



PATIENT PRESENTING CLINICAL SIGNS

Taavi Cohen History: ADR, Elevated temperature over the two days present, anorexia, ataxia, one incidence of vomiting bile, abdominal discomfort, and poss mass affect in the mid to caudal abdomen

SPECIES Abnormal PE/Chem/CBC/UA Results: Mild monocytosis, moderate eosinopenia, normal cPL snap test
Canine Current Medications Maropitant Radiographic Findings Gas effect found through out the GI tract, gastric dilatation. Fecal matter located in the caudal colon on all three lateral radiographs over the two days.
BREED Did not seem to move at all.

Golden Doodle ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

SEX Urinary System

Neutered Male The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 5.0 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.

AGE 6

The residual prostate was free of pathology.

WEIGHT 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 5.9 cm in length. The right kidney measured 5.5 cm in length.

60 Pounds

INTERPRETED BY

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

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 2.4 cm in length x 0.74 cm width at the caudal pole.

IMAGING PERFORMED BY

Sara Hansen

The right adrenal gland was not definitively visualized owing to regional periadrenal omental artifact.

Spleen

HOSPITAL NAME

South Willamette VC

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.

REFERRING VET

Dr. Shelton

Liver

INVOICE

17957

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.

DATE

11/4/22

The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.

Gastrointestinal



PATIENT

Taavi Cohen

SPECIES

Canine

BREED

Golden Doodle

SEX

Neutered Male

AGE

6

WEIGHT

60 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Sara Hansen

HOSPITAL NAME

South Willamette VC

REFERRING VET

Dr. Shelton

INVOICE

17957

DATE

11/4/22

The stomach exhibited intact yet prominent wall layering with a normal wall layer ratio. The lumen of the stomach contained moderate hyperechoic ingesta with concurrent strongly shadowing gastric luminal echo to possible echoes extending into the area of the pylorus. The gastric echo measured approximately 3.5 cm – 4.0 cm in diameter.

The small intestine exhibited segmental intact yet indistinct wall layering with concurrent segmental generally mild yet variable ileus pattern and potential areas of nonspecific ingesta within the mildly dilated intestinal segments. The duodenum wall measured 0.50 cm. Concurrent segments of empty normal appearing small intestine, exhibiting 1:3 muscularis to mucosa ratio was also present. The small intestinal wall measured 0.32 cm in wall width.

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

Pancreas

The pancreas was indistinctly visualized owing to the presence of shadowing gastric ingesta and regional peripancreatic increased omental artifact. No overt pathology.

Free Abdomen

Regional periintestinal hyperechoic mesentery was noted. No overt lymphadenopathy, although potential for mild isoechoic mesenteric lymphadenopathy is suspected. No overt evidence of significant peritoneal free fluid noted.

ULTRASONOGRAPHIC FINDINGS

- Strongly shadowing gastric ingesta/echoes with concurrent mild retained fluid- suggestive of gastric foreign bodies given the history of anorexia
- Segmentally thickened small bowel exhibiting intact yet indistinct wall layering and segmental to variable ileus pattern- potential partial obstructive pattern, concurrent segmental empty small intestine without mechanical/metabolic ileus
- Perigastric to periintestinal hyperechoic mesentery

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Underlying intestinal disease is of concern in this patient with a strong possibility of gastric and/or non-visualized or possible passing small intestinal foreign material. If not done, hospitalization with stabilizing IV fluid support, potential plasma expanders, broad spectrum antibiotics (given the fever) and sonographic assessment of the GI tract in 12-24 hours to reevaluate shadowing gastric luminal echoes and intestinal fluid pattern would be reasonable. However, given this presentation, exploratory laparotomy with intestinal biopsies is considered essential and with gross inspection of the periintestinal omental for evidence of adhesions is warranted. Guarded prognosis.



PATIENT

Taavi Cohen

SPECIES

Canine

BREED

Golden Doodle

SEX

Neutered Male

AGE

6

WEIGHT

60 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Sara Hansen

HOSPITAL NAME

South Willamette VC

REFERRING VET

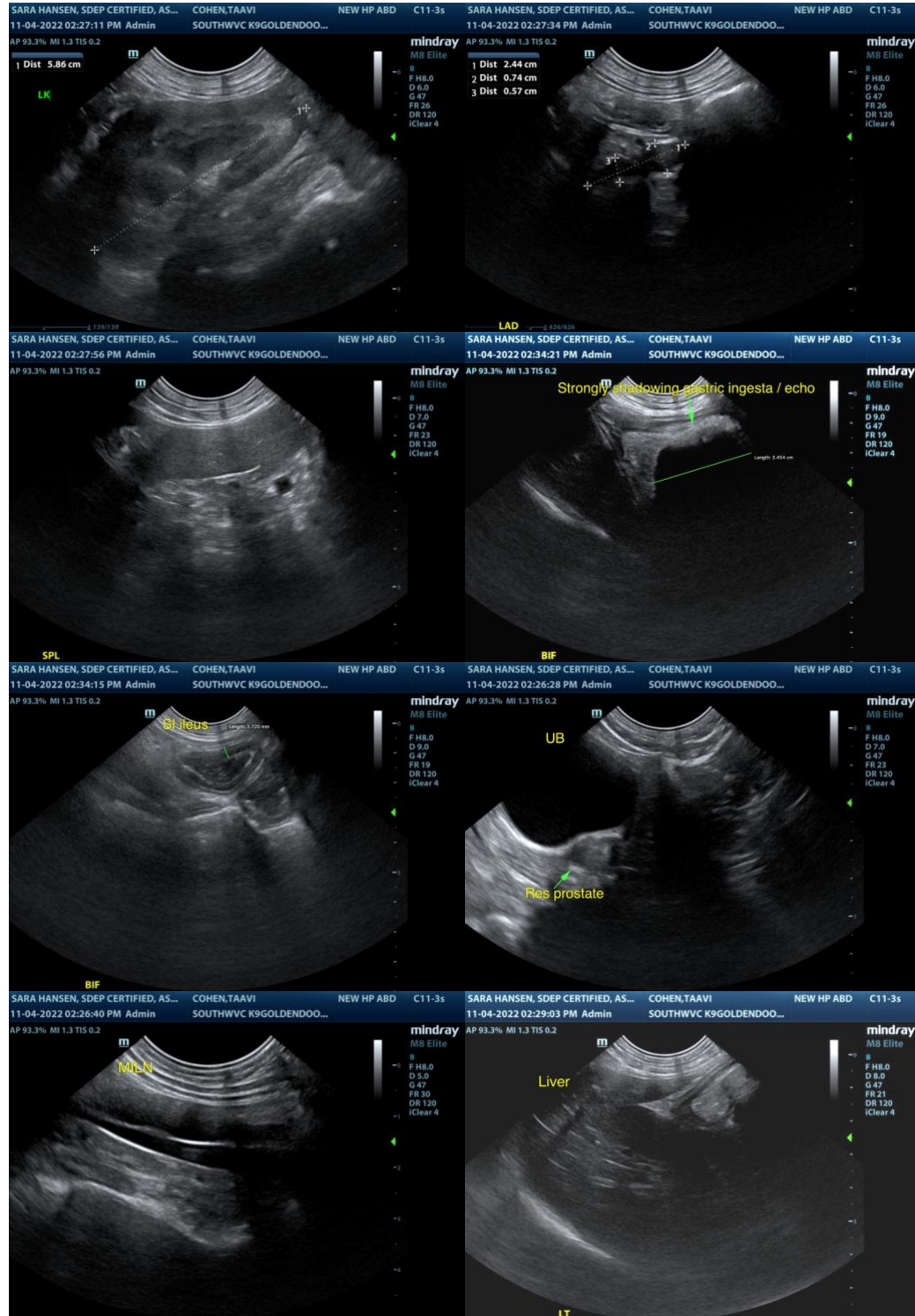
Dr. Shelton

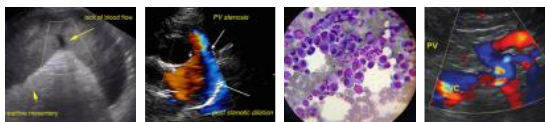
INVOICE

17957

DATE

11/4/22





PATIENT

Taavi Cohen

SPECIES

Canine

BREED

Golden Doodle

SEX

Neutered Male

AGE

6

WEIGHT

60 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Sara Hansen

HOSPITAL NAME

South Willamette VC

REFERRING VET

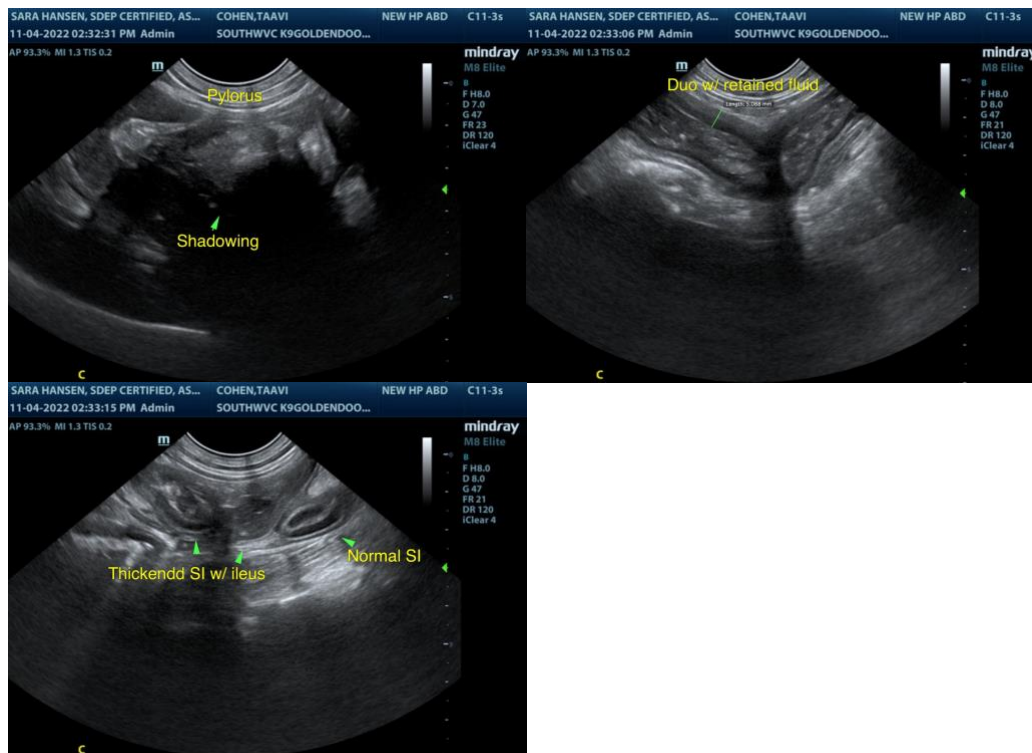
Dr. Shelton

INVOICE

17957

DATE

11/4/22



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