



PATIENT PRESENTING CLINICAL SIGNS

Buddy Phelan

SPECIES

Canine

BREED

Golden Retriever

SEX

MN

AGE

11 years 8 months

WEIGHT

60

3d history vomiting undigested food. hx fbo sx 1.5y ago. weight loss. thin. lehargic-ADR- CBC/CHEM wnl. Differential Diagnosis* FBO? Findings: Six images dated 12/4/2021 are received; these include opposite lateral and VD images of the thorax and abdomen. Previous abdominal images dated 3/4/2019 are available for comparison. The cardiac silhouette is within normal limits. The pulmonary vessels are unremarkable. The pulmonary parenchyma is unremarkable for age and body condition; no pulmonary nodules are seen. No abnormalities of the mediastinal structures, pleural space, or diaphragm are observed. Spondylosis deformans is seen at multiple sites in the cranial and mid thoracic spine. Serosal detail appears decreased the cranial abdomen. The stomach contains gas and soft tissue opacity ingesta. There is focal gas and fluid distention of segments of small intestine in the cranial abdomen; heterogenous soft tissue opacity is seen in a small intestinal segment in the cranial ventral abdomen. The suspected foreign material is not clearly identified on the VD image. There is a second population of less distended small intestine. The large intestine is moderately distended with gas and soft tissue opacity ingesta. No abnormalities of the visible liver, spleen, kidneys, or urinary bladder are seen. Spondylosis deformans is seen at L2-3, L6-7, and at the lumbosacral junction. Assessment: Heterogenous soft tissue opacity foreign material is seen in the segment of small intestine in the cranial ventral abdomen; the degree of small intestinal distention is consistent with at least partial obstruction. Soft tissue opacity ingesta seen in the stomach could represent additional foreign material or residual food. Exploratory surgery could be considered at this time. If available, ultrasound could be considered to better evaluate the gastrointestinal tract before surgery. Unremarkable geriatric thorax; no evidence of cardiac decompensation or thoracic neoplasia is seen. Correlation with clinical findings is recommended. Make follow-up three-view thoracic radiographs as indicated.

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 3.0 cm exhibited normal thickness and tone. Mild asymmetrical luminal surface to micropolyploid changes were present, likely associated with age related mural changes. 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 residual prostate was free of overt pathology.

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 was maintained. The medulla and cortices were uniform in texture with some increased echogenicity and mild loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. Pinpoint areas of medullary mineral were noted in both kidneys. The left kidney measured 6.6 cm in length. The right kidney measured 6.7 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 2.6 cm length x 0.51 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 3.0 cm length x 0.65 cm width at the caudal pole.

INTERPRETED BY

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

IMAGING PERFORMED BY

Loetitia Saint-Jacques, RVT

HOSPITAL NAME

Donner Trucker VH

REFERRING VET

Dr. Vannini

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PATIENT *Spleen*

Buddy Phelan

The spleen exhibited primarily finely textured parenchyma which was hyperechoic to the liver and renal cortical parenchyma. Mild generalized parenchyma heterogeneity was present without evidence of nodular changes. 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. The parenchymal heterogeneity is likely consistent with benign changes such as extramedullary hematopoiesis or age-related remodeling with minor potential for inflammatory or neoplastic disease.

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Liver/ Gallbladder

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The liver was subjectively normal in size, structure, and contour. The liver parenchyma was mildly nonuniform and hypoechoic to the spleen with a moderate coarse echotexture and subjective mild to benign parenchymal remodeling. 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.

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Gastrointestinal

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The stomach exhibited moderate retained fluid present in the gastric lumen and area of the pyloric outflow.

WEIGHT

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Multiple areas of strongly shadowing intestinal luminal echo were present, subjectively within the cranial to mid abdomen. An example of a strongly shadowing echo measured 2.0 cm and 5.4 cm. Concurrent linear echo with associated areas of intestinal plication were present. Concurrent obstructive small intestinal pattern exhibited by moderately dilated Intestinal loops with swirling static fluid was noted.

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DABVP (Canine and Feline)

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

IMAGING PERFORMED BY

Pancreas

Loetitia Saint-Jacques, RVT

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.

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Free Abdomen

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Regional peri intestinal echogenic mesentery was present, along with small pockets of scant peri intestinal free fluid. Evidence of significant lymphadenopathy was not overtly evident.

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ULTRASONOGRAPHIC FINDINGS

Primary Findings

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- Probable multifocal solitary to lineal small intestinal foreign bodies with associated areas of Intestinal plication and generalized obstructive pattern
- Regional peri intestinal peritonitis
- Concurrent retained gastric fluid - overt evidence of gastric foreign material was not definitively evident

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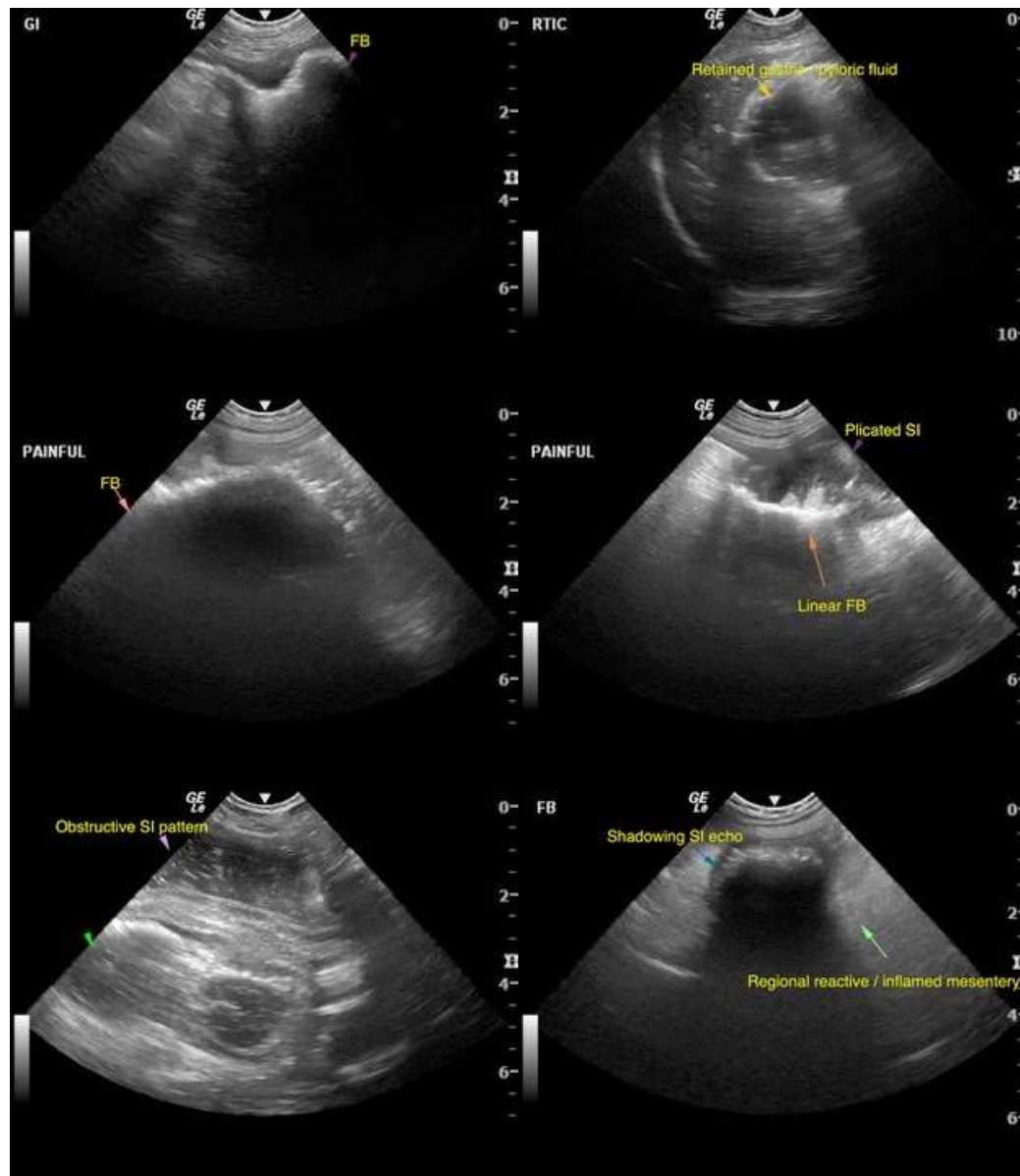
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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Exploratory laparotomy with expectation towards likely multiple enterotomies and with high potential for resection anastomosis is recommended. Potential for Intestinal perforation, given the peri intestinal peritonitis and small pockets of scant free fluid, is possible. Gross inspection of the stomach at the time of surgery is recommended.

Underlying neoplastic component to the small intestine is thought unlikely yet cannot be definitively excluded. Perioperative antibiotic use is recommended given strong concern for peritonitis. Overall guarded prognosis, given the presentation of the gastrointestinal tract, potential for peritonitis, and potential complicated surgery, indicated.





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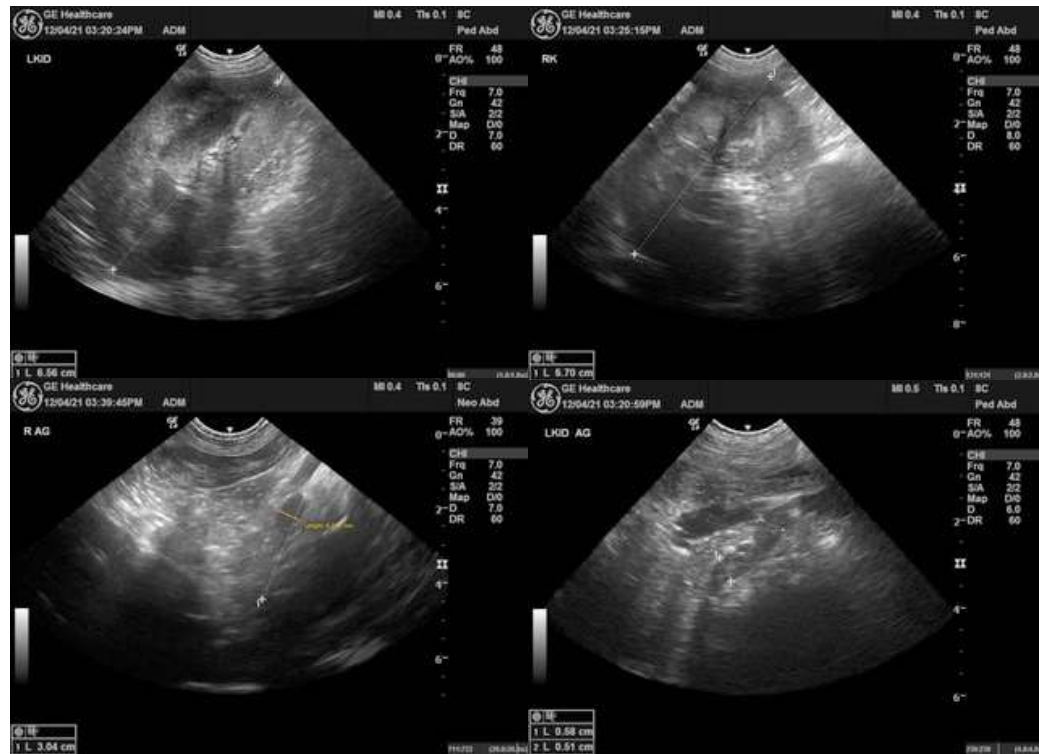
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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