

**PATIENT**

Caine Vanatta

**SPECIES**

Canine

**BREED**

German Shepherd

**SEX**

MN

**AGE**

7yr

**WEIGHT**

86lb

**INTERPRETED BY**R. McKenzie Daniel,  
DVM, DABVP  
(Canine and Feline)**IMAGING PERFORMED BY**

Amy Mayhew LVT

**HOSPITAL NAME**SVS Imaging  
Michigan**REFERRING VET**

Dr. Kenny

**INVOICE**

12964ag

**DATE**

02/14/2023

**PRESENTING CLINICAL SIGNS**

Presented to ER vomiting and painful abdomen.

Abnormal PE/Chem/CBC/UA Results: Took radiographs and referred or AUS based on radiology report. Please see attached.

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN****Urinary System**

The urinary bladder was mildly subnormal in size owing to lack of urine distention. The trigone, cystourethral junction, and visible pelvic urethra 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 8.0 cm in length. The right kidney measured 8.0 cm in length.

The area of the aortic trifurcation was free of pathology.

The area of the residual prostate appeared normal and free of pathology.

**Adrenal Glands**

The bilateral adrenal glands exhibited potential for borderline subnormal size with normal position and shape. The left adrenal gland measured 0.39 cm width at the caudal pole and 0.42 cm width at the cranial pole. The right adrenal gland measured 0.34 cm width at the caudal pole and 0.34 cm width at the cranial pole.

**Spleen**

The spleen exhibited borderline mild enlargement with parenchyma heterogeneity. The capsule was smooth and regular without apparent expansion. No evidence of splenic neoplastic criteria. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis.

**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 mildly distended in size with thin walls and primarily anechoic luminal content with mild non-dependent non-organized debris. No evidence of gallbladder or peripheral gallbladder inflammation was present. The cystic and common bile ducts were normal.

**Gastrointestinal**

The stomach presented intact mildly prominent wall layering with a normal wall layer ratio. The lumen of the stomach contained retained echogenic fluid/chyme with no signs of ileus, obstruction or foreign material.

The small intestine presented subjective segmental mid abdominal plication with an indistinct linear hyperechoic echo within the lumen of the plicated segment. Concurrent segmental retained intestinal chyme likely adjacent. Concurrent gas distended segments of small intestine with possible shadowing



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ingesta/echo present. Regional peri intestinal mild hyperechoic omentum and intermittent scant pocket of peritoneal free fluid was present.

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

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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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**Free Abdomen**

No obvious overt lymphadenopathy was present.

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Regional peri intestinal mild hyperechoic omentum and intermittent scant pocket of peritoneal free fluid was present.

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**ULTRASONOGRAPHIC FINDINGS**

- Segmental plicated mid abdominal small intestine with strongly suspected intestinal linear foreign body
- Segmental intestinal retained chyme
- Hypomotile stomach with retained fluid/chyme
- Mild regional peri intestinal hyperechoic omentum and focal/scant peri intestinal free fluid
- Subjective borderline subnormal bilateral adrenal glands

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Exploratory laparotomy with gross inspection of the GI tract and enterotomy/ies is recommended once the patient is deemed stable for anesthesia. A definitive location of the possible anchored intestinal foreign material was not obvious given possible decreased visualization owing to intestinal gas. Evidence of anchored pyloric foreign body was not visualized. The peri intestinal hyperechoic omentum and scant free fluid is suspected to be secondary to intestinal inflammation although emerging peri intestinal peritonitis is possible. Peri operative resting cortisol level may be considered.

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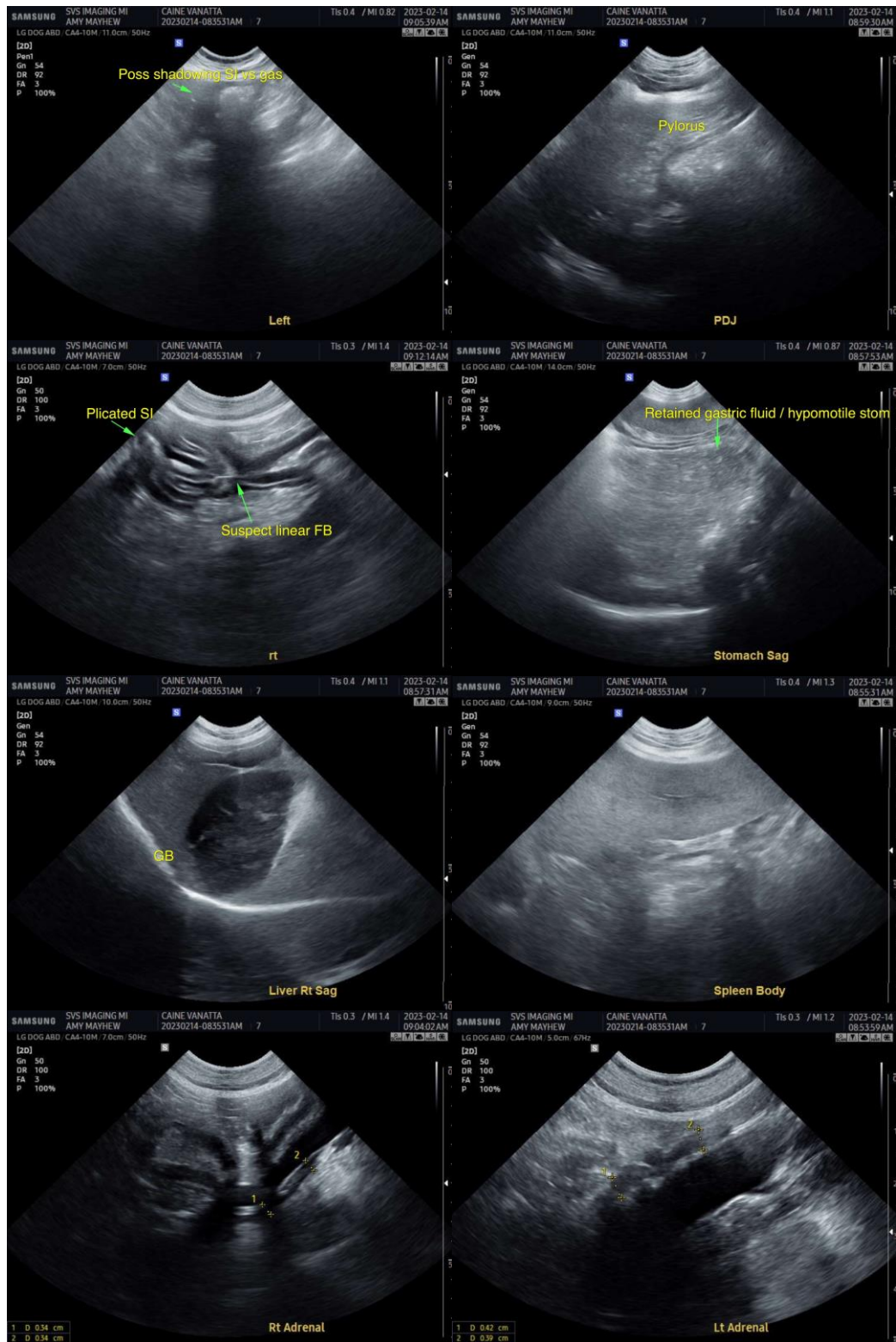
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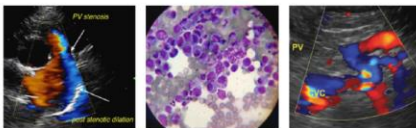
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

**IMAGING PERFORMED BY**

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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.

R. McKenzie Daniel, DVM, DABVP (Canine / Feline Practice)

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