



PATIENT	PRESENTING CLINICAL SIGNS
Teddy Sremac	Not eating for 48 hours with vomiting. Now presenting collapsed, but conscious.
SPECIES	Abnormal PE/Chem/CBC/UA Results: 103.7F fever (in collapse), PR 160bpm, RR 40brpm, severe abdominal discomfort. Was seen by another DVM on Friday, labs showed mild neutrophilia, borderline Antech PSL.
Canine	
BREED	ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN
Cockapoo	Urinary System
SEX	The urinary bladder was non-distended in size with mild urine present. Within the urinary bladder lumen a solitary calculus measuring 1.7 cm in diameter was present. Subjective thickened ventral apical and dorsal bladder walls with ventral urinary bladder wall measuring 1.0 cm in width.
MN	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 moderate loss of corticomedullary symmetry and definition expected for the age of the patient. Focal areas of medullary mineral to small renoliths were present bilaterally. Bilateral mild pyelectasia was present. No evidence of pelvic dilatation was present. The left kidney measured 6.0 cm in length. The right kidney measured 6.0 cm in length
AGE	The area of the aortic trifurcation was free of pathology.
15yr	The area of the iliac trifurcation was free of pathology including no evidence of medial, iliac or sublumbar lymphadenopathy.
WEIGHT	Adrenal Glands
25lb	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 0.52 cm width in the cranial pole and 0.80 cm width in the caudal pole. The right adrenal gland measured 0.72 cm width in the caudal pole.
INTERPRETED BY	Spleen
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	The spleen exhibited primarily finely textured parenchyma which was hyperechoic to the liver and renal cortical parenchyma. Mild generalized parenchyma heterogeneity was present without evidence of nodular changes. 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. The parenchymal heterogeneity is likely consistent with benign changes such as extramedullary hematopoiesis or age related remodeling with minor potential for inflammatory or neoplastic disease.
IMAGING PERFORMED BY	Liver
Sorbo	The liver presented enlarged in size. The parenchyma of the liver was subjectively normal in echogenicity compared to the spleen and renal cortices. The liver parenchyma was uniform with a mildly coarse echotexture. The capsule of the liver was symmetrically rounded to mildly swollen in margination. The hepatic and portal vasculature were normal in appearance without signs of congestion.
HOSPITAL NAME	INVOICE
Mill Brook Animal Clinic VBF	12467ag
REFERRING VET	DATE
Sorbo	12/19/2022



PATIENT

Gastrointestinal

Teddy Sremac

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained mild potentially retained non-shadowing ingesta/chyme with no signs of ileus, obstruction or foreign material.

SPECIES

Canine

The intestinal walls demonstrated intact wall layering and maintained 1:3 muscularis / mucosa ratio. The mucosa exhibited mild decreased echogenicity with occasional mucosal speckling. Minor segmental non-obstructive jejunal ileus was present. A segmental irregular intestinal mural mass in the mid to caudal abdomen was present exhibiting moderate to variable mural hypertrophy, decreased mural echogenicity and loss of descendible wall layer detail. Associated metabolic to paralytic segmental ileus was present. The intestinal mural mass measured ~ 6.0 cm in diameter. The mass is subjectively cranial to the urinary bladder.

BREED

Cockapoo

SEX

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

MN

Pancreas

AGE

15yr

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

WEIGHT

25lb

Generalized peri intestinal non-uniform hyperechoic mesentery and scant to minor volume peritoneal free fluid was present.

ULTRASONOGRAPHIC FINDINGS

INTERPRETED BY

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

- Generalized gastroenterocolitis pattern with mid to caudal abdominal segmental intestinal mural mass
- Associated peri intestinal peritonitis
- Cystic calculus with suspect chronic cystitis
- Bilateral chronic renal changes exhibiting medullary mineral/renolithiasis and minor pyelectasia
- Age related liver changes
- Gallbladder debris (non-mucocele)

IMAGING PERFORMED BY

Sorbo

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

HOSPITAL NAME

Mill Brook Animal
Clinic VBF

Although sampling is required for definitive diagnosis the segmental intestinal mural mass is most suggestive of neoplastic criteria although primary or concurrent non neoplastic etiology is possible. Assuming normal clotting status, an intestinal mural mass FNA for screening cytology is warranted for further assessment. Intestinal segments involved as well as the extent of intestinal involvement within the mass was difficult to ascertain. The potential for regional omental seeding could be present.

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Three view chest radiographs are recommended if not done to assess for occult thoracic pathology.

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An abdominal CT is likely ideal for further assessment of the mass and potential surgical planning. A very guarded to potentially unfavorable prognosis is indicated.

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SPECIES

Canine

BREED

Cockapoo

SEX

MN

AGE

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WEIGHT

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IMAGING PERFORMED BY

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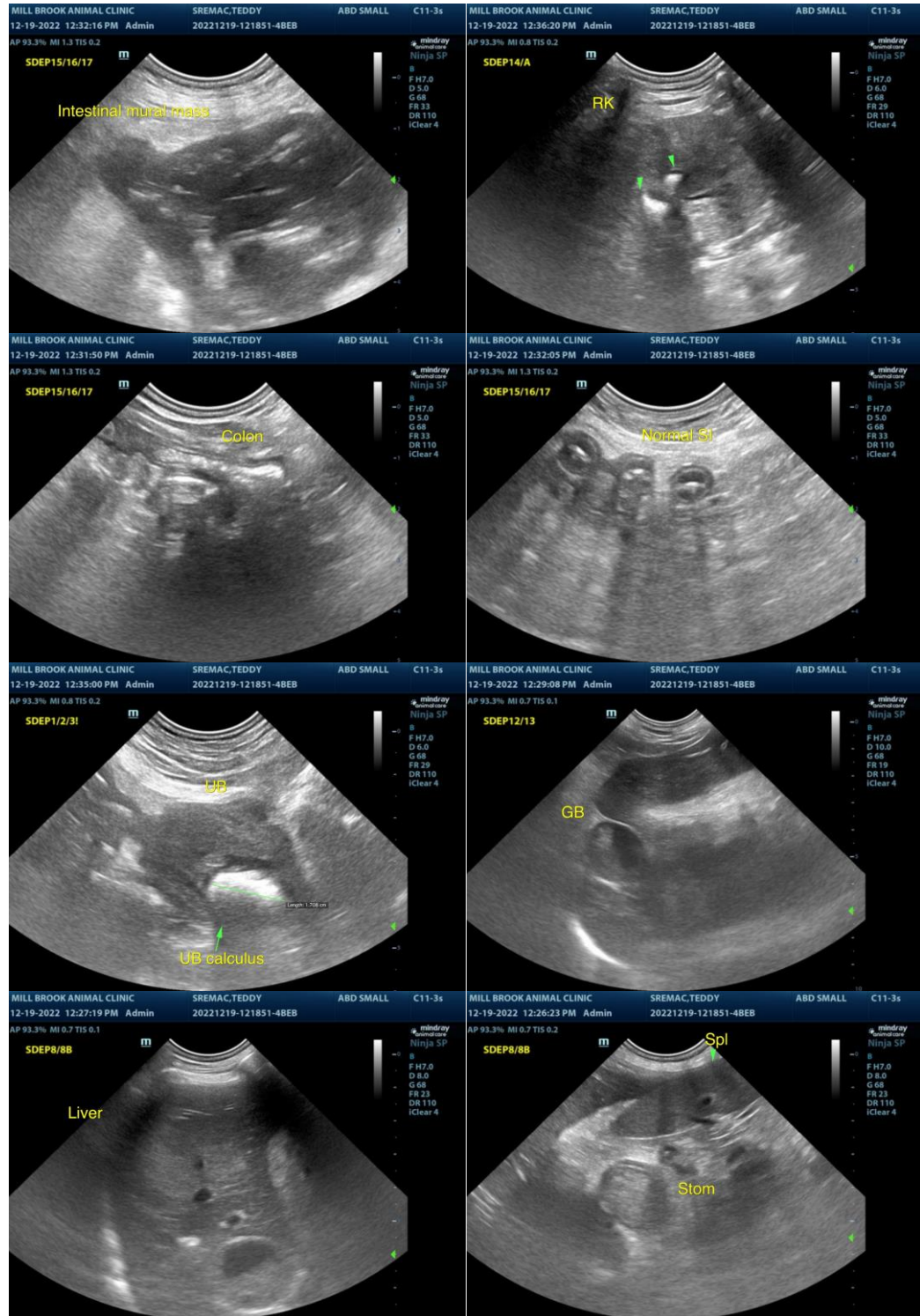
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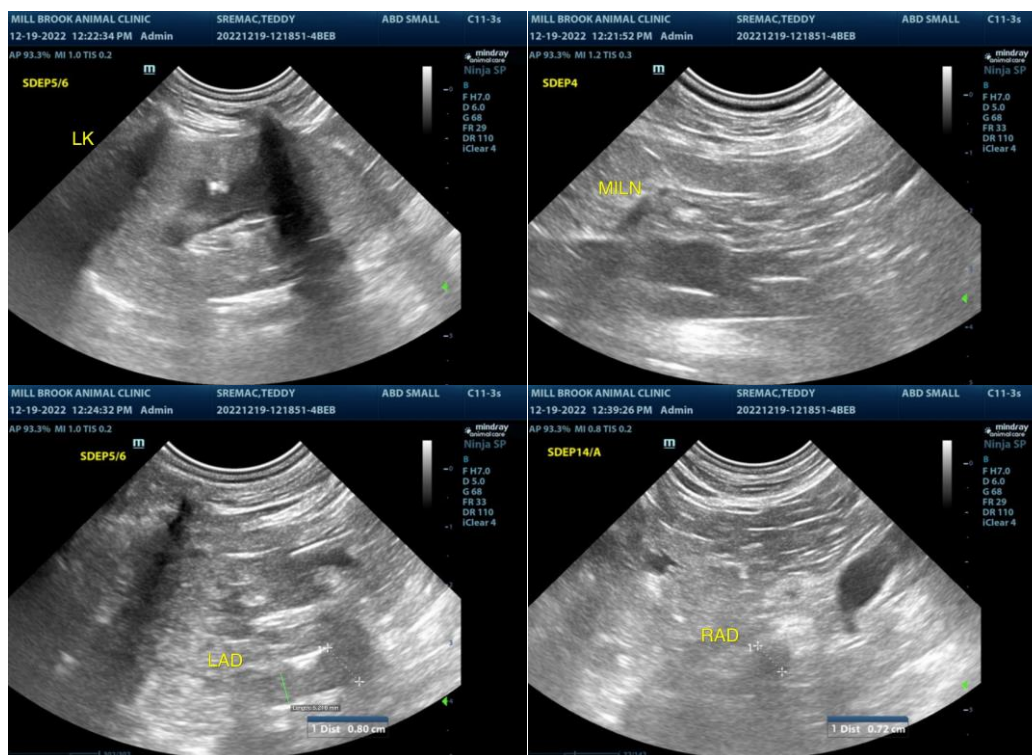
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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