



PATIENT

Bunker Goldman

SPECIES

Canine

BREED

Yorkshire Terrier

SEX

Neutered Male

AGE

10 Years

WEIGHT

17 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Amanda Crook – SDEP
Certified Clinical
Sonographer

HOSPITAL NAME

Rivers Edge PMC

REFERRING VET

Dr. Bridget Hayes

INVOICE

26938

DATE

11/8/21

PRESENTING CLINICAL SIGNS

Ate part of a rubber teething toy 2 days ago. Vomiting today, not eating. Passed a hair bow(?) in stool yesterday. Abdomen not painful, solid stool palpated. BAR, hydration OK. History of eating things. On no medications at this time.

Abnormal PE/Chem/CBC/UA Results: See attached radiographs – Foreign object in distal colon, another more cranial. Liver seems large. See attached laboratory values - elevated BUN, Alk Phos, pancreatic enzymes, Stress leukon

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 were noted.

The residual prostate was free of pathology.

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 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. the right kidney measured 4.5 cm.

Adrenal Glands

The bilateral adrenal glands were normal in size. Mild parenchyma heterogeneity and mild capsule asymmetry was present without suspicion for overt neoplasia. The left adrenal gland measured 2.3 cm x 0.58 cm at the caudal pole. The right adrenal gland measured 1.7 cm x 0.60 cm 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 exhibited mild to moderate generalized enlargement with subjective maintained symmetrical capsule contour. Generalized non-homogeneous to subtly mixed echogenic parenchyma noted with moderate coarse echotexture, parenchymal remodeling, and subtle to indistinct parenchymal nodules. The gallbladder was non distended in size with very mild, non-dependent, particulate debris. The cystic duct and common bile ducts were normal without evidence of dilation. No evidence of gallbladder or peripheral inflammation.

Gastrointestinal

The stomach exhibited intact yet subjective prominent wall layering. The stomach was empty with mild luminal gas and without evidence of retained ingesta, fluid or foreign material. Gastric body wall measured 0.45 cm. Pylorus wall measured 0.46 cm.



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The small intestine exhibited intact wall layering and primarily maintained 1:3 muscularis/mucosa ratio with segmental mid abdominal subtly prominent jejunal walls with associated metabolic non-obstructive jejunal ileus. Jejunum wall measured 0.31 cm. Duodenum wall measured 0.37 cm.

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The colon exhibited intact yet sonographically unremarkable wall layering with subjective shadowing echo to fecal matter noted in the proximal colon as well as the distal colon along with segmental non-formed feces likely in the transverse colon.

Pancreas

BREED

Yorkshire Terrier

The pancreas was normal in size and contour with isoechoic to heterogeneous parenchyma compared to adjacent omentum. No signs of active inflammation or neoplasia.

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Free Abdomen

No overt lymphadenopathy. No peritoneal effusion.

ULTRASONOGRAPHIC FINDINGS

AGE

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- Probable shadowing echoes in proximal and descending colon with variably formed feces
- Gastritis/segmental jejunitis with mild non-obstructive jejunal ileus
- Hepatic parenchymal remodeling – subjectively benign.
- Heteroteneous pancreas
- Chronic renal changes with mild left kidney pyelectasia

WEIGHT

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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In conjunction with the radiographs, foreign bodies are likely in the proximal and descending colon. No evidence of gastrointestinal mechanical obstruction or overt foreign material, although potential for segmental jejunal inflammation suspected, possibly secondary to the passage of the foreign bodies. No overt indication to immediate surgical intervention. Supportive care for generalized gastroenteritis +/- colitis with radiographic monitoring of the foreign bodies would be appropriate at this time.

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The pancreas may indicate age related pancreatic changes, reactive changes owing to gastrointestinal inflammation, or potential low-grade to chronic pancreatitis.

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The presentation of the liver may indicate vacuolar hepatitis, chronic active hepatitis, cholangiohepatitis, early fibrosis / cirrhosis or other hepatopathy. Neoplasia considered a less likely differential diagnosis yet cannot be excluded.

The pyelectasia may be owing to chronic renal changes, potential pelvic scarring possibly owing to previous calculi passage, IV fluid therapy (if applicable). Urine C/S and protein: creatinine ratio on sterile urine sample is recommended.

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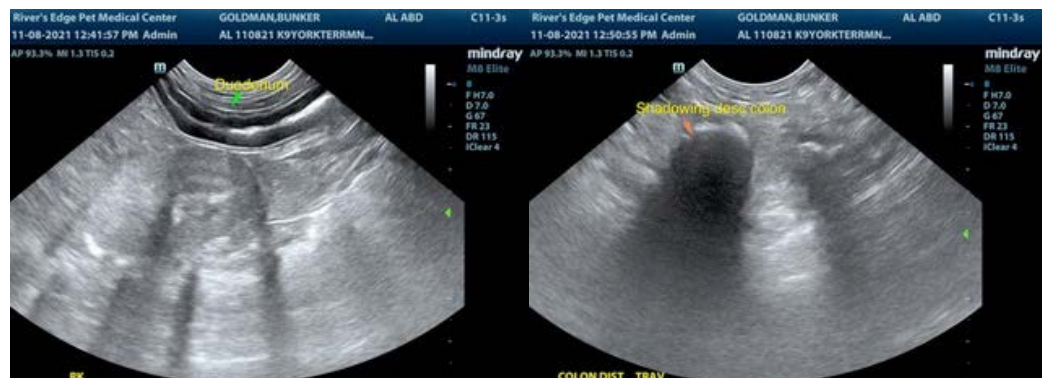
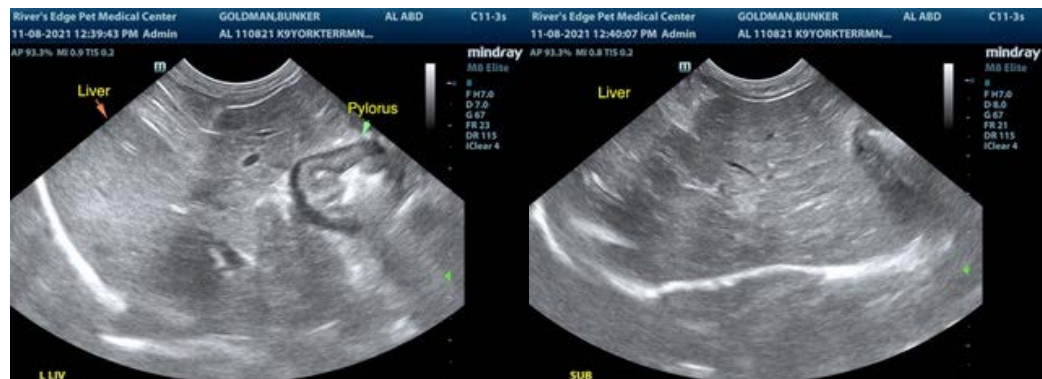
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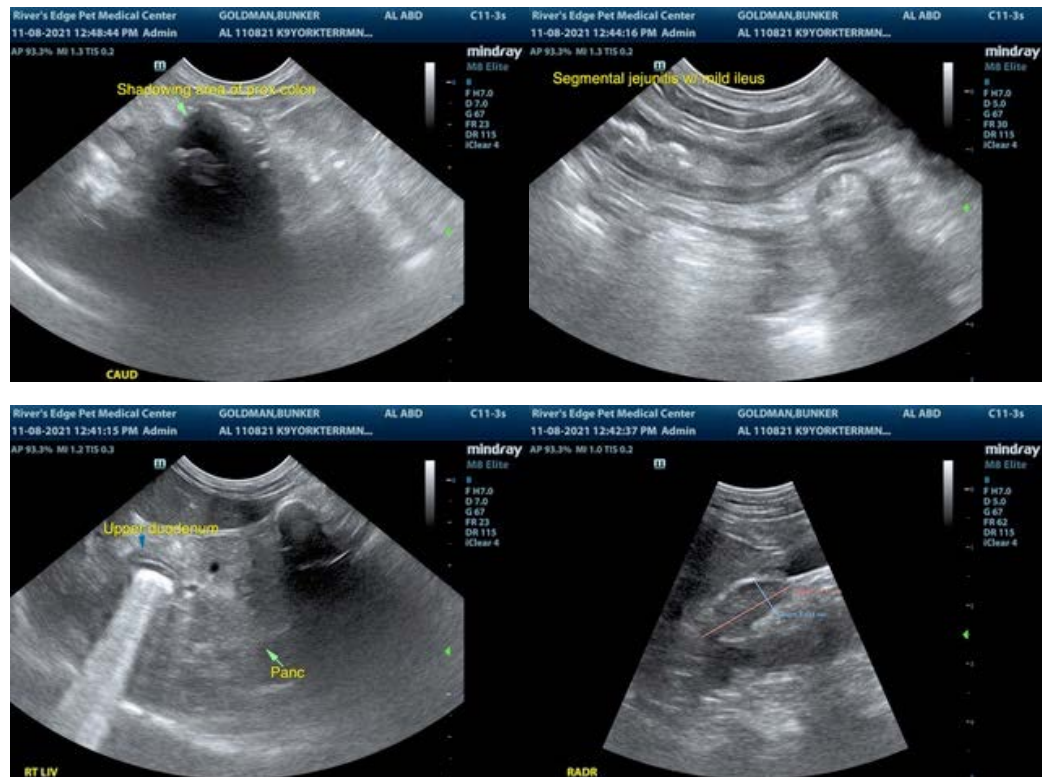
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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