



PATIENT PRESENTING CLINICAL SIGNS

PATIENT Phineas Grazioli
History: Owners picked up from boarding after 8 nights. Kennel reported vomited once while there. Since coming home has vomited his dinner last night and breakfast this morning.

SPECIES Abnormal PE/Chem/CBC/UA Results: CBC chem WNL abnormal Snap cPL Abdominal rads showed abnormal gas pattern on right side.

Canine

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

BREED *Urinary System*

BREED Flat Coat Retriever
The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 3.0 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. Aortic trifurcation was normal.

SEX

SEX Neutered Male
No overt pathology in the area of the residual prostate.

AGE

AGE 6 Years
Normal size and margination was 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 6.9 cm in length. The right kidney measured 6.8 cm in length.

WEIGHT

64 Lbs.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.66 cm width at the caudal pole and 0.62 cm width at the cranial pole.

The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.60 cm width at the caudal pole and 0.66 cm width at the cranial pole.

INTERPRETED BY

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

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.

IMAGING PERFORMED BY

Amy Mayhew, LVT

HOSPITAL NAME

SVS Imaging Michigan

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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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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14049

Gastrointestinal

The stomach presented mild wall thickening secondary to echogenic mucosa hypertrophy. Intact wall layering was maintained and distinct. The stomach was primarily empty with mild luminal gas. No evidence of gastric distention with retained ingesta, fluid or foreign material.

DATE

2/24/22



PATIENT

Phineas Grazioli

The intestinal walls demonstrated intact wall layering and maintained 1:3 muscularis / mucosa ratio. The mucosa exhibited mild decreased echogenicity with occasional mucosal speckling. Mild segmental duodenojejunal ileus was present, exhibited by mild retained duodenojejunal fluid as well as increased segmental gas pattern to the level of the ileum and ileocolic junction.

SPECIES

Canine

The colon exhibited generalized intact and sonographically unremarkable wall layering with diffuse colon fluid distention containing non-formed to liquid feces consistent with diarrhea.

BREED

Flat Coat Retriever

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.

SEX

Neutered Male

Free Abdomen

Multiple, focally enlarged jejunocolic lymph nodes were present. These lymph nodes were homogenous, mildly hypoechoic and smoothly margined. A normal width: length ratio was maintained (<0.5). Mild perilymphatic reactive mesentery as well as subtle periintestinal reactive mesentery was noted. An example of lymph node size was 2.5 cm x 1.4 cm. No evidence of free fluid.

AGE

6 Years

ULTRASONOGRAPHIC FINDINGS

WEIGHT

64 Lbs.

- Acute gastroenterocolitis pattern, exhibiting mild segmental duodenojejunal ileus and increased segmental gas pattern, generalized colon fluid distention with non-formed feces.
- Associated jejunocolic lymphadenitis- likely secondary to acute gastroenterocolitis/inflammatory bowel episode.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Overt evidence of mechanical gastrointestinal obstruction or foreign material was not definitively evident. Dietary indiscretion, gastroenterotoxic insult, occult parasitism, infectious gastroenterocolitis or other acute gastroenterocolonopathy possible. Technically, a small amount of passing foreign material, obscured by increased segmental gas pattern cannot be definitively excluded. However, given the lack of definitive obstructive pattern or foreign material, no indication for immediate surgical intervention.

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Hospitalization with aggressive therapy for acute gastroenterocolitis would be reasonable. Low-grade to chronic pancreatitis could be present yet sonographically normal given the abnormal snap CPL. Monitoring of clinical response as well as radiographic monitoring of intestinal gas pattern would be appropriate. Recheck sonogram advised to assess for evidence of progressive duodenojejunal ileus or inflammatory gastrointestinal changes, if clinical signs persist or are non-responsive to conservative therapy.

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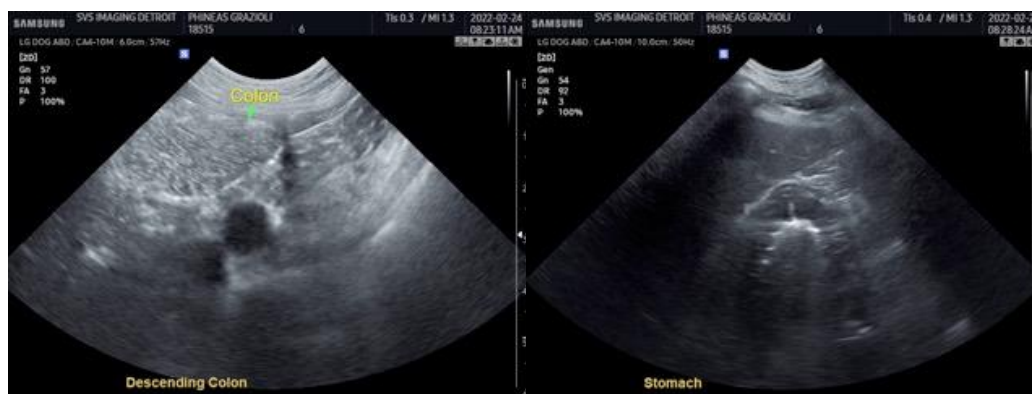
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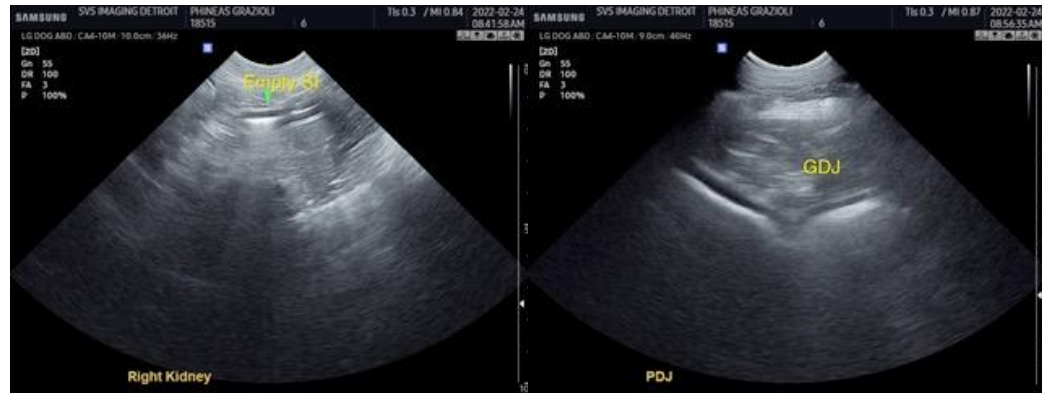
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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