



PATIENT

Luna Diclemente

SPECIES

Canine

BREED

Mix

SEX

Spayed Female

AGE

11 Months

WEIGHT

26 Lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Jessica Miller

HOSPITAL NAME

North Jersey AH

REFERRING VET

Dr. Reidel

INVOICE

12851

DATE

12/7/21

PRESENTING CLINICAL SIGNS

History: Anorexia 4 days (vomiting) Abdominal discomfort mid abdomen. R/o GI foreign body. Current meds: Metronidazole 10mg/kg BID PO
Abnormal PE/Chem/CBC/UA Results: WNL, Spec Cpl WNL

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2.0 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.

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 5.5 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 2.4 cm in length x 0.49 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 2.3 cm in length x 0.39 cm width 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 wall thickening secondary to echogenic mucosa hypertrophy. Intact yet mildly prominent wall layering present. The stomach was primarily empty with mild luminal gas. No evidence of gastric distention with retained fluid, ingesta or overt foreign material.

The intestinal walls demonstrated intact wall layering and maintained 1:3 muscularis / mucosa ratio. The mucosa exhibited mild decreased echogenicity with occasional mucosal speckling. A segmental to primarily generalized non-obstructive duodenojejunal ileus pattern. No evidence of mural pathology such as intussusception, intestinal masses or overt small intestinal foreign material noted. The duodenum wall measured 0.39 cm. The jejunum wall measured 0.24 cm.



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

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Pancreas

SPECIES

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. Potential for low-grade pancreatitis may be present yet ultrasonographically normal.

Canine

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Free Abdomen

Mix

Focal, mildly prominent to enlarged intermittent mesenteric lymph nodes was present. The lymph node was essentially isoechoic to adjacent omentum without evidence of peripheral inflammation and maintaining a normal width: length ratio (<0.5).

SEX

Subtle evidence of periintestinal reactive mesentery was noted. No effusion noted.

Spayed Female

ULTRASONOGRAPHIC FINDINGS

AGE

- Acute gastroenteritis pattern with segmental to primarily generalized non-obstructive duodenojejunal ileus
- Associated mesenteric lymphadenopathy- reactive hyperplasia, lymphadenitis or immunologic immaturity likely

11 Months

WEIGHT

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

26 Lbs.

Overt evidence of mechanical gastrointestinal obstruction or obvious foreign material was not evident. Given the primarily generalized small intestinal mild ileus pattern, acute gastrointestinal insult, infectious gastroenteritis, dietary indiscretion, occult parasitism or similar are likely. The possibility of a mild amount of non-obstructive foreign material, owing to dietary indiscretion, cannot be definitively excluded yet without definitive evidence of obstructive pattern at this time, no indication for immediate surgical intervention. Hospitalization with IV fluid and gastrointestinal support with broad spectrum antibiotics such as metronidazole/ampicillin combination is recommended. Recheck sonogram suggested, to assess for increasing evidence of duodenojejunal ileus or inflammatory gastrointestinal changes, if persistent clinical signs non-responsive to empirical therapy are noted.

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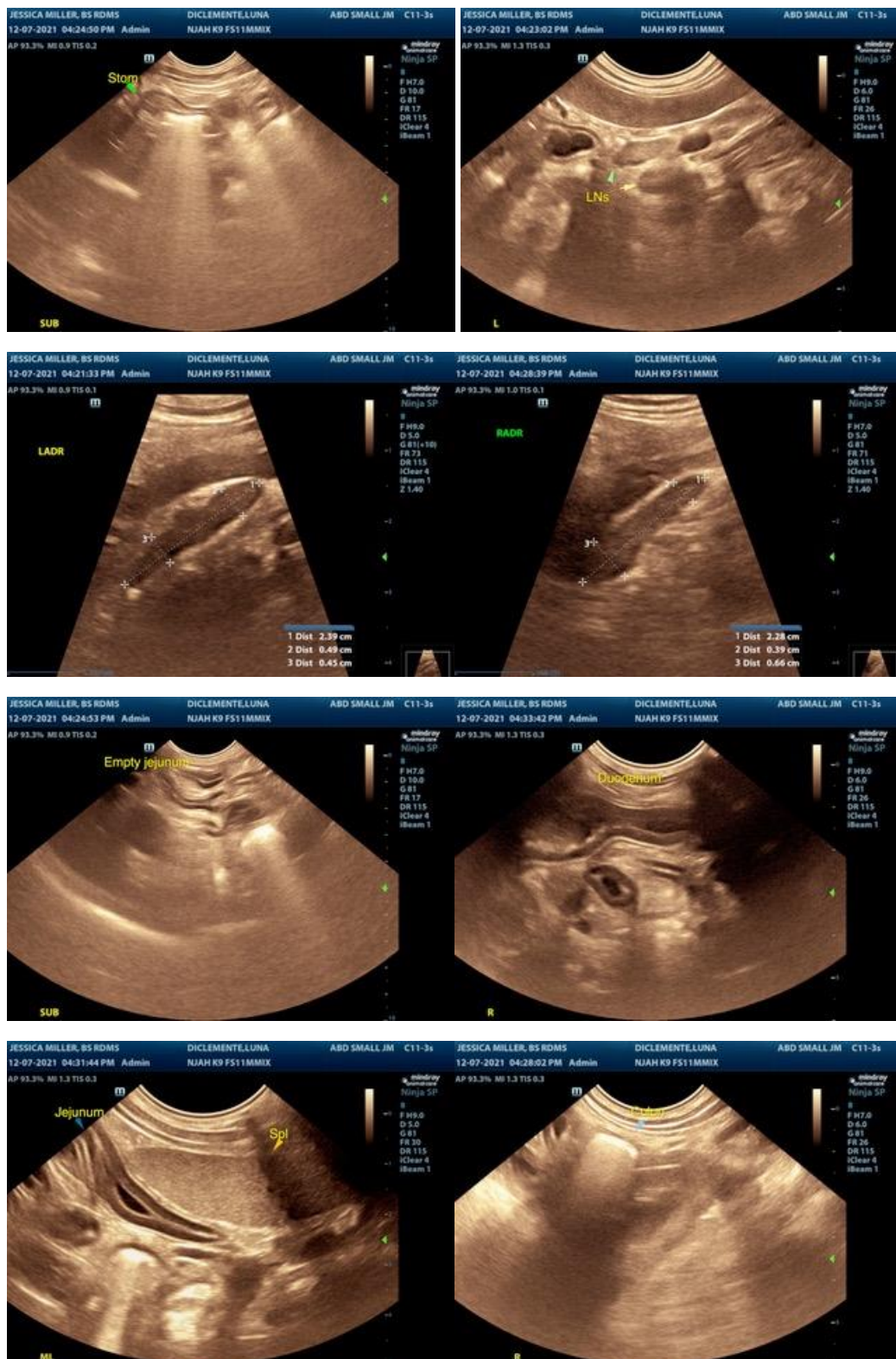
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.



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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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