



**PATIENT PRESENTING CLINICAL SIGNS**

Axl Dill History of eating foreign objects, vomiting. Medication: SQF, Cerenia, Pepcid

**SPECIES ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Canine Urinary System**

Canine The urinary bladder, 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.

**BREED**

Pitbull

**SEX**

Male

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 6.4 cm in length. The right kidney measured 6.2 cm in length.

**AGE**

4 Months

**Adrenal Glands**

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured –2.1 cm in length x 0.46 cm width at the caudal pole.

**WEIGHT**

32

The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 2.1 cm in length x 0.53 cm width at the caudal pole.

**Spleen**

**INTERPRETED BY**

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

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.

**IMAGING PERFORMED BY**

Rebekah Jakum, CVT  
 ARDMS/RVT

**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.

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Easton AH

The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.

**Gastrointestinal**

**REFERRING VET**

Dr. Yazwinski

The stomach revealed generalized prominent to thickened wall layering, exhibiting intact wall layer detail. The stomach contained a moderate amount of retained, variable echogenic to shadowing ingesta. No overt evidence of mechanical pyloric outflow obstruction. The pylorus wall measured 0.71 cm. The ventral gastric body wall measured 0.4 cm - 0.5 cm.

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The small intestine presented intact sonographically unremarkable wall layering. Mild upper duodenal ingesta/chyme was noted, along with segmental mild jejunal ileus pattern. Definitive small intestinal obstructive pattern or foreign material was not visualized.

**DATE**

2/16/23



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

Axl Dill **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** Solitary to intermittent, mildly prominent to enlarged gastric lymph nodes were present. The lymph nodes were essentially isoechoic to adjacent omentum without evidence of peripheral inflammation or neoplastic criteria and maintaining a normal width: length ratio (<0.5). An example of lymph node size measured 1.5 cm in diameter.

Pitbull

**SEX**

Subtle perigastric and peri-upper duodenal reactive mesentery were noted.

Male

**ULTRASONOGRAPHIC FINDINGS**

**AGE**

- Gastroduodenitis pattern with moderate retained, variably echogenic to focally shadowing ingesta
- Concurrent segmental jejunitis and subjective nonobstructive jejunal ileus
- Focal to intermittent, benign/reactive gastric lymphadenopathy, minor perigastric reactive mesentery

4 Months

**WEIGHT**

32

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

**INTERPRETED BY**

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

Although not definitive yet given the presence of retained focally shadowing gastric ingesta despite vomiting and lack of gastric evacuation, concern for intermixed foreign material and retained ingesta in the stomach is warranted, in light of patient history. Small amounts of passing foreign material, resulting in segmental jejunal ileus cannot be definitively excluded. Overall sonographic inflammatory gastrointestinal pattern. Parvo test is suggested, even without reported hemorrhagic diarrhea at this stage. Exploratory laparotomy for gross inspection of the gastrointestinal tract, potential gastrotomy and with gastrointestinal biopsies considered essential, pending Parvo testing, would be warranted. Hospitalization with 24-hour IV fluids, gastrointestinal support, documented NPO and either sonographic or radiographic monitoring of the stomach for gastric emptying or persistent retained ingesta over the next 24 hours would be a more conservative approach with laparotomy indicated if evidence of retained gastric ingesta / gastric stasis despite supportive care.

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ARDMS/RVT

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**PATIENT**

Axl Dill

**SPECIES**

Canine

**BREED**

Pitbull

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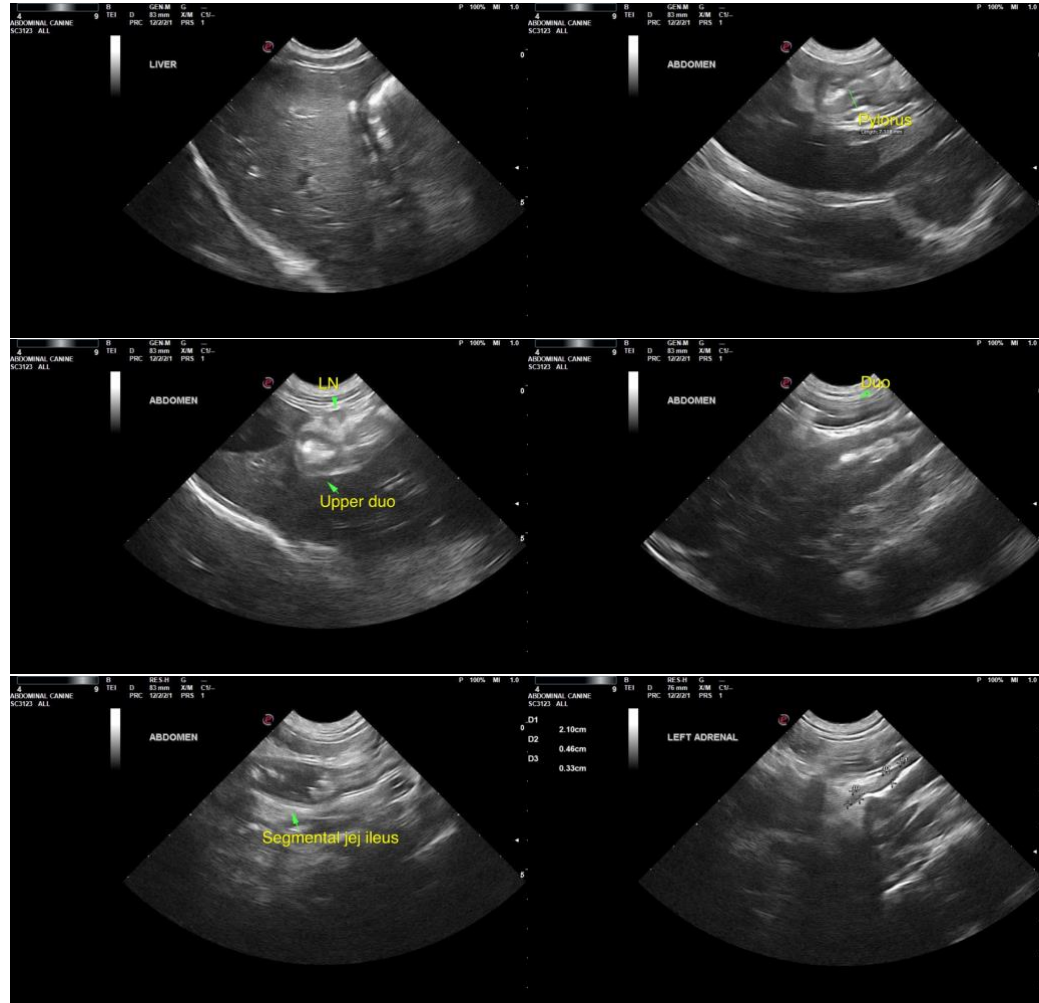
Dr. Yazwinski

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**PATIENT**

Axl Dill

**SPECIES**

Canine

**BREED**

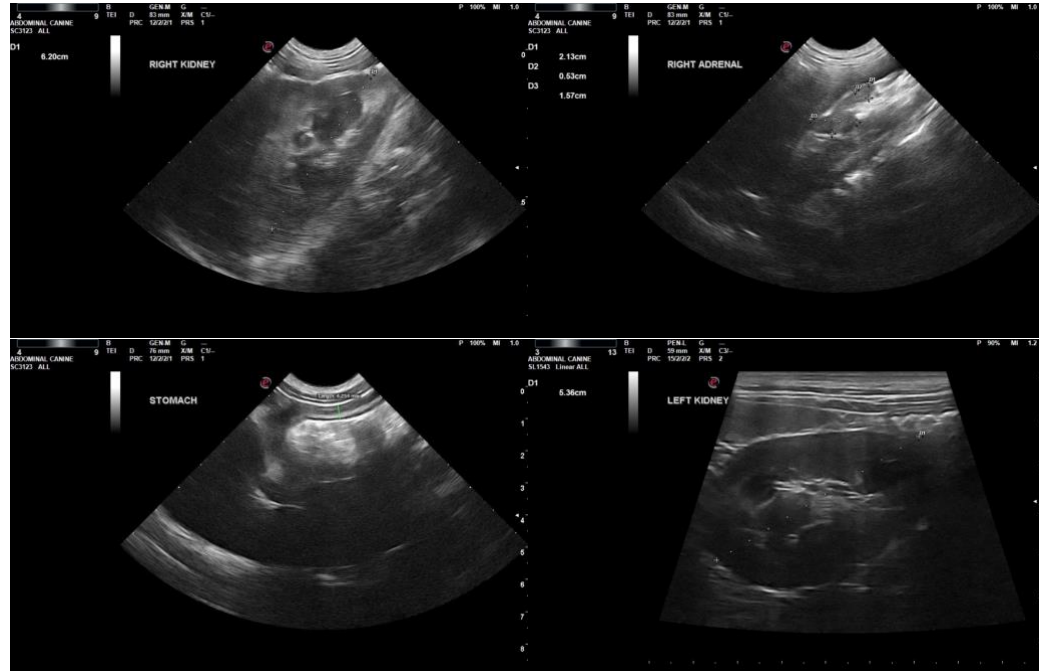
Pitbull

**SEX**

Male

**AGE**

4 Months



**WEIGHT**

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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.

**INTERPRETED BY**

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

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

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Rebekah Jakum, CVT  
ARDMS/RVT

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