



PATIENT PRESENTING CLINICAL SIGNS

Ricochet Guitierrez

History: Presented for vomiting for 5 days: good appetite, normal energy, but vomits everything she eats. - No known exposure to toxin, fish, etc. History of eating plastic. - Physical exam normal overall. Patient is very scared and tense. Current Medications Cerenia Radiographic Findings Barium in small intestine 4 hours post-administration. Primary Question/Differential to Be Answered in This Exam Rule out GI foreign body.

SPECIES

Canine

BREED

Pit Bull

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

SEX

Spayed Female

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.

AGE

15 Months

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 6.6 cm in length.

WEIGHT

42 Pounds

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 in length x 0.74 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 2.5 cm in length x 0.76 cm width at the caudal pole.

INTERPRETED BY

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

IMAGING PERFORMED BY

Jenna Walsh, CVT

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.

HOSPITAL NAME

Q Street AH

Liver

REFERRING VET

Dr. Cone

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.

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Gastrointestinal

DATE

12/2/22

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach was empty with mild luminal gas.



PATIENT	The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. The lumen of the small intestine was primarily empty with segmental shadowing ingesta, likely consistent with minor retained segmental barium. No evidence of small intestinal mechanical/metabolic ileus.
Ricochet Guitierrez	
SPECIES	Normal visible colon wall layers were present with strongly shadowing fecal matter and potential for colonic barium is possible.
Canine	
BREED	<i>Pancreas</i>
Pit Bull	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.
SEX	<i>Free Abdomen</i>
Spayed Female	Focal to potential intermittent, mildly prominent to enlarged mesenteric lymph nodes were present. The lymph nodes were essentially isoechoic to adjacent omentum without evidence of peripheral inflammation and maintaining a normal width: length ratio (<0.5). An example of lymph node size measured 4.2 cm x 1.3 cm.
AGE	
15 Months	
WEIGHT	Intermittent scant pocket of peritoneal free fluid was noted, likely physiologic and incidental assuming normal albumin levels. No omental masses were noted.
42 Pounds	
INTERPRETED BY	ULTRASONOGRAPHIC FINDINGS
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	<ul style="list-style-type: none"> Sonographically unremarkable gastrointestinal tract with likely minor retained segmental intestinal barium Focal to intermittent subjectively benign/reactive mesenteric lymph nodes- hyperplasia, mild reactive lymphadenitis, potentially owing to low grade inflammatory enteropathy. Immunologic immaturity is possible.
IMAGING PERFORMED BY	INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS
Jenna Walsh, CVT	No evidence of gastrointestinal mechanical/metabolic ileus pattern or foreign material. No indication for surgical intervention. Dietary intolerance/food hypersensitivity, occult parasitism, low grade inflammatory bowel episode or less likely occult Addisons disease are all potentials.
HOSPITAL NAME	
Q Street AH	A hydrolyzed diet trial, empirical deworming even if fecal testing is negative, i.e., Panacur 50 mg/kg PO SID for 5-consecutive days, and as needed gastrointestinal support is recommended.
REFERRING VET	
Dr. Cone	Resting cortisol level to rule out occult Addisons disease could be considered, however, the bilateral adrenal glands were sonographically normal.
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HOSPITAL NAME

Q Street AH

REFERRING VET

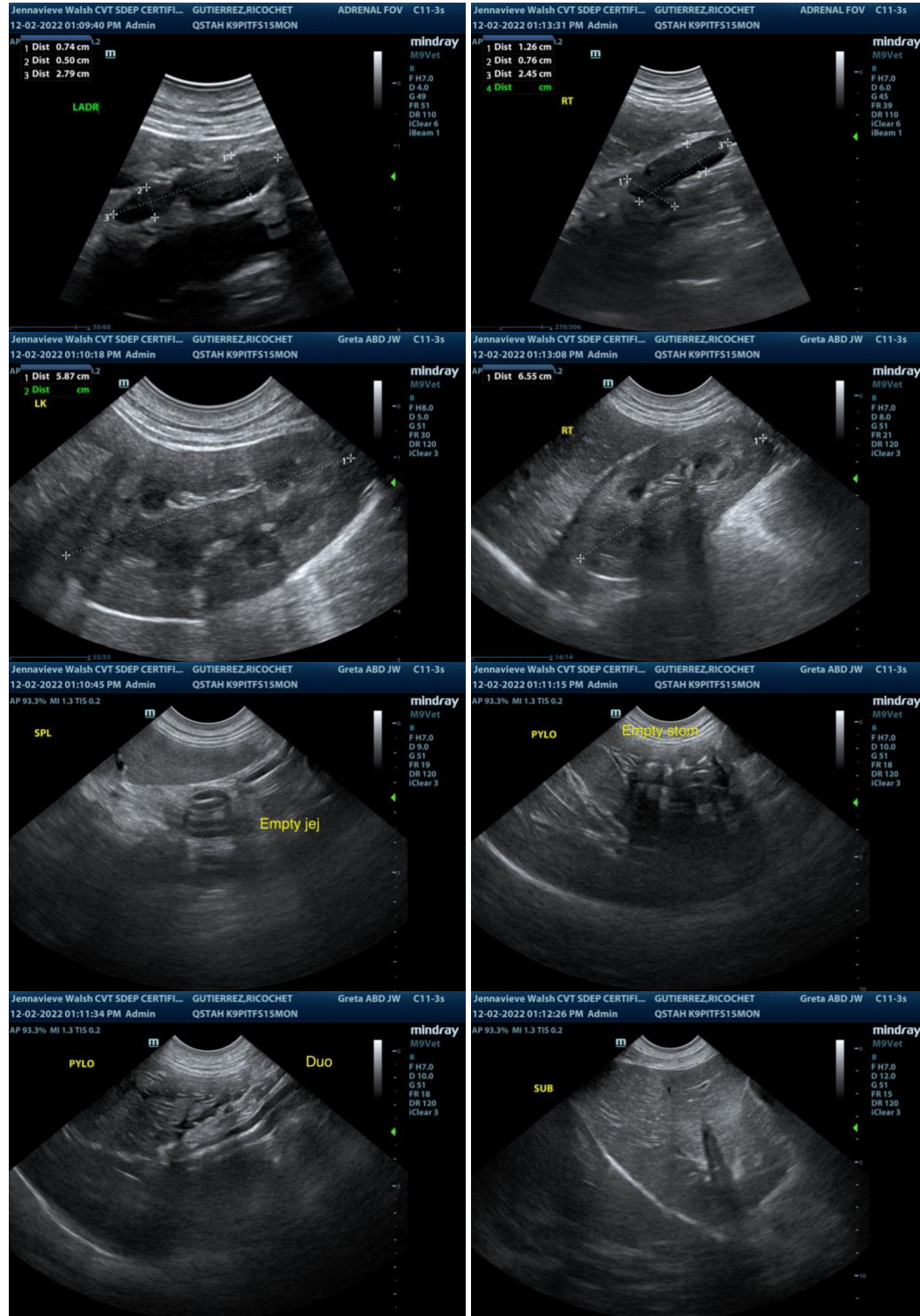
Dr. Cone

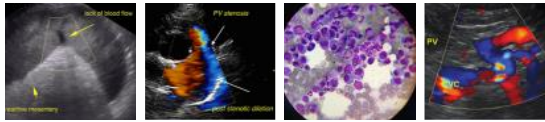
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HOSPITAL NAME

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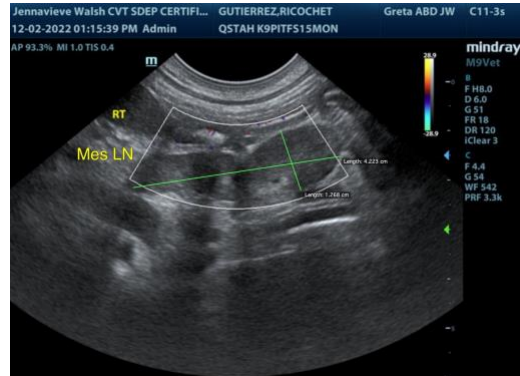
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)
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