



**PATIENT**

Bruno Burrows

**SPECIES**

Canine

**BREED**

Doberman

**SEX**

Neutered Male

**AGE**

4 Years

**WEIGHT**

113.6 Pounds

**INTERPRETED BY**

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

**IMAGING  
PERFORMED BY**

A. Rodriguez

**HOSPITAL NAME**

Foxfield VS

**REFERRING VET**

A. Rodriguez

**INVOICE**

17943

**DATE**

11/3/22

**PRESENTING CLINICAL SIGNS**

History: Anorexia. Prev enterotomy (R and A) with significant adhesions  
Abnormal PE/Chem/CBC/UA Results: WBC: 16.6, neut: 12.7, mono: 1.5, TP: 9.5, Alb: 4.4, Glob: 5.1, Tbili: 2.7.

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 3.0 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. Aortic trifurcation was normal.

No overt pathology in the area of the residual prostate.

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 7.3 cm in length. The right kidney measured 7.8 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 2.8 cm length x 0.94 cm width at the caudal pole.

The right adrenal gland was not definitively visualized.

**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 presented normal in size. The hepatic parenchyma revealed mild generalized decreased echogenicity compared to the spleen and renal cortical parenchyma with a mild coarse echotexture. Subtle increased portal vein prominence was evident. The capsule of the liver was normal in margination. Distinct masses or nodules were not evident. The hepatic and portal vasculature were normal in appearance.

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 presented empty with potential for mild luminal gas. Normal to possibly mildly prominent yet intact gastric wall layering.

The intestinal walls demonstrated intact wall layering with subjective maintained 1:3 muscularis / mucosa ratio. The mucosa exhibited mild decreased echogenicity with occasional mucosal speckling. A



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segmental to diffuse ileus pattern consisting of mild fluid accumulation in the intestinal lumen was present without obstruction or foreign material.

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The colon walls presented intact yet prominent wall layering with mild thickened to echogenic submucosa. The colon appeared to contain semi to generalized semi formed to shadowing fecal matter.

**Pancreas**

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Doberman

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.

**Free Abdomen**

**SEX**

Neutered Male

Regional periintestinal mild hyperechoic mesentery was noted along with scant periintestinal free fluid.

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

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**ULTRASONOGRAPHIC FINDINGS**

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- Enterocolitis pattern, exhibiting mild subjective nonobstructive/metabolic small intestinal ileus, as well as non-formed to shadowing fecal matter
- Regional periintestinal mild hyperechoic mesentery and scant peritoneal free fluid

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

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DVM, DABVP  
(Canine and Feline)

No definitive evidence of gastric or gastrointestinal obstructive pattern without visualized evidence of definitive foreign material. The regional periintestinal hyperechoic mesentery and scant free fluid may be reactive or potentially inflammatory in nature secondary to inflammatory bowel episode. The possibility of omental adhesions given the patient history, as well as technically the possibility of past foreign material now within the colon cannot be excluded.

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Without definitive evidence of an intestinal obstructive pattern, hospitalization with IV fluid support, potential plasma expanders, broad spectrum antibiotics given the possibility of peritonitis, assessment of clinical response and sonographic reassessment in 18-24 hours to reevaluate intestinal fluid pattern would be appropriate. If exploratory laparotomy is elected for further assessment, i.e., progressive anorexia, gastrointestinal signs, etc., intestinal biopsies would be considered essential with gross inspection of the periintestinal omentum. Antiparasitic protocol could also be considered.

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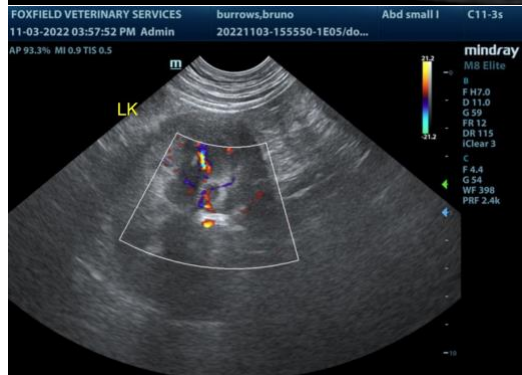
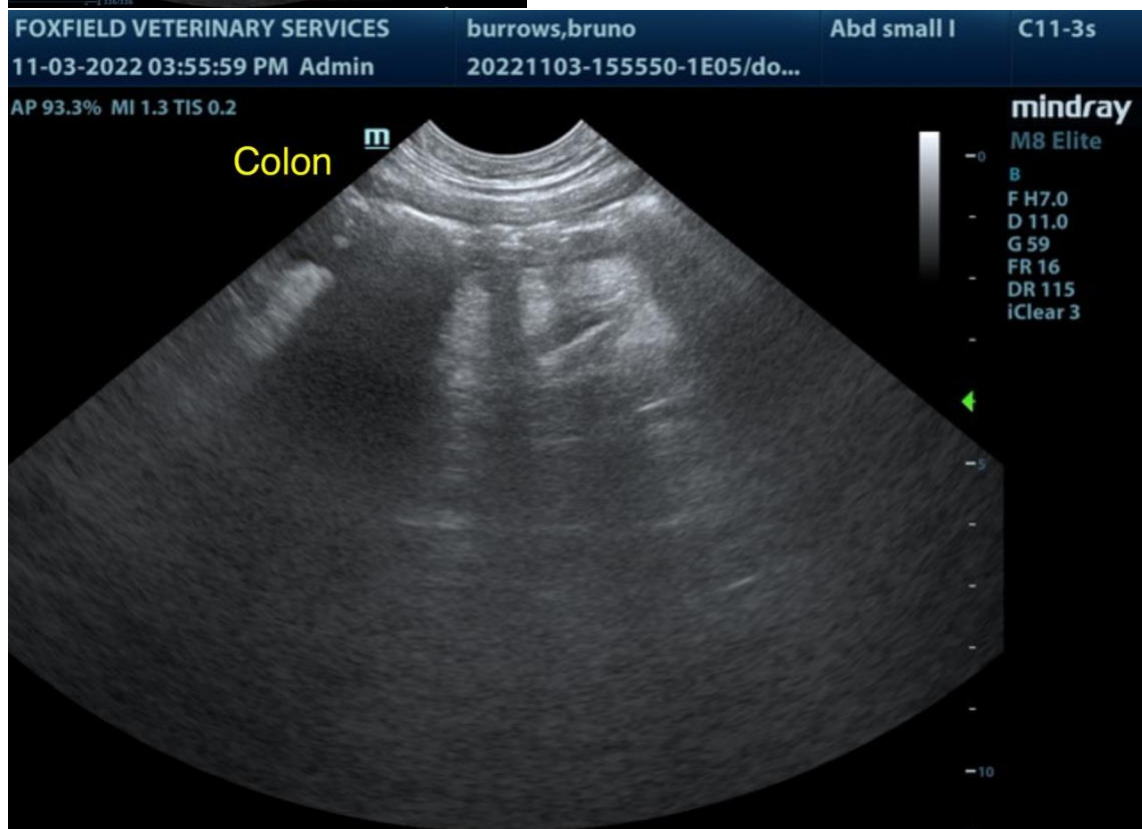
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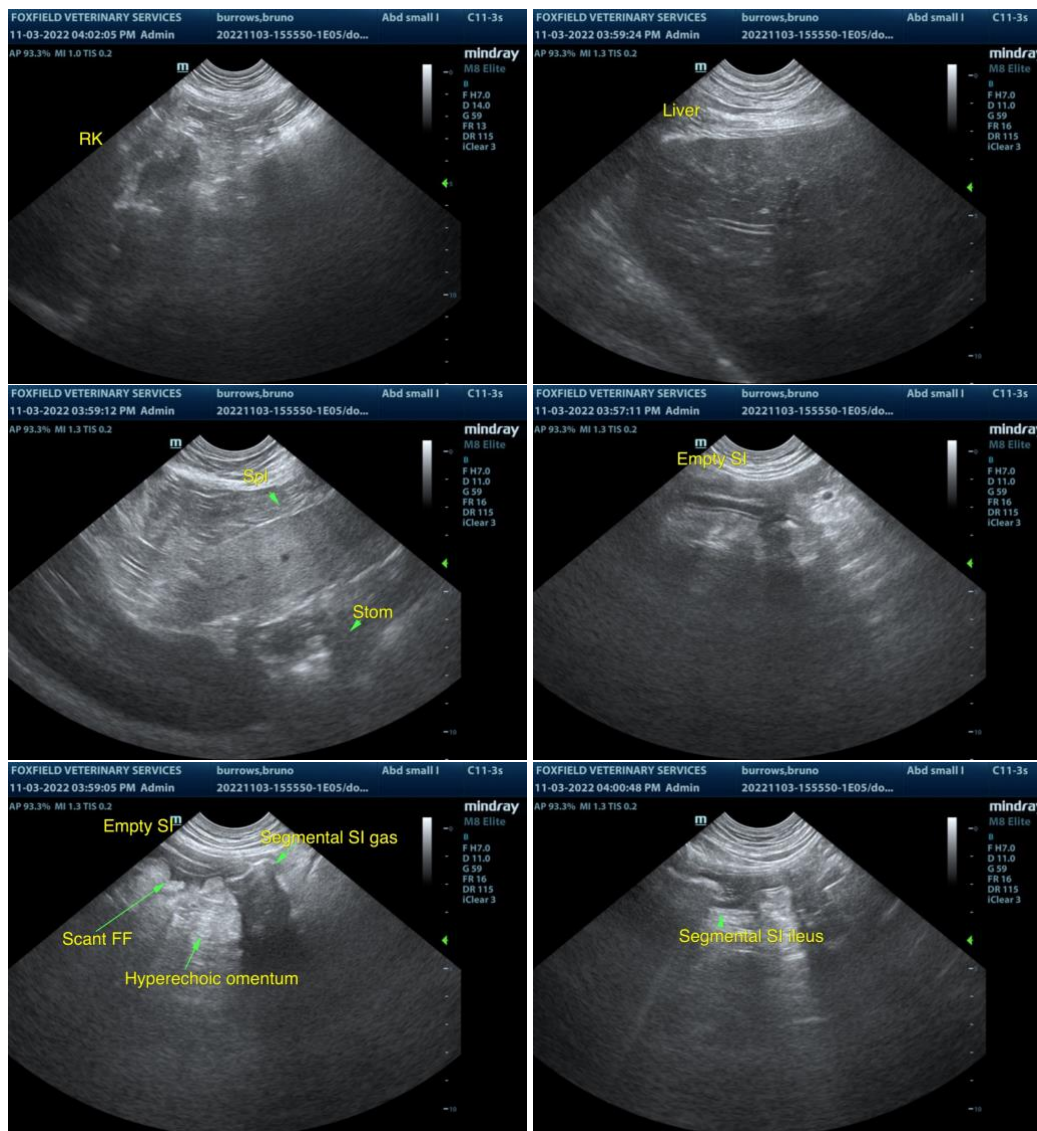
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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