<ul style="list-style-type: none"> <li>• Sonographically unremarkable small bowel with segmental to generalized nonshadowing chyme</li> <li>• Minor hepatic parenchymal remodeling</li> <li>• Mild congealed gallbladder debris (non-mucocele)</li> </ul>
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	
<b>IMAGING PERFORMED BY</b>	<b>INTERPRETATION OF THE FINDINGS &amp; FURTHER RECOMMENDATIONS</b>
Nicole Gotfredson	Sonographically, the appearance of the likely retained gastric ingesta, given the patient history, was nonspecific yet not overtly consistent with significant or strongly shadowing ingesta often associated with foreign material. Technically, the possibility of small amount of non-dense foreign material, i.e., stuffing, fabric, hair or similar is possible. If present, potential gastric foreign material did not appear to be obstructive.
<b>HOSPITAL NAME</b>	
Buffalo VC	
<b>REFERRING VET</b>	Continued supportive care over the next 24-hours with sonographic monitoring of the GI tract for evidence of gastric emptying versus persistent retained mildly shadowing ingesta would be reasonable. If exploratory surgery is elected, intestinal biopsies would be considered essential despite exploratory findings.
Teresa Bessler	
<b>INVOICE</b>	No sonographic evidence of active or significant pancreatitis, although low grade to chronic pancreatitis may present sonographically normal.
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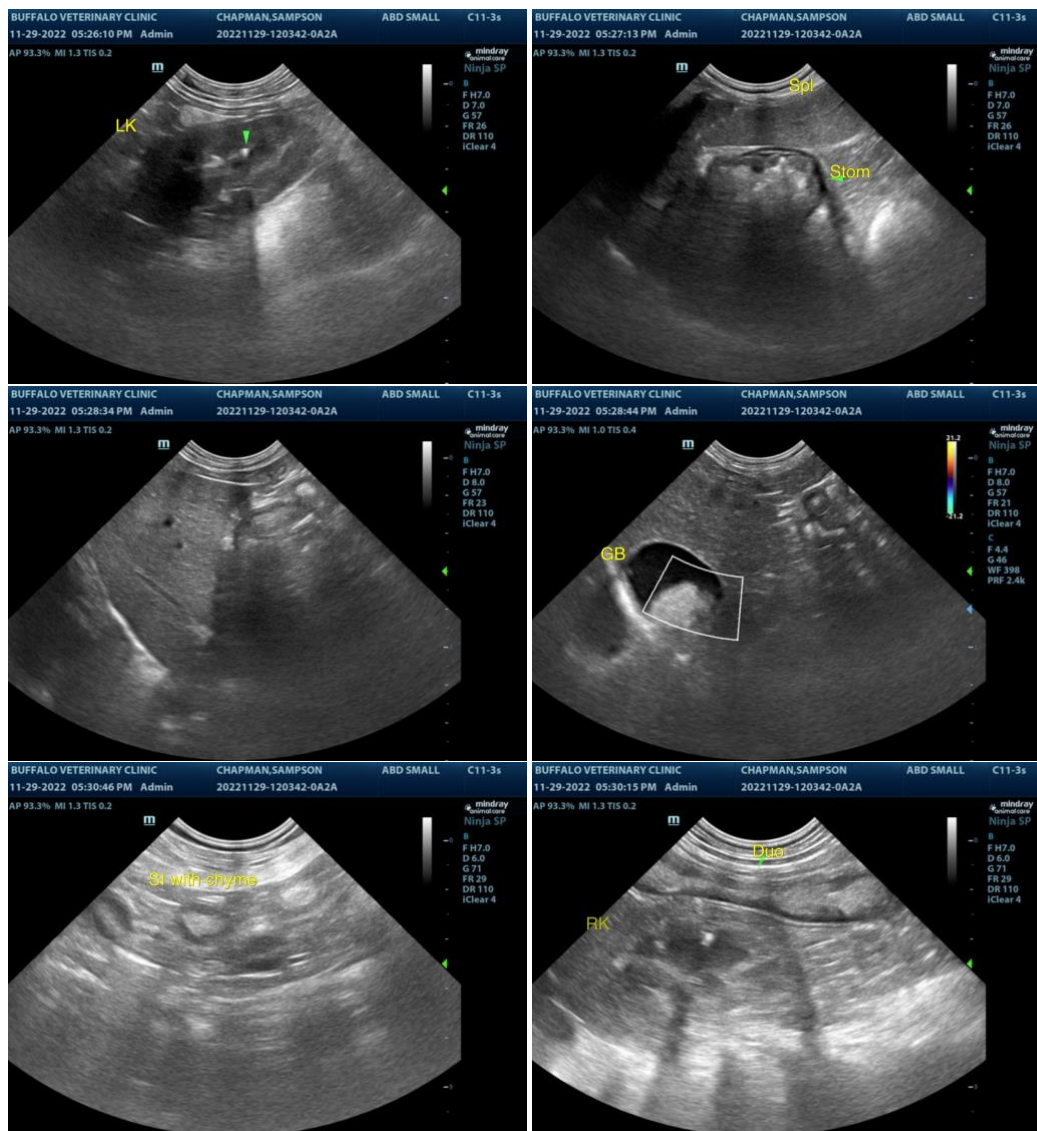
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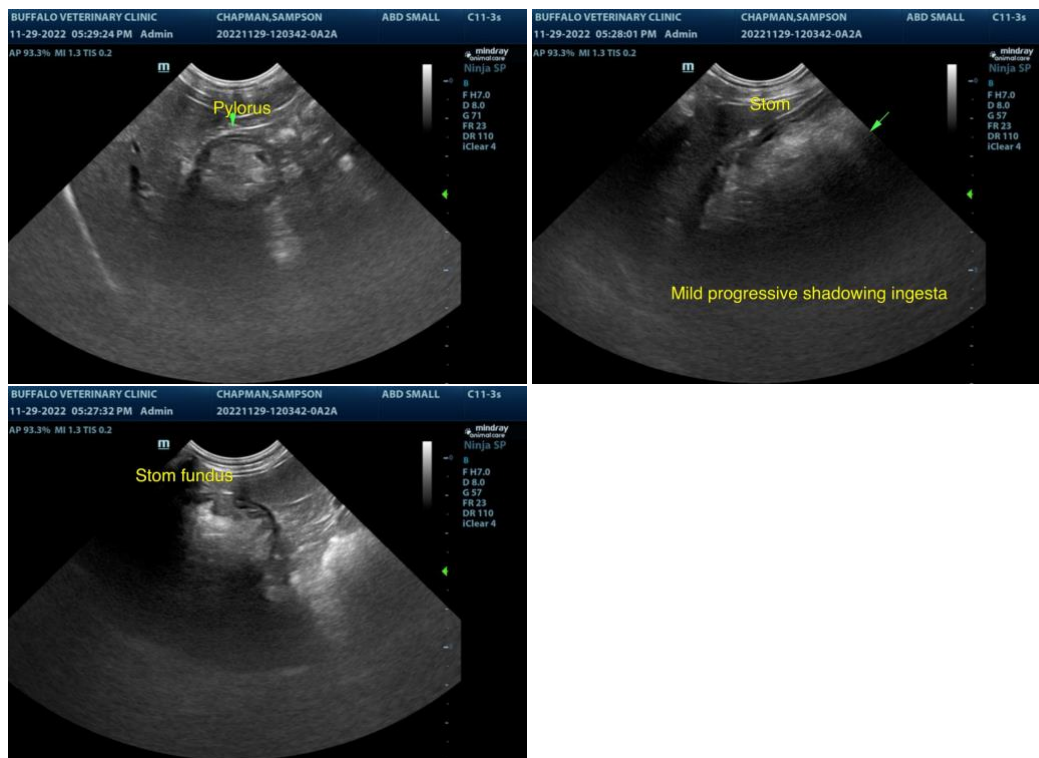
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

**R. McKenzie Daniel, DVM, DABVP (Canine / Feline Practice)**  
info@SonoPath.com