



PATIENT	PRESENTING CLINICAL SIGNS
Max Mann	vomiting, anorexic, lethargic. Improved with IVF and supportive care, worsened today. vomited bile this morning.
SPECIES	Abnormal PE/Chem/CBC/UA Results: a few days ago -HCT 63%, BUN 59, Crea 1.9, Phos 5.3, Ca 12.7, TP 9.1, K 3.2, 4DX neg; recheck BW wnl; UA: USPG > 1.050, , struvites +3
Canine	
BREED	ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN
Mixed	Urinary System
SEX	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 changes was noted.
MN	
AGE	No evidence of pathology associated with the aortic trifurcation or residual prostate was noted.
3 years	
WEIGHT	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 7.7 cm in length.
56.6 lbs.	
INTERPRETED BY	Adrenal Glands
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 2.3 cm length x 0.65 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 2.7 cm length x 0.56 cm width at the caudal pole.
IMAGING PERFORMED BY	Spleen
Diane McFadden	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	Liver/ Gallbladder
Newton VH	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.
REFERRING VET	
Dr. Kima	
INVOICE	Gastrointestinal
12882	The stomach exhibited moderate distention with retained non-shadowing ingesta / chyme. The gastric walls were sonographically unremarkable.
DATE	
12/28/21	



PATIENT	Retained chyme extended into the duodenum and likely upper jejunum with secondary minor duodenojejunal distention. Strongly shadowing ovoid echo was noted within the small intestine subjectively within the mid abdomen medial to the spleen, measuring approximately 2.0-3.0 cm in diameter. Concurrent areas of empty small intestine, likely distal to the shadowing echo, were present.
Max Mann	
SPECIES	Normal visible colon wall layers were present with apparent formed feces in lumen.
Canine	
BREED	Pancreas
Mixed	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 were evident.
SEX	Free Abdomen
MN	Small pockets of very scant peritoneal free fluid were present. The free fluid was primarily in the caudal peritoneal cavity and was noted between intestinal loops. The free fluid was primarily anechoic and subjective appearance. No overt lymphadenopathy or overt evidence of peritonitis were present.
AGE	
3 years	
WEIGHT	ULTRASONOGRAPHIC FINDINGS
56.6 lbs.	Primary Findings
INTERPRETED BY	<ul style="list-style-type: none"> Strongly shadowing ovoid small intestinal echo with secondary mid to upper GI retained chyme - consistent with likely jejunal foreign body with secondary mid to upper gastrointestinal obstructive pattern Scant peritoneal free fluid
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	
IMAGING PERFORMED BY	INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS
Diane McFadden	Exploratory laparotomy with expectation toward enterotomy is recommended.
HOSPITAL NAME	
Newton VH	
REFERRING VET	
Dr. Kima	
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PATIENT

Max Mann

SPECIES

Canine

BREED

Mixed

SEX

MN

AGE

3 years

WEIGHT

56.6 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Diane McFadden

HOSPITAL NAME

Newton VH

REFERRING VET

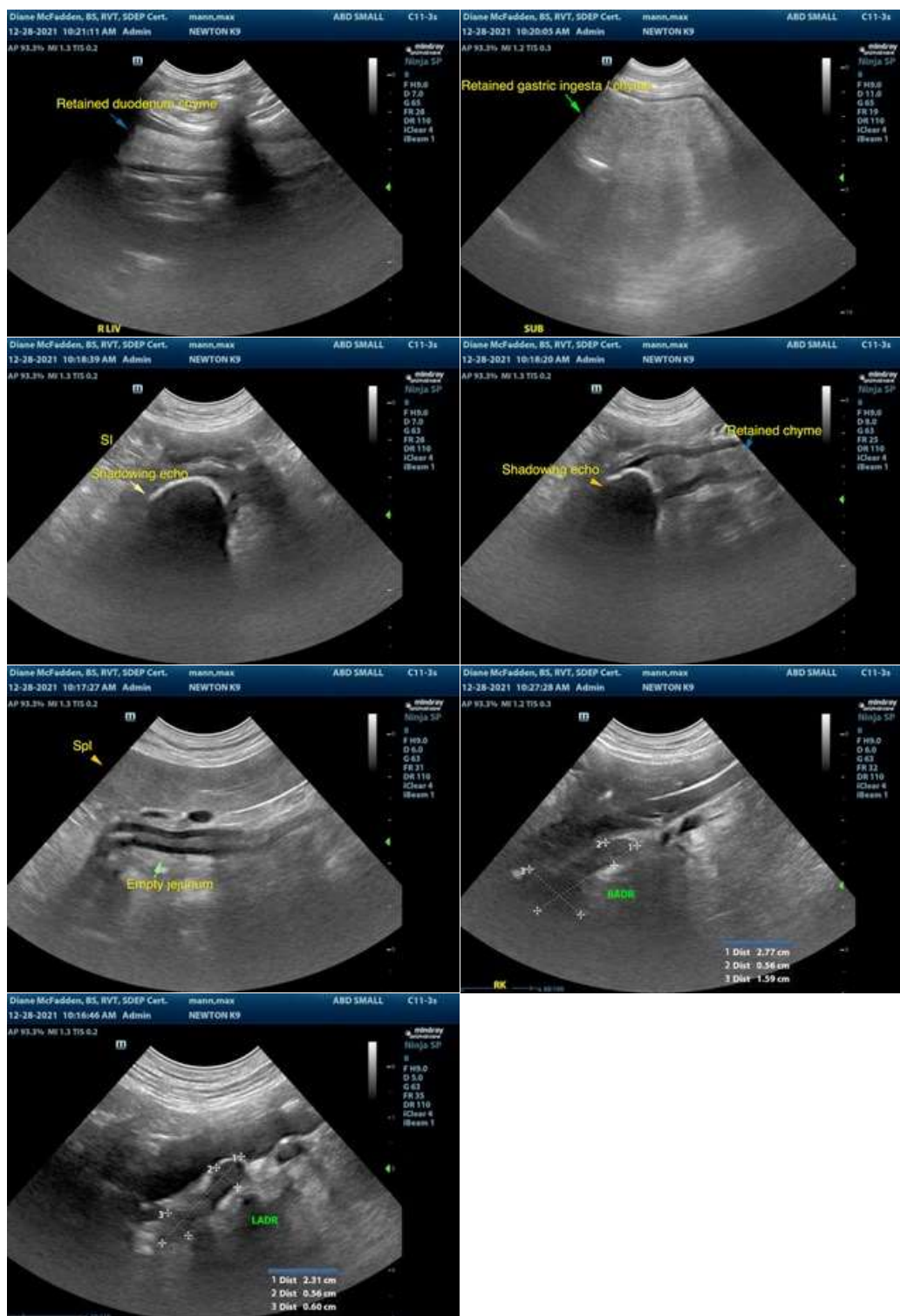
Dr. Kima

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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.



PATIENT

Max Mann

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.

SPECIES

Canine

R. McKenzie Daniel, DVM, DABVP (Canine / Feline Practice)
info@SonoPath.com

BREED

Mixed

SEX

MN

AGE

3 years

WEIGHT

56.6 lbs.

INTERPRETED BY

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DVM, DABVP
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**IMAGING
PERFORMED BY**

Diane McFadden

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