



PATIENT	PRESENTING CLINICAL SIGNS
Tootsie Honey	possible obstruction from eating garbage. Progressive vomiting, anorexia, straining , recent hematochezia overnight, painful abdomen. on sucralfate and metronidazole, famotidine, ondorsetron, polyflex, enrofloxacin
SPECIES	Abnormal PE/Chem/CBC/UA Results: mild neutrophilia, mild pancreatitis
Canine	
BREED	ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN
German Shepherd	<i>Urinary System</i>
SEX	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 was noted.
FS	
AGE	The area of the aortic trifurcation was free of pathology.
6 years	
WEIGHT	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 6.5 cm in length. The right kidney measured 7.4 cm in length.
102 lbs	
INTERPRETED BY	<i>Adrenal Glands</i>
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	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 0.41 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 0.85 cm width at the caudal pole.
IMAGING PERFORMED BY	<i>Spleen</i>
Diane McFadden	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.
HOSPITAL NAME	<i>Liver/ Gallbladder</i>
North Warren AH	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.
REFERRING VET	<i>Gastrointestinal</i>
Dr. Corrado	The stomach presented wall mild to moderate thickening secondary to mild to moderate echogenic mucosa hypertrophy. Intact wall layering was maintained and distinct. The stomach was primarily empty with mild retained anechoic fluid. No evidence of gastric distention with significant retained fluid, Ingesta, or overt gastric foreign material was noted. The pylorus wall width measured 0.61 cm.
INVOICE	
13242	
DATE	
2/4/22	



PATIENT

Tootsie Honey

The duodenum exhibited intact wall layering with segmental to generalized mild duodenal ileus. The duodenum wall width measured 0.42 cm. The jejunum and ileum to the level of the colon were sonographically unremarkable without evidence of jejunoileal ileus.

SPECIES

Canine

The visualized colon exhibited sonographically unremarkable wall layering with segmental gas and potential semi-formed feces.

BREED

German Shepherd

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 were evident.

SEX

FS

Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

AGE

6 years

ULTRASONOGRAPHIC FINDINGS

WEIGHT

102 lbs

Primary Findings

- Gastroduodenitis with likely emerging generalized gastroenterocolitis - no evidence of gastrointestinal mechanical obstruction or overt foreign material

INTERPRETED BY

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

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The overall appearance of the gastrointestinal tract was suggestive of potential acute gastrointestinal insults possibly secondary to dietary indiscretion, given the patient's history. Potential for a small amount of foreign material that passed from the small intestine into the colon cannot be definitively excluded, given the history of assumed straining to defecate. However, this clinical sign may be associated with developing colitis, given the hematochezia.

IMAGING PERFORMED BY

Diane McFadden

No overt indication for surgical Intervention was evident at this time. The possibility of low-grade to chronic pancreatitis may be possible yet sonographically normal. Supportive care for gastroenterocolitis or potential emerging hemorrhagic gastroenteritis should prove beneficial. Recheck sonogram may be considered if persistent gastrointestinal signs nonresponsive to therapy are noted, to assess for progressive inflammatory gastroenterocolic or pancreatic changes.

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SPECIES

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IMAGING PERFORMED BY

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HOSPITAL NAME

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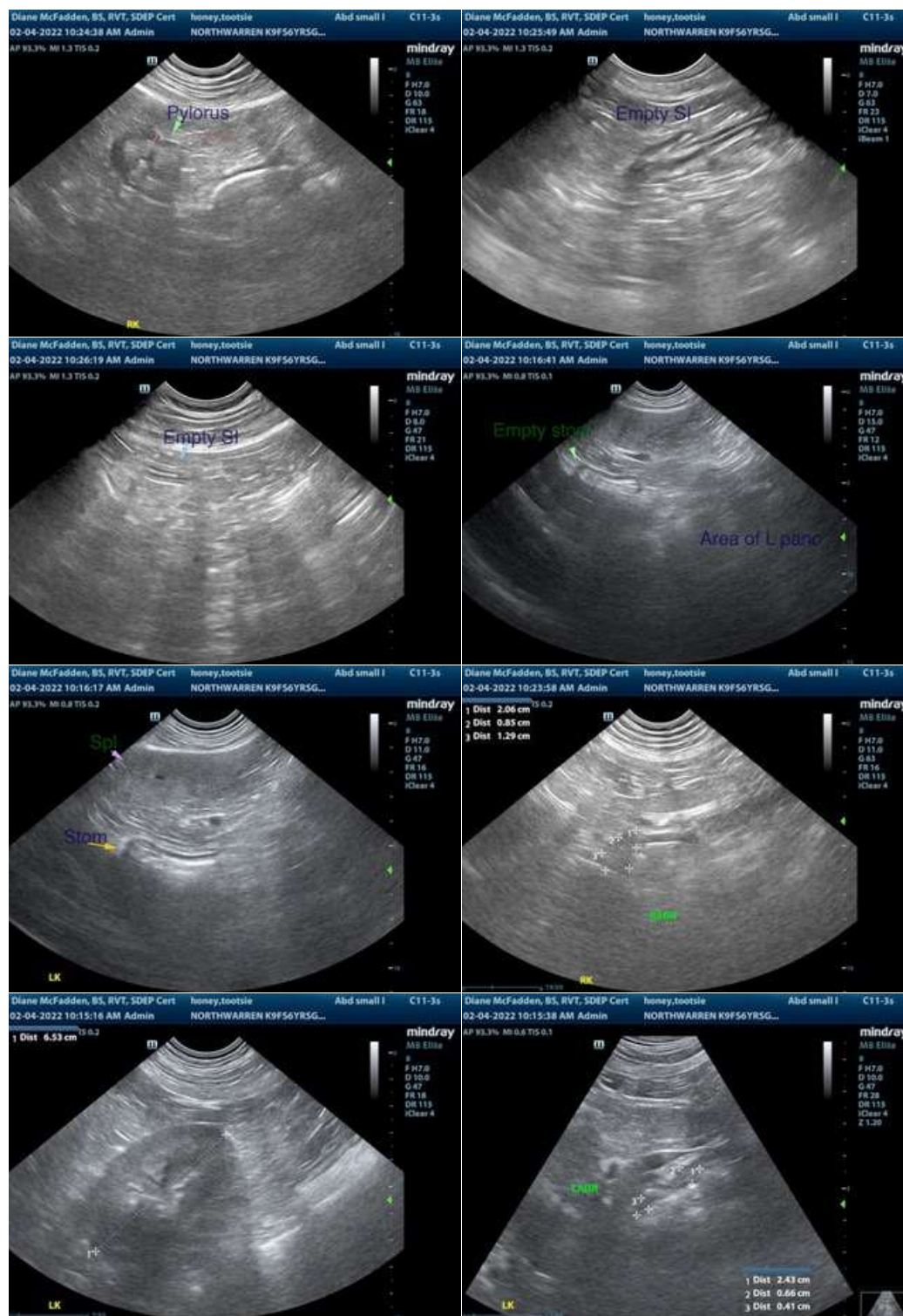
Dr. Corrado

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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.



PATIENT

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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.

SPECIES

Canine

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

BREED

German Shepherd

SEX

FS

AGE

6 years

WEIGHT

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**IMAGING
PERFORMED BY**

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