



**PATIENT**

Herb Zdziarksa

**SPECIES**

Canine

**BREED**

Lab Mix

**SEX**

MN

**AGE**

3 years

**WEIGHT**

41 lbs.

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Amy Mayhew LVT

**HOSPITAL NAME**

SVS Imaging MI

**REFERRING VET**

Family Pet Practice

**INVOICE**

12920

**DATE**

12/30/21

**PRESENTING CLINICAL SIGNS**

Recently ingested a Dream Bone rawhide free treat prior to Dec 22nd. Went to ER on the 22nd for vomiting. BW NSF, radiographs declined, owner opted outpatient treatment. No vomiting until early this AM. Gave Maropitant and no further vomiting. Lethargic. Decreased appetite yesterday.

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

The urinary bladder, trigone, and cystourethral junction 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.

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 6.5 cm in length. The right kidney measured 6.8 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 0.47 cm width at the caudal pole and 0.57 cm width at the cranial pole. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.79 cm width at the caudal pole and 0.57 cm width at the cranial 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/ Gallbladder**

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 mild, nondependent, yet nonorganized gallbladder debris likely secondary to decreased food Intake. The cystic and common bile ducts were normal.

**Gastrointestinal**

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach was primarily empty with potential for minor retained chyme and luminal gas.

The small intestine presented intact wall layering and maintained a 1:3 muscularis/mucosa ratio. A strongly shadowing curvilinear echo was present in the mid-abdominal small intestine subjectively



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medial to the spleen. This echo measured approximately 3.0 cm in diameter. Associated intestinal dilation likely proximal to the shadowing echo with retained digesta was present with mild, likely proximal, ileus pattern. Segments of small intestine suspected to be distal to the strongly shadowing echo were also present.

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

***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 were evident.

***Free Abdomen***

Regional peri-intestinal reactive mesentery was present. A small pocket of scant free fluid was noted in the left lateral abdomen.

Intermittent mesenteric nodes were present adjacent to the intestinal shadowing echo. The lymph nodes were essentially isoechoic to adjacent omentum without evidence of peripheral inflammation and maintaining a normal width: length ratio (<0.5).

**ULTRASONOGRAPHIC FINDINGS**

***Primary Findings***

- Strongly shadowing intestinal echo with associated segmental small intestinal dilation with retained ingesta
- Regional peri-intestinal reactive mesentery, subjective benign / reactive mesentery lymph nodes and small pocket of scant free fluid

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The strongly shadowing echo with associated likely proximal intestinal distention with retained ingesta is consistent with a partially obstructive foreign body.

The reactive mesentery lymphadenopathy and scant free fluid is suspected to be reactive owing to intestinal and regional inflamed mesentery. Potential for emerging peritonitis is possible.

Exploratory laparotomy with expectation toward enterotomy and with gross inspection of the remainder of the gastrointestinal tract is recommended. The shadowing echo is consistent with jejunal location.



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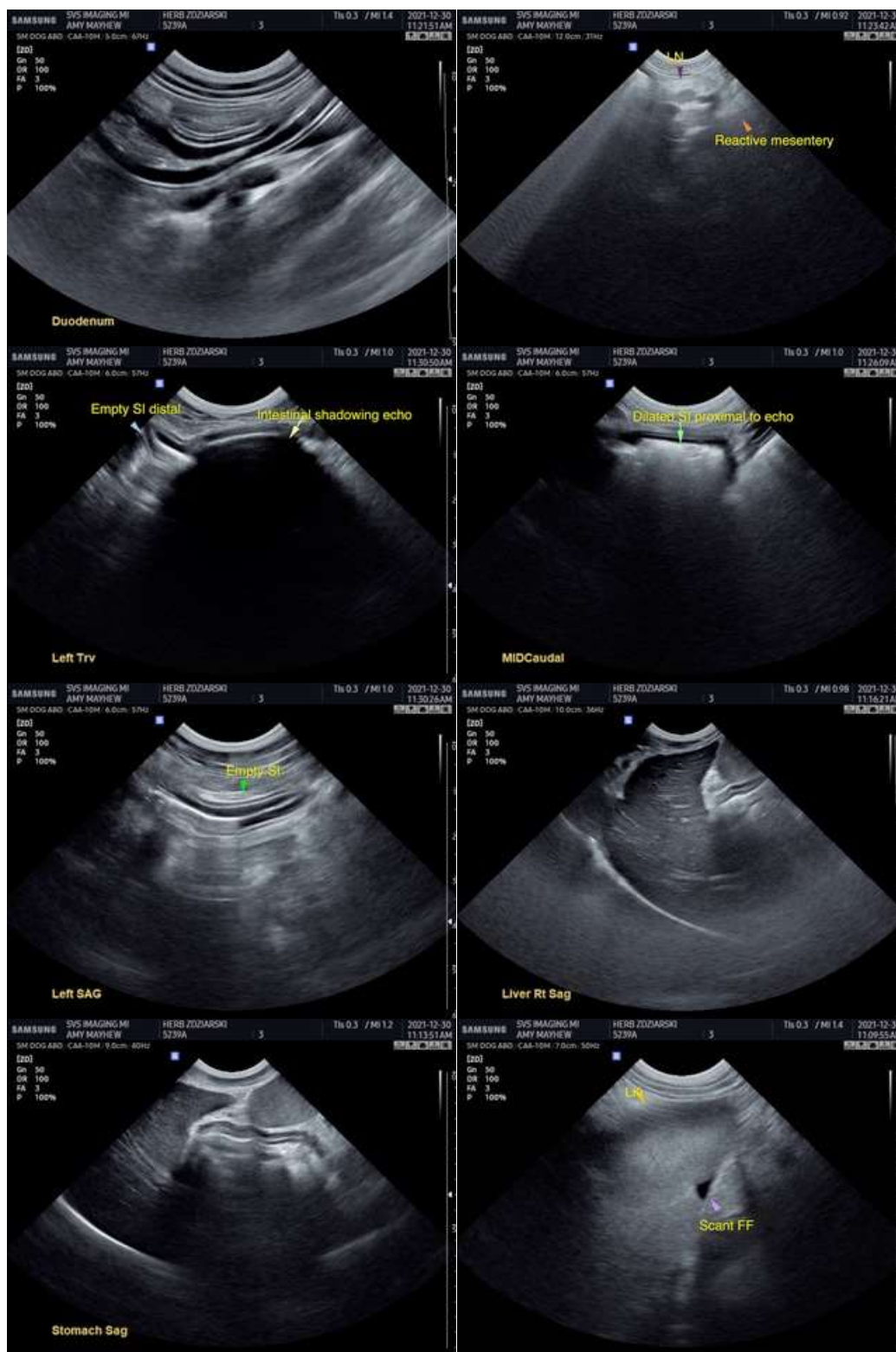
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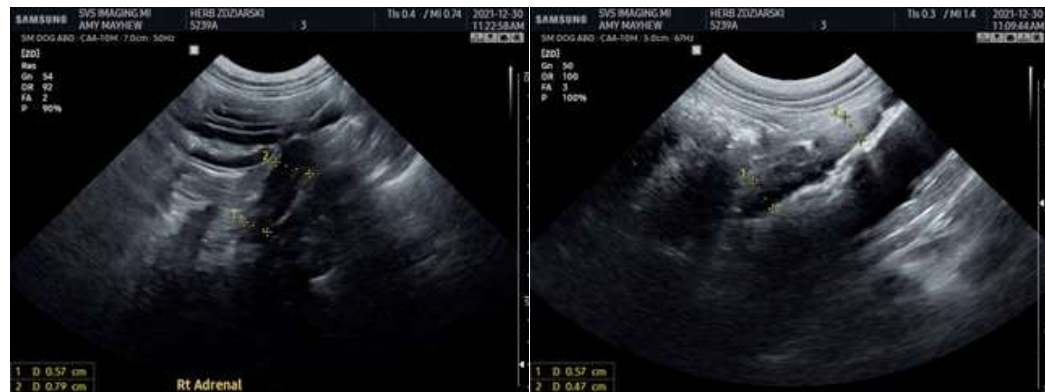
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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