



PATIENT

Lazlo Chabre

SPECIES

Canine

BREED

Lab Mix

SEX

Neutered Male

AGE

1 Year

WEIGHT

51 Lbs.

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

Dr. Ebersole

HOSPITAL NAME

Scanvet

REFERRING VET

Dr. Peyser

INVOICE

13848

DATE

2/8/22

PRESENTING CLINICAL SIGNS

History: Acute onset vomiting, very lethargic, unable to keep food or water down. Rads suggestive of possible FB.

Abnormal PE/Chem/CBC/UA Results: PE: very quiet compared to normal, + Murphy and licking lips on pressure in mid-abdomen. RADS: rounded radiolucent structure on all 3 views.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2.0 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.

The area of the residual prostate was free of pathology.

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 6.5 cm in length.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.54 cm width at the caudal pole and 0.61 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 0.68 cm width at the caudal pole.

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 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 and sonographically unremarkable wall layering with a normal wall layer ratio. Moderate retained anechoic to echogenic fluid was present with no overt evidence of shadowing echoes or overt foreign material within the stomach.



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The small intestine exhibited segmental variable fluid dilation with subjective oral and aboral movement of fluid extending into the area of the mid abdomen and likely jejunum. Shadowing curvilinear echo present within the small intestine lumen, measuring 2.5 cm -3.0 cm in diameter and likely within the mid abdominal jejunum. Empty small intestine exhibiting intact wall layering and maintained 1:3 muscularis/mucosa ratio was noted extending towards the ileocolic junction. Subtle evidence of reactive mesentery noted around the mid abdominal intestine and around the area of the luminal shadowing echo. No overt free fluid or evidence of significant lymphadenopathy.

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

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.

Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

- Strongly shadowing mid abdominal intestinal luminal echo with associated mild variable likely proximal obstructive pattern
- Subtle regional periintestinal reactive mesentery, no overt peritonitis

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The sonographic findings are consistent with obstructive to partially obstructive intestinal foreign body, likely jejunal location. Exploratory laparotomy with expectation toward enterotomy and with gross inspection of the entire gastrointestinal tract recommended. If clinically indicated, intestinal biopsies may be considered, despite exploratory findings, to assess for underlying gastrointestinal disease.





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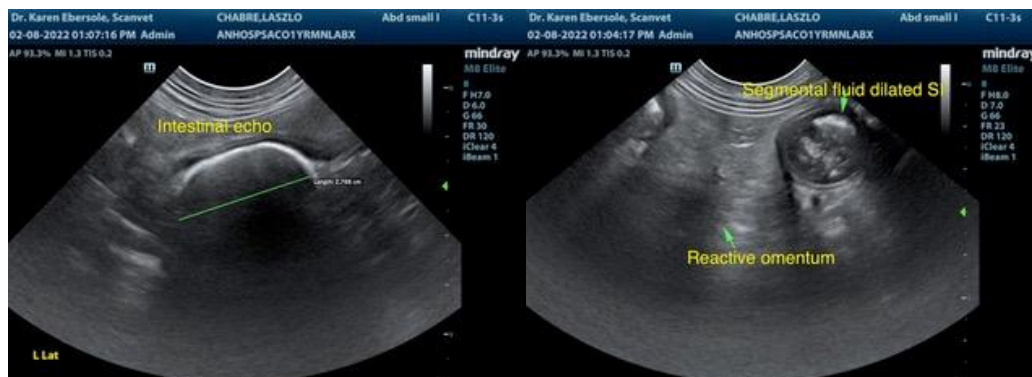
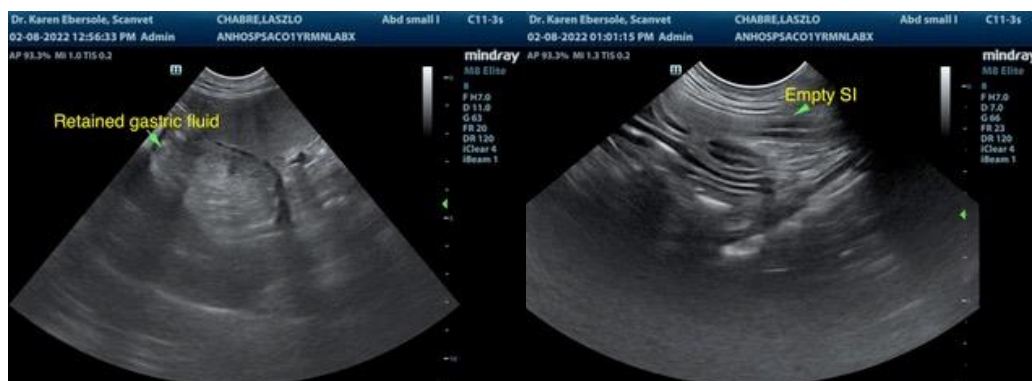
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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