



PATIENT

Faith Fairweather

SPECIES

Canine

BREED

Pit X

SEX

Spayed Female

AGE

10

WEIGHT

61

INTERPRETED BY

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

IMAGING PERFORMED BY

Jenn

HOSPITAL NAME

Rockaway AH

REFERRING VET

Dr. Maniar

INVOICE

45521

DATE

2/27/23

PRESENTING CLINICAL SIGNS

Went to Eclipse saw segmented dilation of small bowel segments with partially digested food or soft tissue opaque foreign, material possibly causing partial obstruction of small bowel.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

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.

Normal size and margination were present in the kidneys. A normal 1:3 cortex / medulla ratio was maintained. The medulla and cortices were uniform in texture with some increased echogenicity and loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The left kidney measured 5.9 cm. The right kidney measured 6.1 cm.

Adrenal Glands

Both adrenal glands were overtly normal in size, position, and shape. The left adrenal gland measured 0.77 cm. The right adrenal gland measured 0.71 cm.

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 exhibited subjective borderline enlargement. The parenchyma of the liver was subjectively normal in echogenicity compared to the spleen and renal cortices. The liver parenchyma was uniform with a mildly coarse echotexture. The capsule of the liver was symmetrically rounded to mildly swollen in margination. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended in size with primarily anechoic luminal content. The cystic and common bile ducts were normal

Gastrointestinal

The stomach presented wall thickening secondary to echogenic mucosa hypertrophy. Intact wall layering was maintained and distinct. The stomach contained a mild amount of retained anechoic fluid without overt evidence of significant gastric distention with retained ingesta or foreign material.

The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. Segmental mild jejunal ileus pattern noted with concurrent segments of empty small intestine without evidence of retained fluid. Possible although not definitive small, shadowing jejunal luminal echo noted in the mid abdomen, potentially measuring 1.0-1.5 cm in diameter. Segmental subjective mild increased intestinal gas pattern noted.

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



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Pancreas

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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

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No overt lymphadenopathy or peritoneal effusion was present.

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ULTRASONOGRAPHIC FINDINGS

- Mild hypomotile gastritis
- Segmental jejunitis exhibiting segmental mild jejunal fluid retention, possible though not definitive small jejunal shadowing echo and segmental jejunal gas pattern
- Subjective borderline hepatomegaly – benign.
- Mild age related kidneys

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The gastrointestinal presentation may indicate mild gastric and segmental jejunal metabolic or functional hypomotility, potentially owing to dietary indiscretion, inflammatory disease, etc. However, given segmental jejunal fluid retention in conjunction with empty segments of intestine, the possibility of segmental mild partial obstructive pattern and non-definitive, potentially passing small foreign body is possible. Definitive or distinct gastrointestinal obstructive pattern was not obvious.

Given this presentation, hospitalization with IV fluids, gastrointestinal support, and sonographic reassessment in 18-24 hours would be reasonable. Exploratory laparotomy with gross inspection of the intestine and biopsies considered essential despite exploratory findings may be indicated pending clinical and sonographic reassessment, especially if persistent gastrointestinal signs or segmental intestinal fluid dilation despite supportive care.

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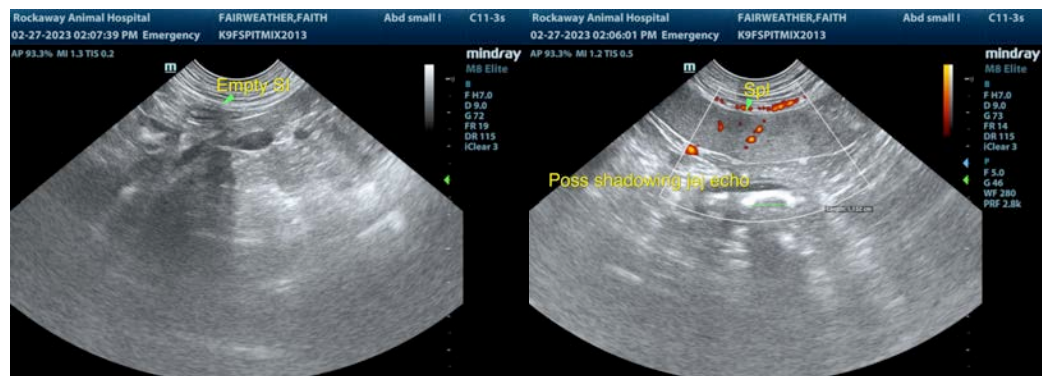
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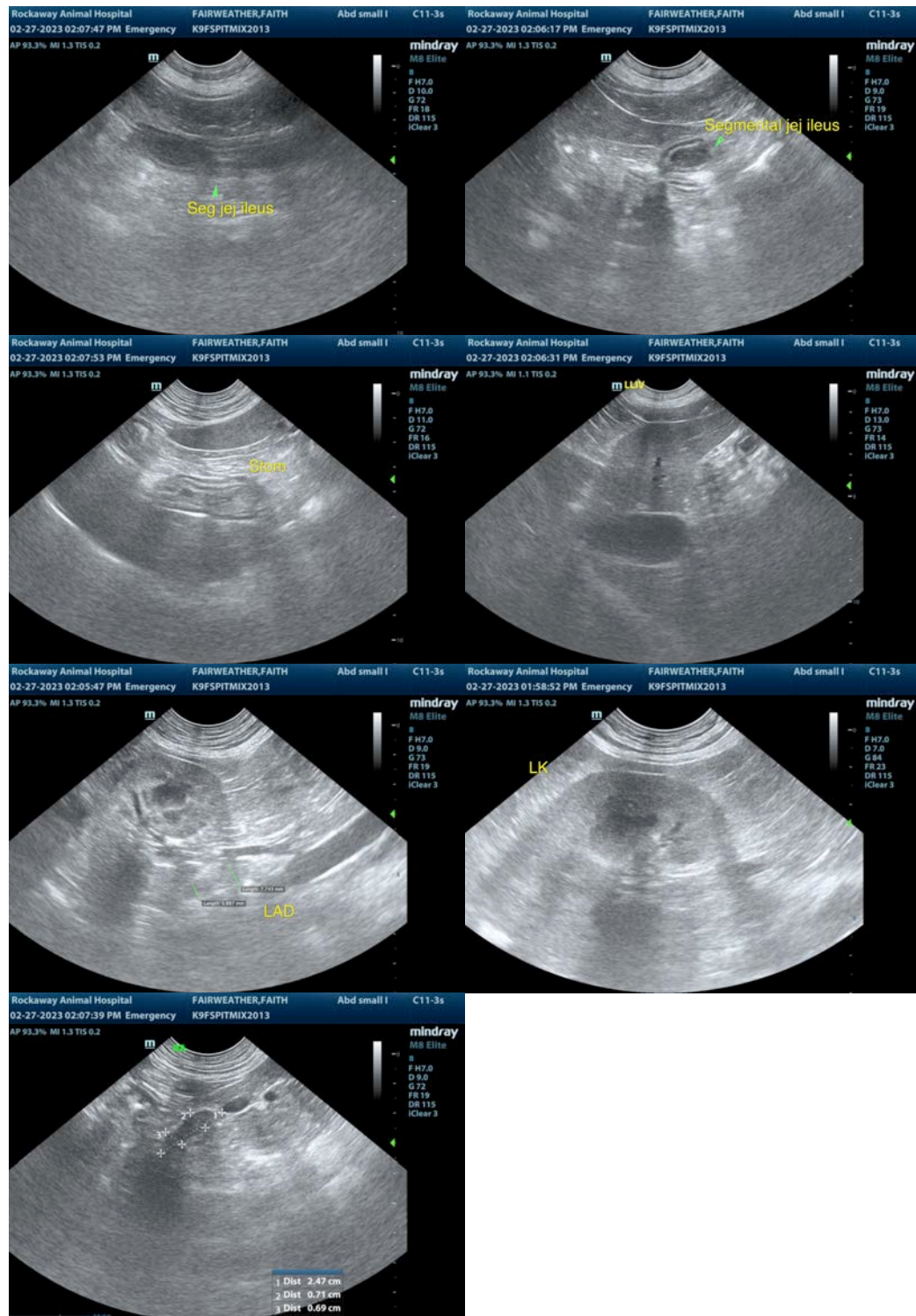
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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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