

PATIENT PRESENTING CLINICAL SIGNS

Whiskey Costa Presented on 2/12 for not eating and vomiting lots to the point of bile - diarrhea on 2/11 and no BM on 2/12 - P was hospitalized 2/12 as radiographs were abnormal. P ate and drank yesterday (2/13) but now is refusing food this morning Treatment Plan: IVF 84ml/hr (2x maintenance) NPO Re-evaluate digital radiographs in the morning for suspected f/b movement after hydration Medications: aggressive IVF, Sucralfate, Metronidazole, Pro-Pectalin,
SPECIES Canine
BREED Golden Retriever
 Abnormal PE/Chem/CBC/UA Results: BW CBC- mild Leukocytosis 18.51 K/uL, mild Neutrophilia 14.9 K/uL Chem- mild increase Amylase 1840 U/L See attached radiographs - Digital radiography- Suspect fabric or possible foam bed in pyloroduodenal region

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

SEX Intact Male
 The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of – 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.

AGE 7 Months
 The prostate exhibited expected size and presentation for a young intact male canine, measuring 2.1 cm diameter.

WEIGHT 70.6 Pounds
 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 7.7 cm. the right kidney measured 7.9 cm.

Adrenal Glands

The adrenal glands were uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 2.9 cm length x 0.38 cm at the caudal pole. The left adrenal gland measured 2.4 cm length x 0.43 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 intact yet prominent wall layering. The stomach contained a mild amount of retained fluid along with strongly shadowing echo measuring approximately 3-4 cm in diameter.

Segmental obstructive small bowel pattern noted, exhibiting segmental plication with concurrent linear-like luminal echo. Potential emerging area of small intestine intussusception noted in the mid abdomen, although not definitive, and potentially indicative of overlaying plication. Concurrent segments of empty small intestine likely distal to the area of small intestinal obstructive pattern were present.

INTERPRETED BY

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

IMAGING PERFORMED BY

Amanda Lacey-Crook
SDEP Certified Clinical
Sonographer

HOSPITAL NAME

Rivers Edge PMC

REFERRING VET

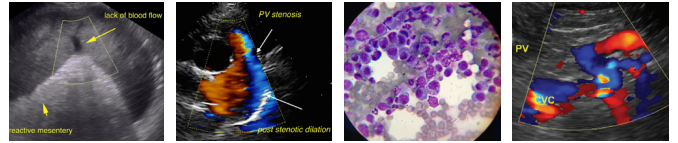
Dr. David Gray

INVOICE

35639

DATE

2/14/22



PATIENT

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

Whiskey Costa

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.

Canine

Free Abdomen

BREED

Generalized reactive mesentery noted. Small pockets of scant peritoneal free fluid noted. Evidence of significant lymphadenopathy was not noted, yet mild reactive jejunal or jejunocolic lymph nodes suspected.

Golden Retriever

SEX

ULTRASONOGRAPHIC FINDINGS

Intact Male

- Strongly shadowing gastric echo and mild retained chyme
- Segmental small bowel obstructive pattern exhibiting segmental plication, containing linear-like echo, possible focal early to emerging intussusception in the mid abdomen.
- Regional, primarily peri intestinal reactive mesentery and small pockets of scant peritoneal free fluid – possible emerging to mild peritonitis.

AGE

7 Months

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

WEIGHT

70.6 Pounds

Exploratory laparotomy with expectation towards gastrotomy and enterotomy with strong likelihood of multiple enterotomies indicated. The small intestine exhibited inflammatory mural changes without overt evidence of neoplastic criteria. The possibility of very early intestinal perforation (given the timeframe of initial presentation) as well as evidence of peri intestinal reactive mesentery and scant free fluid cannot be excluded.

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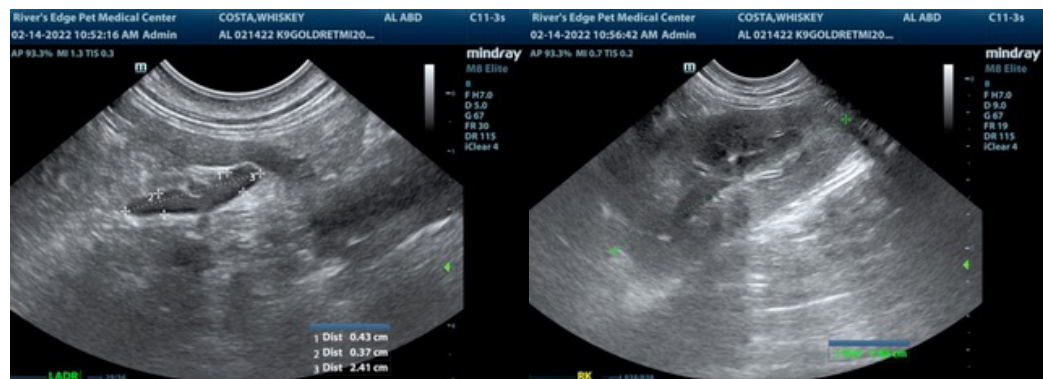
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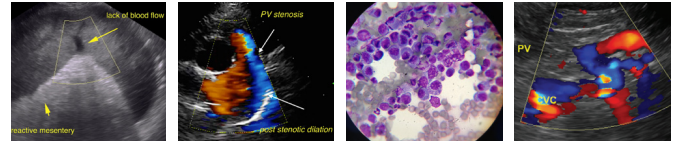
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Whiskey Costa

SPECIES

Canine

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Golden Retriever

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Intact Male

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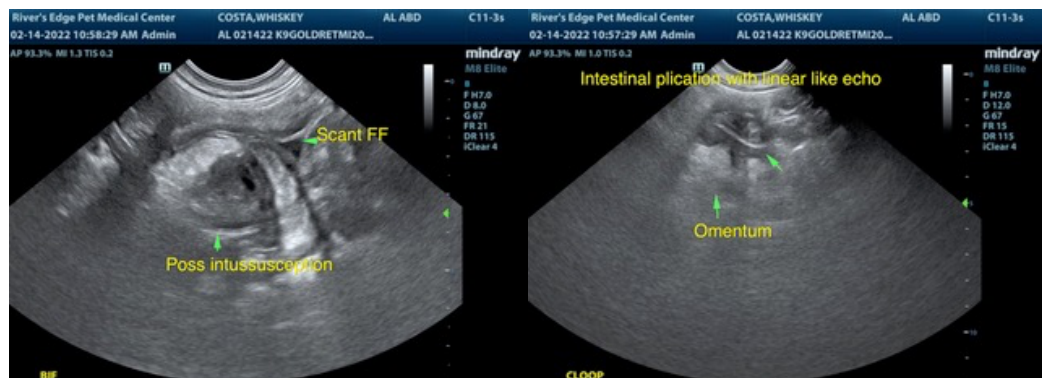
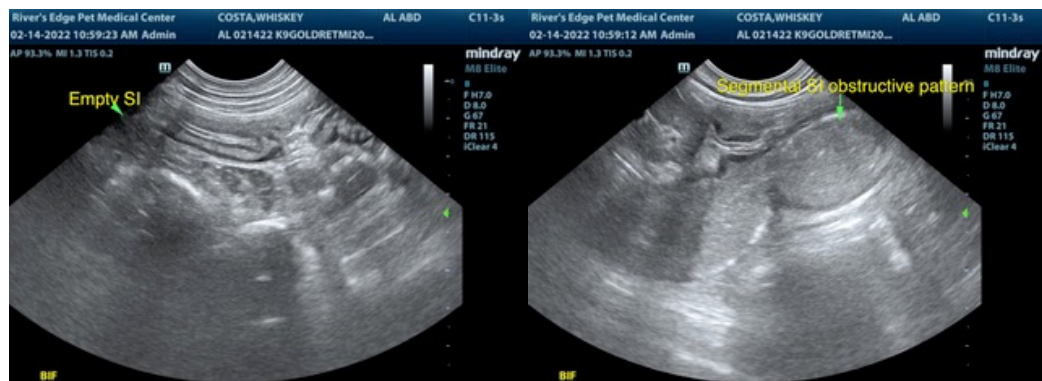
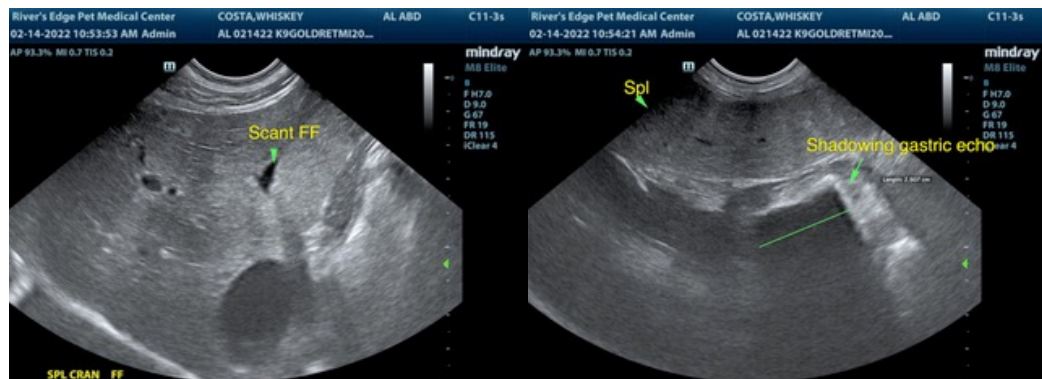
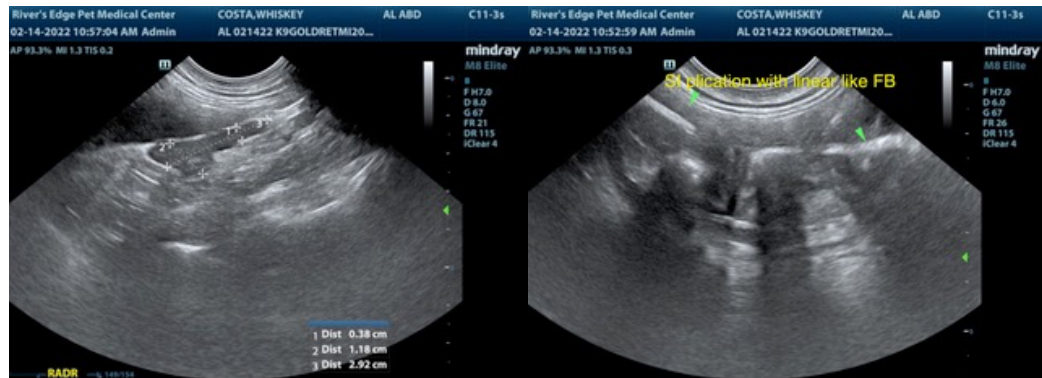
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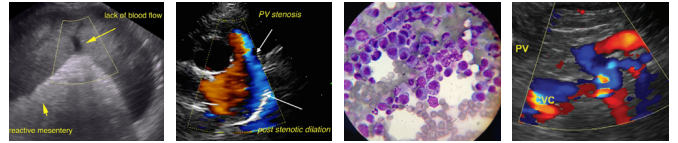
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PATIENT

Whiskey Costa

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.

SPECIES

Canine

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.

BREED

Golden Retriever

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

SEX

Intact Male

AGE

7 Months

WEIGHT

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