



PATIENT

Murphy Keen

SPECIES

Canine

BREED

Aussie Doodle

SEX

M

AGE

6mo

WEIGHT

34lb

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Rodriguez

HOSPITAL NAME

Foxfield Veterinary
Services

REFERRING VET

Dr. Rodriguez

INVOICE

12896ag

DATE

02/06/2023

PRESENTING CLINICAL SIGNS

Vomiting several times. Recent diet change. Did chew a toy

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

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.

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

The area of the aortic trifurcation was free of pathology.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.51 cm width at the caudal pole and 2.0 cm length. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.65 cm width at the caudal pole and 1.9 cm length.

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/Gallbladder

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.

Gastrointestinal

The stomach presented intact subjective mild prominent wall layering with a normal wall layer ratio. The lumen of the stomach was empty with no signs of ileus, obstruction or foreign material. The pylorus wall measured 0.48 cm in width.

The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. Segmental mild duodenojejunal ileus pattern along with segmental duodenojejunal corrugation was present with evidence of hypermotile to spasming bowel. No overt obstructive pattern or foreign material.

Normal visible colon wall layers were present with apparent non-formed an semi formed feces in lumen.

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

No omental masses or peritoneal effusion was present.

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Focally enlarged mesenteric lymph nodes were present. These lymph nodes were homogenous, mildly hypoechoic and smoothly marginated. A normal width: length ratio was maintained (<0.5). Evidence of perilymphatic inflammation was evident. An example of lymph node size was 2.9 cm x 1.2 cm.

ULTRASONOGRAPHIC FINDINGS

SEX

M

- Empty stomach
- Acute enterocolitis pattern with segmental duodenojejunal corrugation/spasming bowel and mild subjective non-obstructive ileus
- Non-formed fecal matter in the proximal colon with semi formed fecal matter in the descending colon
- Intermittent non-specific subjective benign/reactive mesenteric lymphadenopathy-reactive or secondary hyperplasia, lymphadenitis or potential immunologic immaturity

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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No overt evidence of definitive obstructive pattern or visualized foreign material was present. Suspect acute inflammatory episode with secondary mesenteric lymphadenitis or reactive hyperplasia. Dietary intolerance / food hypersensitivity, enterotoxic insult, infectious disease, acute inflammatory disease or similar likely.

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No overt indication for immediate surgical intervention. Aggressive therapy for acute inflammatory bowel episode with coverage for potential infectious component and clinical reassessment would be reasonable.

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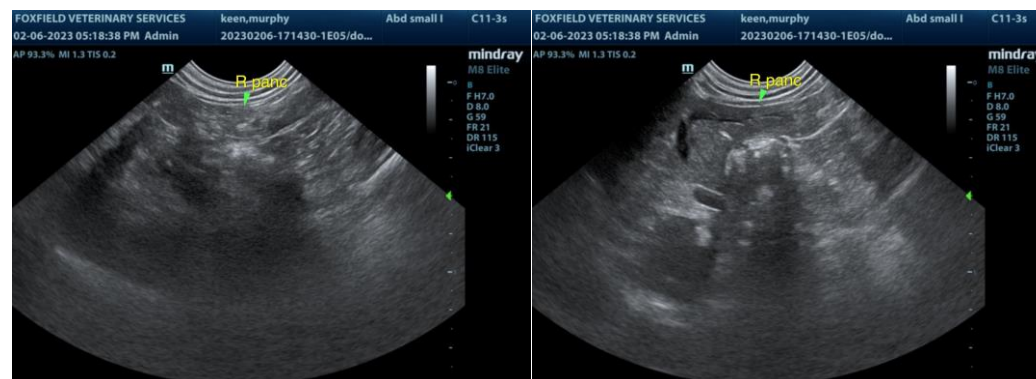
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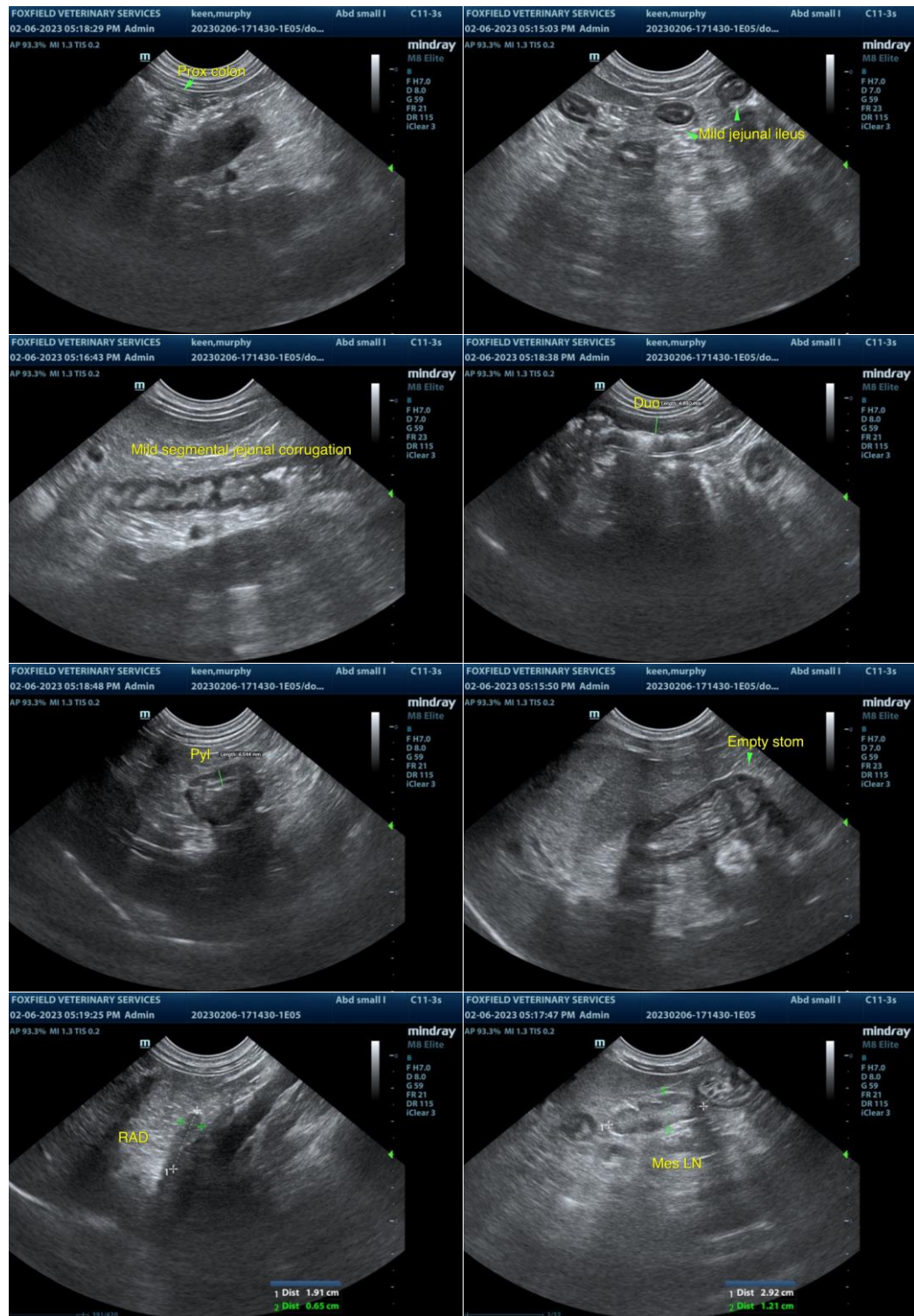
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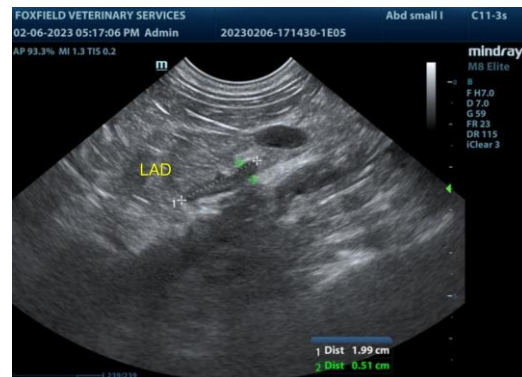
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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