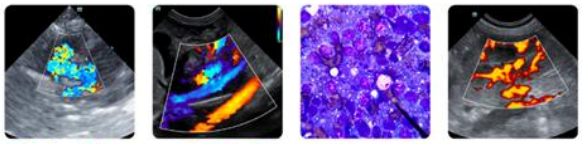


PATIENT

Jack Oreel

SPECIES

Canine

BREED

English Bulldog

SEX

MN

AGE

2yr

WEIGHT

20.4kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Jill Rankin

HOSPITAL NAME

Fish Creek Pet Hospital

REFERRING VET

Dr. Breanna

INVOICE
23075

DATE
12/01/2025

PRESENTING CLINICAL SIGNS

Recently acquired pet presenting with a three-week history of persistent gastrointestinal issues including - ongoing vomiting, regurgitation, and inappetence, which have recently progressed to include diarrhea. The patient has been evaluated four to five times since 11/22 for vomiting, regurgitation, and inappetence. Radiographs performed on 11/22 did not reveal an obvious obstructive pattern, although difficult to say for sure on imaging. The patient has been treated multiple times with Maropitant and SQ fluids and was recently started on omeprazole and sucralfate. A new clinical sign of diarrhea began on the day of the most recent report. The patient has been in the owner's possession for three weeks and was neutered by the rescue with no prior medical concerns reported.

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 evidence of urine/lumen sediment, mineral, or calculi. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes was 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 6.0 cm in length. The right kidney measured 6.0 cm in length.

The area of the aortic trifurcation was 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 0.56 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 0.68 cm width at the caudal pole.

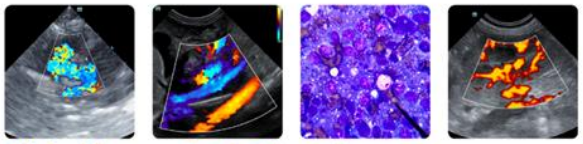
Spleen

The spleen exhibited mild enlargement with mild caudomedial folding. A finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma was present. 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

Liver/Gallbladder

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. Prominent hepatic vasculature and cranial abdomen caudal vena cava at the level of the liver and diaphragm was present. 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 overall non-distended size. A strongly shadowing echo occupying the majority of the gastric lumen was present measuring 4-5 cm appearing to extend into the pylorus through the pyloroduodenal junction into the duodenum.

The duodenum exhibited a plicated presentation with mild retained duodenal fluid and concurrent linear echo extending caudally to the subjective distal duodenum and upper jejunum. A concurrent strongly shadowing probable upper jejunal echo was visualized with segmental mild jejunal ileus. Concurrent empty intestinal segments slightly distal.

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

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.

Free Abdomen

No evidence of peritoneal effusion was present.

Mild peri-intestinal hyperechoic omentum was present with intermittent mild homogenous mesenteric lymphadenopathy.

ULTRASONOGRAPHIC FINDINGS

Primary

- Gastric foreign body appearing to extend into the duodenojejunum with concurrent linear component and associated plication
- Mild peri intestinal hyperechoic omentum and mild benign mesenteric lymphadenopathy
- Mild congested liver
- Mild folded splenomegaly

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Exploratory laparotomy with gross inspection of the gastrointestinal tract, expectation toward gastrotomy and probable multiple enterotomies is recommended. No obvious evidence of intestinal perforation or peritonitis. Suspect secondary inflammatory intestinal mural changes given chronic GI foreign body. Gastrointestinal biopsies at the time of the laparotomy pending gross inspection of the gastrointestinal tract may be considered. The possibility of resection/anastomosis is not excluded.

The mild congested liver and mild folded splenomegaly is suspected to be secondary to sedation although not reported. If the patient is not sedated correlation with three view chest radiographs and splenic FNA cytology is likely indicated.

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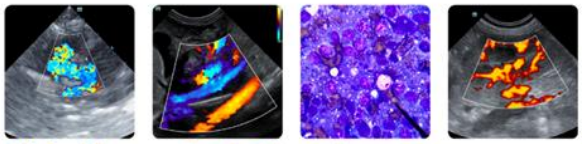

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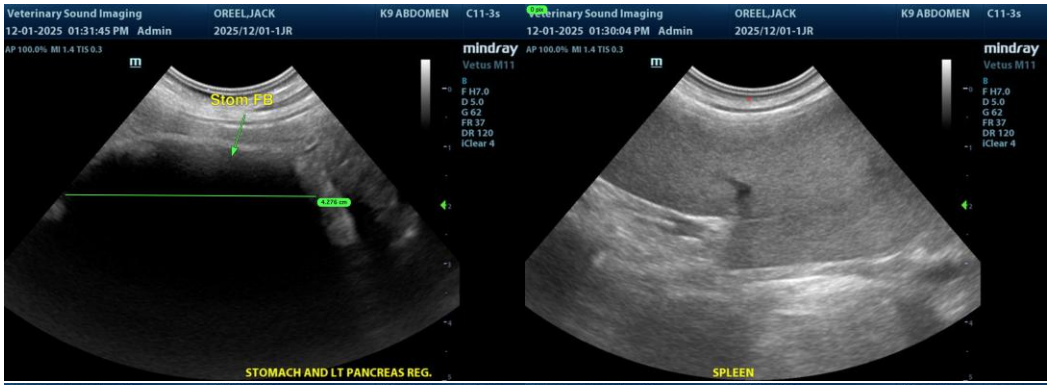

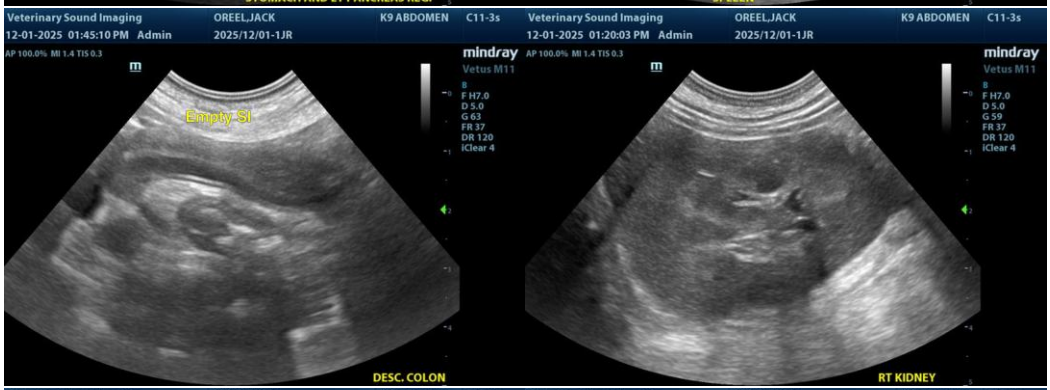

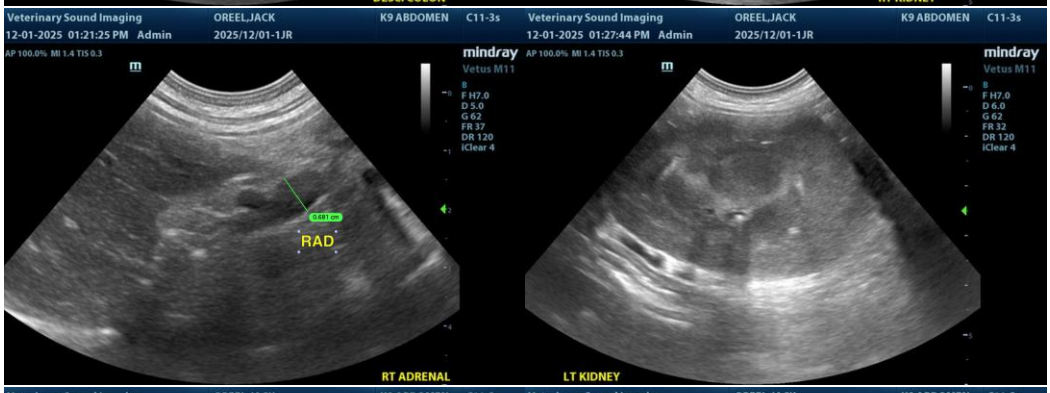

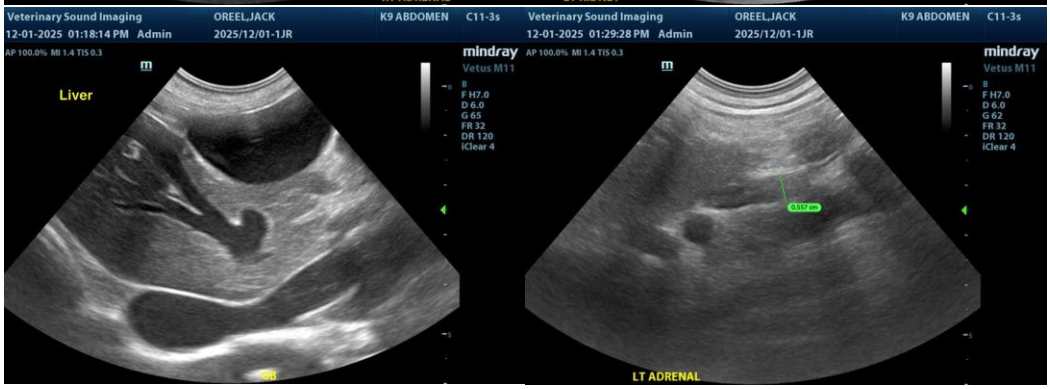

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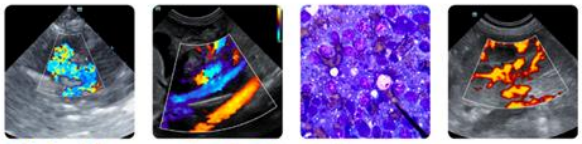

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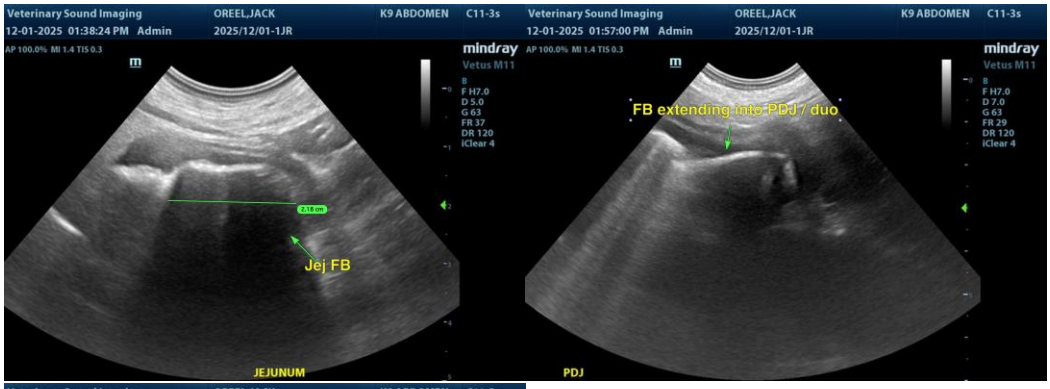

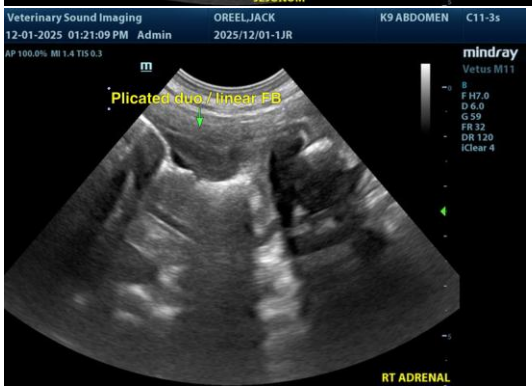

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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