



PATIENT

Winchester Lazorzcyk

SPECIES

Canine

BREED

Germah Shorthair Pointer

SEX

Intact Male

AGE

2 Years

WEIGHT

40 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Jeanine French

HOSPITAL NAME

Fredon AH

REFERRING VET

Dr. Michelle Roche

INVOICE

33759

DATE

12/28/21

PRESENTING CLINICAL SIGNS

Weight loss, vomiting
Abnormal PE/Chem/CBC/UA Results: BCS 1/9 questionable abdominal radiograph due to limited body mass Wbc: 33.5 neut: 25929 mono: 43585

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 changes were noted.

The prostate was of expected size and presentation for a young intact male canine, measuring 1.5 cm in diameter.

The area of the aortic trifurcation was free of pathology.

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 7.4 cm. The right kidney measured 7.0 cm.

Adrenal Glands

The adrenal glands were uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 2.7 cm length x 0.42 cm at the caudal pole. The right adrenal gland measured 2.4 cm length x 0.40 cm at the caudal pole.

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

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 mild to moderate wall thickening secondary to echogenic mucosa hypertrophy. Intact wall layering was maintained and distinct. Mild gastric distension with primarily anechoic fluid was present. Gastric body wall measured 0.40 cm.

The small intestine presented intact wall layering with primarily maintained 1:3 muscularis/mucosa ratio without evidence of loss of wall layering or intestinal masses. Segmental to generalized variable small intestinal ileus pattern was noted, exhibited by retained chyme and echogenic fluid, primarily throughout the small intestine, although segments of empty small intestine were also noted. Jejunum wall measured 0.30 cm. A focal, non-specific, subjectively curvilinear, progressively shadowing echo was noted within a



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segment of the intestinal lumen, measuring approximately 2.0 cm in diameter. Small pockets of scant peri intestinal free fluid noted. No evidence of significant lymphadenopathy.

The colon was sonographically normal, yet containing subjective generalized semiformal to soft feces.

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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.

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ULTRASONOGRAPHIC FINDINGS

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- Segmental to generalized small intestinal ileus pattern with non-specific, focal shadowing intestinal luminal echo – Generalized metabolic ileus owing to underlying non-specific enteropathy possible with potential for partial mechanical ileus secondary to non-specific intestinal foreign body.
- Scant peri intestinal free fluid

AGE

2 Years

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Suspicion for underlying generalized enteropathy or gastroenteropathy given the patient's decreased body condition and subjective soft stool in the feces warranted. Although not definitive, potential for partially obstructive intestinal foreign body (potentially secondary to PICA commonly seen with patients with underlying intestinal disease).

WEIGHT

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Given these findings, diagnostic and potential therapeutic laparotomy with intestinal biopsies is considered essential despite exploratory findings. Correlation with GI panel to include PLI, TLI, cobalamin and folate would be appropriate. CBC pathology review and broad-spectrum deworming could be considered. Given the presence of elevated neutrophils, occult Addison's disease is considered a highly unlikely differential diagnosis, yet resting cortisol level could be considered.

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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.

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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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info@SonoPath.com

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