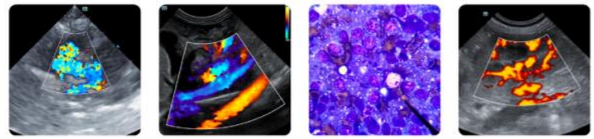


PATIENT

Ely Jacobs

SPECIES

Canine

BREED

Terrier Mix

SEX

Neutered Male

AGE

9 Years

WEIGHT

78.6

INTERPRETED BY

R. McKenzie Daniel, DVM, DABVP

IMAGING PERFORMED BY

Dr. Heather Brenner

HOSPITAL NAME

Riverside Animal Clinic

REFERRING VET

Dr. Heather Brenner

INVOICE

12832

DATE

12/24/25

PRESENTING CLINICAL SIGNS

Severe osteoarthritis for years maintained on NSAID, Gabapentin, Amantadine. Lupus nasal planum. 3 week history of more lame left front with digits 3 and 4 and now 2 nails turning black-blue and painful at P3, radiographically no bone changes. Acute onset vomiting last night 10 times liquid that proceeded to bloody, restless, not get comfortable, straining for stool. ER clinic last night IV fluids, Cerenia, hydromorphone. Exam today afebrile, good GI sounds, not tense abdomen, rectal small amount normal feces with no foreign material, quiet from Hydro.

Abnormal PE/Chem/CBC/UA Results: ER clinic last night afebrile, abdomen slightly tense, radiographs abdomen stomach correct location and position, intestines multiple small radiodense pieces seen within normal fecal material and appear to be in the large intestines with no gas dilation. K slightly low 3.0. Today Repeat abdominal radiographs foreign material still in likely descending colon but now 2 different areas in left caudal quadrant of gas filled areas of SI- not dilated but filled. CBC bands suspected confirmed on smear, Neut normal 5.56. Chem K 3.2 (3.5-5.8), Pancreatic lipase normal 39 (0-200).

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 3.0 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 change were noted.

The area of the aortic trifurcation was free of pathology.

The area of the residual prostate appeared normal and free of pathology.

Normal size and margination was 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. Small caudal cortical cyst was noted in the left kidney. The left kidney measured 7.3 cm in length. The right kidney measured 7.1 cm in length.

Adrenal Glands

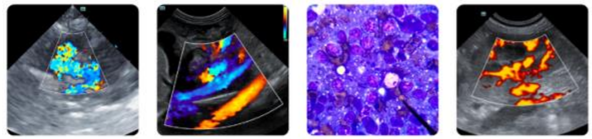
The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.79 cm width at the caudal pole.

The right adrenal gland was not definitively visualized.

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



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

Gastrointestinal

The stomach presented intact mildly prominent to thickened gastric wall owing to mildly prominent to thickened gastric mucosa. The stomach exhibited moderate distention with retained primarily anechoic fluid and mild gas. No overt visualized obstruction to the pyloric outflow or obstructive pyloric mural pathology. Pylorus wall measured 0.81 cm wall width.

The intestinal walls demonstrated overall intact nonthickened small intestine exhibiting propensity for mildly thickened duodenojejunal submucosa layer. The duodenum was empty in appearance with segmental empty jejunum with concurrent mild segmental jejunal ileus. Possible yet not definitive suspicious shadowing content in mid abdomen intestinal segment was present yet unable to be differentiated between small and large intestine.

The definitive large intestine exhibited normal intact visible wall and nondistended size containing shadowing fecal content.

Pancreas

The area of the right pancreas was sonographically normal.

Free Abdomen

Mild volume of mildly echogenic peritoneal effusion was present with generalized mild nonhomogenous hyperechoic omentum. Definitive significant or swollen mesenteric lymphadenopathy was not obvious.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

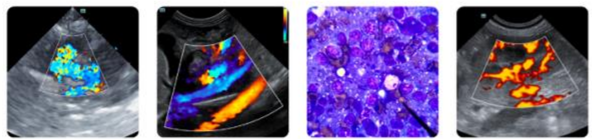
- Acute nonspecific gastroenteropathy exhibiting moderate gastric and segmental generally mild intestinal ileus.
- Shadowing fecal content in colon.
- Mid abdomen nonspecific yet suspicious shadowing small/large intestinal content.
- Mildly echogenic peritoneal effusion and generalized mild nonhomogenous hyperechoic omentum.

Secondary Findings

- Sonographically unremarkable normal volume liver.
- Normal spleen.
- Small left kidney cortical cyst.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Dietary indiscretion, infectious disease, enterotoxin, acute inflammatory bowel episode or IBD, occult neoplasia, indistinct small versus large intestine or past foreign material are all potentials. Given the reported subnormal albumin levels and lack of hepatic congestion, sterile versus septic peritonitis is possible. Correlation with effusion analysis, cytology +/- culture/sensitivity. Exploratory laparotomy



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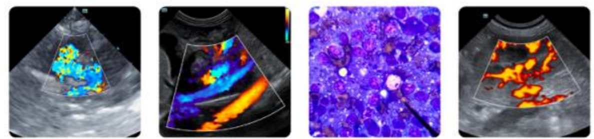
with gross inspection of the gastrointestinal tract and with gastrointestinal biopsies considered essential and warranted if evidence of septic peritonitis, progressive or nonresponsive gastrointestinal signs or evidence of progressive gastrointestinal ileus.



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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