



PATIENT PRESENTING CLINICAL SIGNS

Brig Ciardi Suspect FB. Not eating and vomiting since last Thursday.

SPECIES ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Canine Urinary System

BREED

Mix

The urinary bladder was subnormal in size owing to lack of urine distention. Full evaluation of the urinary bladder walls was limited owing to lack of urine distention, yet no overt evidence of urinary bladder mural pathology. Minimal anechoic urine present. No sediment or calculi. The urethra was normal in structure and tone to a depth of 3.0 cm.

The residual prostate was free of pathology.

SEX

Neutered Male

The area of the aortic trifurcation was free of pathology.

AGE

10 Years

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.

Adrenal Glands

WEIGHT

54 Pounds

The adrenal glands were uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.49 cm at the cranial pole and 0.53 cm at the caudal pole. The right adrenal gland measured 0.78 cm at the cranial pole and 0.48 cm 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

Jessica Miller

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.

HOSPITAL NAME

Marsh AH

Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. Mild retained anechoic fluid and non-shadowing chyme present. Ventral gastric body wall measured 0.40 cm.

REFERRING VET

Dr. Milwicki

Sonographic assessment of the small intestine revealed segmental, variably dilated intestine with retained non-shadowing chyme. A focal area of thickened small intestine subjectively in the mid to caudal abdomen, exhibiting prominent wall with indistinct to loss of discernable wall layering, measuring approximately 4-5 cm in length with wall width of 0.76 cm. By comparison, normal appearing small intestinal wall width measured 0.4-0.5 cm. Concurrent areas of empty small intestinal exhibiting intact wall layering and maintained 1:3 muscularis to mucosa ratio also present.

INVOICE

35957

DATE

2/28/22

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



PATIENT

Brig Ciardi **Pancreas**

SPECIES

Canine

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.

Free Abdomen

BREED

Mix

Mild volume peritoneal free fluid noted. Mild peri intestinal reactive mesentery noted.

SEX

Neutered Male

ULTRASONOGRAPHIC FINDINGS

AGE

10 Years

- Segmental intestinal mural lesion to potential emerging mural mass, associated variably dilated intestine with retained chyme (likely proximal) with overtly normal empty small intestine (likely distal).
- Associated focal to intermittent mesenteric lymphadenopathy – suspect associated lymphoid hyperplasia or mild reactive lymphadenitis.
- Mild volume peritoneal free fluid
- Peri intestinal reactive mesentery

WEIGHT

54 Pounds

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The cause of the patient's clinical signs and sonographic intestinal presentation is likely associated with segmental intestinal mural lesion, which may be partially to completely obstructive given the segmental intestinal obstructive pattern with retained chyme. Overt evidence of foreign material was not noted, yet cannot be definitively excluded. Considerations for the intestinal mural lesion may include inflammatory or neoplastic etiologies with potential for granulomatous disease. No other overt area of gastrointestinal obstruction was obvious.

INTERPRETED BY

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Assuming normal albumin levels, the concurrent mild volume peritoneal free fluid may owing to inflammation, while the possibility of mild peritonitis may be possible. Given this presentation, exploratory laparotomy with gross inspection of the intestinal tract, specifically in the area of the segmental intestinal mural lesions with potential for biopsy or resection and anastomosis is warranted. 3-view chest radiographs suggested prior to surgical considerations. Likewise, if possible, free fluid analysis +/- cytology to assess for evidence of inflammatory cells would be appropriate.

IMAGING PERFORMED BY

Jessica Miller

HOSPITAL NAME

Marsh AH

REFERRING VET

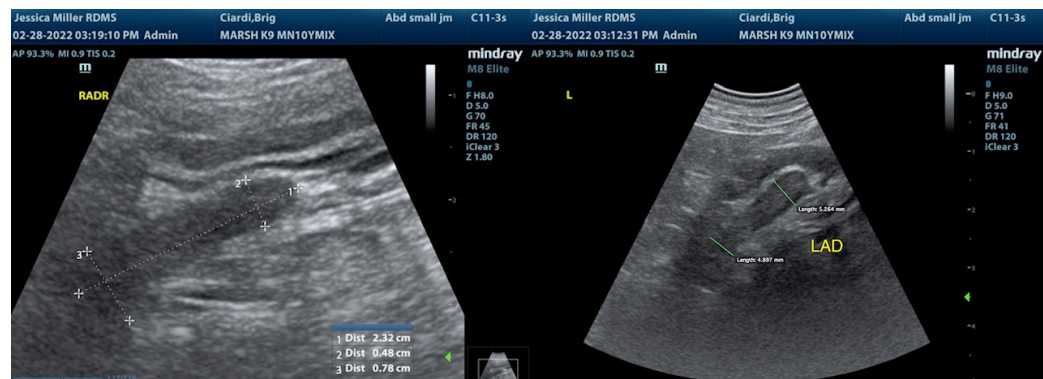
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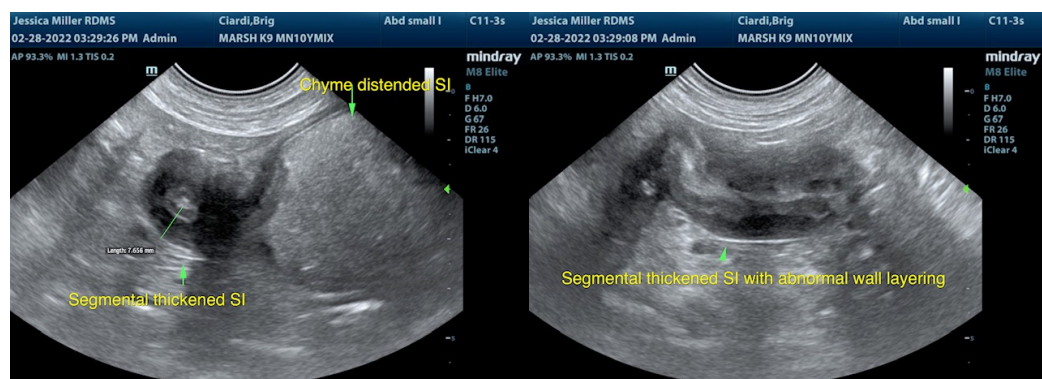
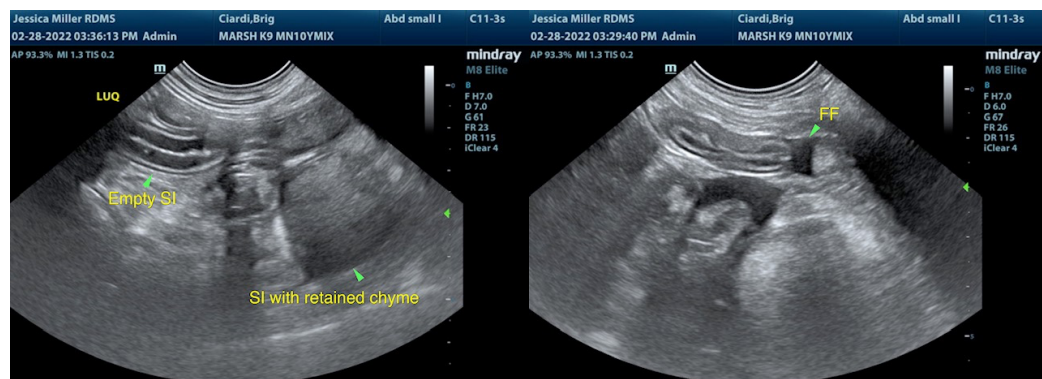
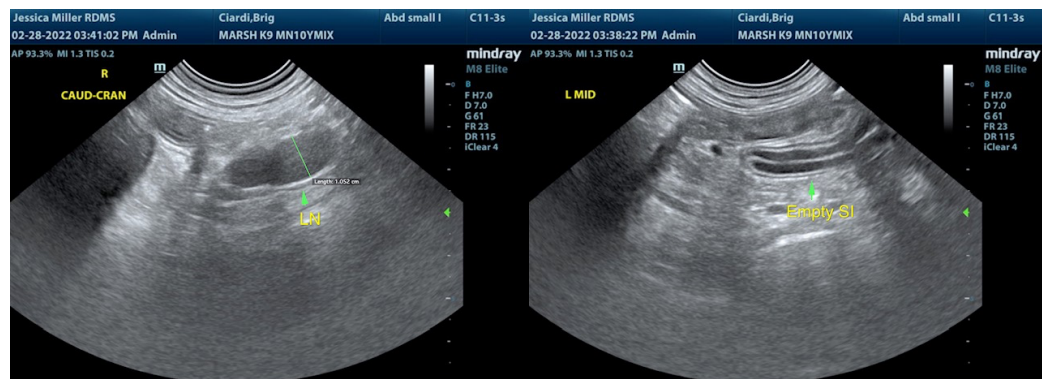
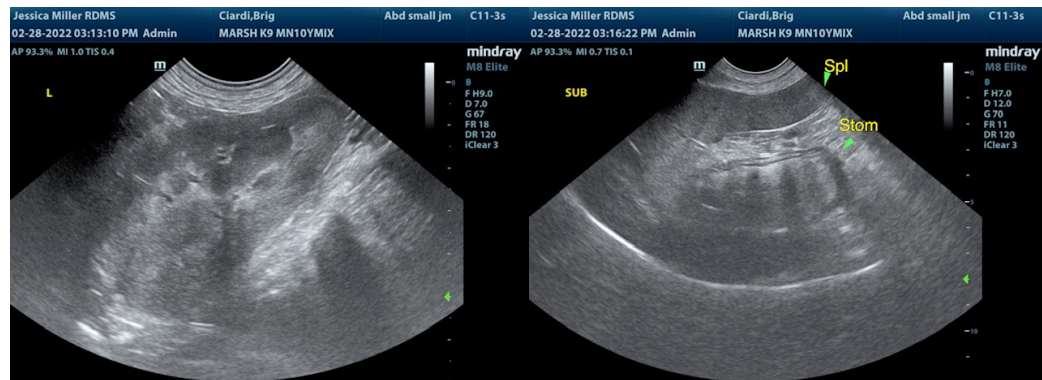
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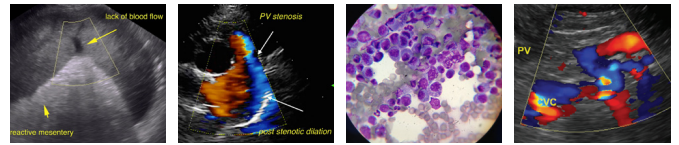
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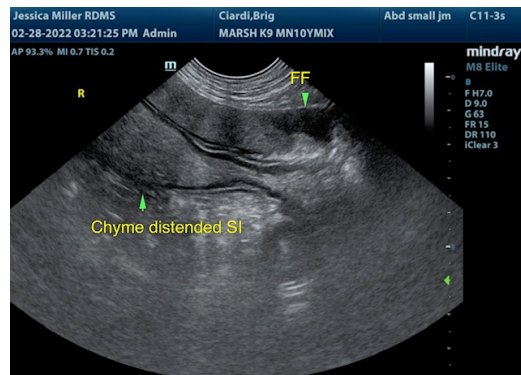
Neutered Male

AGE

10 Years

WEIGHT

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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.

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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