



PATIENT PRESENTING CLINICAL SIGNS

Scout Camus

Bloodwork WNL, Was taken to emergency clinic on Feb 6th as she had been vomiting for over 24 hours and had not been eating and seemed lethargic. Was treated with Cerenia and Subcu fluids and went home. Has a history of picking stuff up on walks but no actual foreign body history. No diarrhea noted. Urination normal. Was too lethargic to even get up and go outside on the 6th. Was in our hospital this week for two days of IVF at 2-3 times maintenance and home at night. Finally started asking to go out again and had two normal BMs. Seems hungrier but still not really eating unless syringe fed. Seems happier but still no appetite. Has been on IVF, Sulcrafate, Famotidine and Cerenia inj.

SPECIES

Canine

BREED

Soft Coated Wheaten

Abnormal PE/Chem/CBC/UA Results: WNL

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

SEX

FS

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.

AGE

11yr

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 mild loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The left kidney measured 6.1 cm in length. The right kidney measured 5.9 cm in length.

WEIGHT

41.8lb

INTERPRETED BY

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

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 0.68 cm width at the caudal pole and 2.6 cm length. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.59 cm width at the caudal pole.

IMAGING PERFORMED BY

Crystal Hill

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.

HOSPITAL NAME

Mountain Animal
Hospital

REFERRING VET

Dr. McKenzie

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.

INVOICE

12935ag

Gastrointestinal

DATE

02/09/2023

The stomach was moderately distended with non-specific yet progressive to focal strongly shadowing ingesta extending into the pyloric outflow. The visualized gastric walls presented intact wall layering



PATIENT	with a normal wall layer ratio. The lumen of the stomach was empty with no signs of ileus, obstruction or foreign material.
Scout Camus	
SPECIES	The small intestine presented intact wall layering with a primarily 1:3 muscularis/mucosa ratio. Segments of the small intestine exhibited mildly prominent muscular layer and concurrent mild to variable retained fluid. Segments of the suspect upper intestinal tract suggestive of duodenum or possible upper jejunum exhibited atypical folding to indistinct corrugation with suspicious although not definitive segmental intestinal luminal linear like echo. Concurrent segments of sonographically normal empty small intestine suspected to be distal to the intestinal segments containing retained fluid and intestinal ileus to the level of the colon were present.
Canine	
BREED	Normal visible colon wall layers were present with apparent formed feces in lumen.
Soft Coated Wheaten	
SEX	Pancreas
FS	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.
AGE	Free Abdomen
11yr	A small pocket of scant peri-intestinal effusion was present.
WEIGHT	Intermittent mildly prominent to enlarged mesenteric lymph nodes were present. The lymph nodes were essentially isoechoic to adjacent omentum without evidence of peripheral inflammation and maintaining a normal width: length ratio (<0.5). This finding is considered incidental and is not consistent with inflammatory or neoplastic criteria.
41.8lb	
INTERPRETED BY	ULTRASONOGRAPHIC FINDINGS
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	<ul style="list-style-type: none"> Moderate distended stomach with progressive to focal strongly shadowing ingesta extending into pyloric outflow Segmental likely upper intestinal ileus pattern, retained fluid with atypical folding to corrugation, suspect discrete segmental intestinal linear like luminal echo with concurrent empty intestine distal Intermittent subjective benign/reactive mesenteric lymph nodes and small pocket of scant peri intestinal free fluid
IMAGING PERFORMED BY	INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS
Crystal Hill	Given the presence of progressive to strongly shadowing gastric ingesta and historical vomiting/inappetence, strong suspicion for gastric foreign material with concurrent suspicion for possible anchorage in the area of the pylorus and emerging secondary linear foreign body suspected in the upper intestinal tract likely duodenum or upper jejunum. Non-visualized small amounts of foreign material passing through the small intestinal potentially obscured by gas cannot be definitively excluded.
HOSPITAL NAME	
Mountain Animal Hospital	
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Dr. McKenzie	
INVOICE	Given these findings, exploratory laparotomy with gross inspection of the intestinal tract, gastrotomy and potential enterotomy is warranted. Hospitalization with 24 hour IVF and GI support, documented NPO and radiographic/sonographic reassessment for evidence of persistent retained ingesta and/or progressive intestinal corrugation or obstructive pattern would be a more conservative approach. The possibility of emerging primary intestinal pathology is considered less likely yet cannot be definitively excluded. Intestinal biopsies are strongly suggested and may be considered essential despite exploratory findings at the time of surgery.
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HOSPITAL NAME

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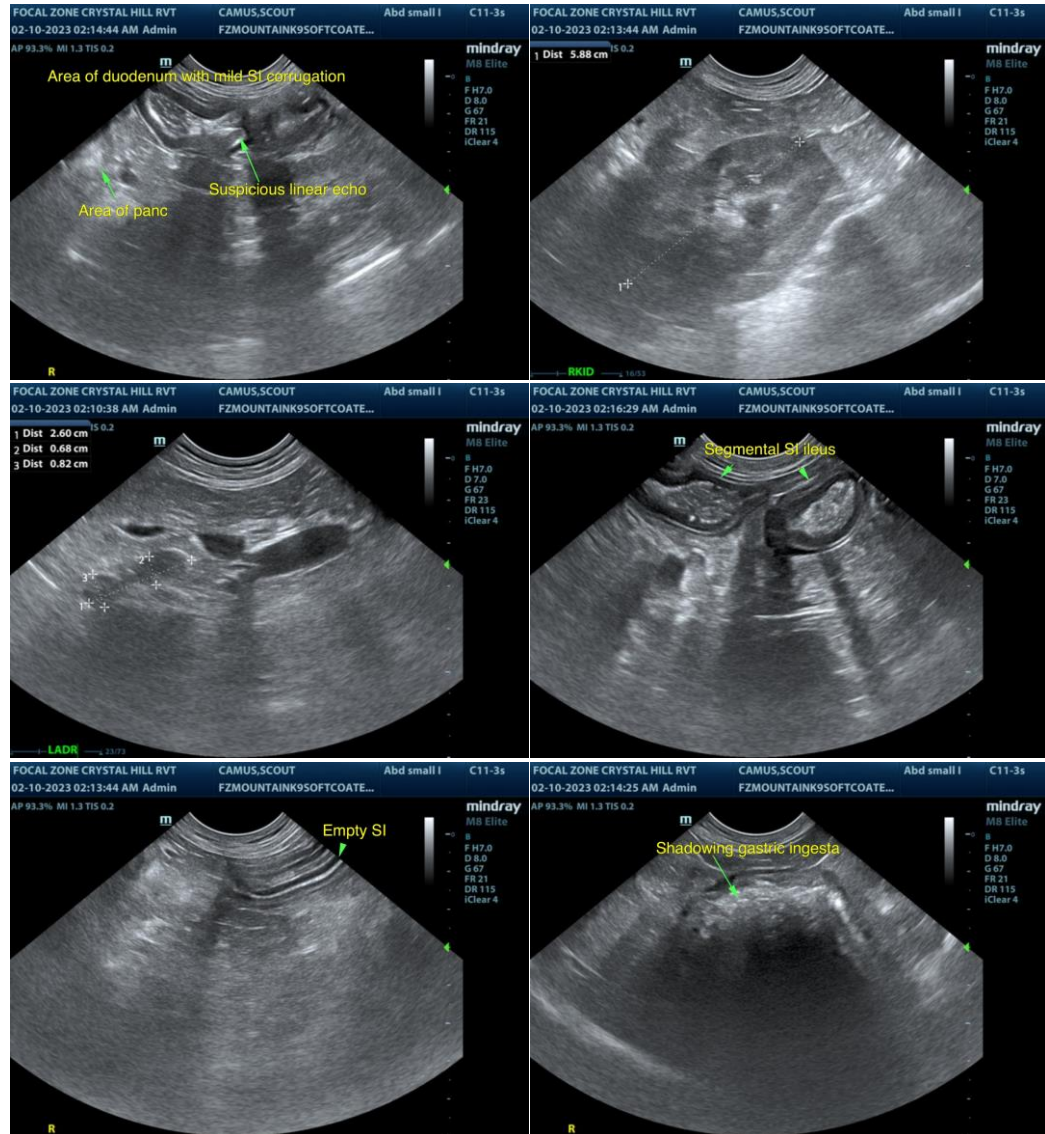
Dr. McKenzie

INVOICE

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PATIENT

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SPECIES

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BREED

Soft Coated Wheaten

SEX

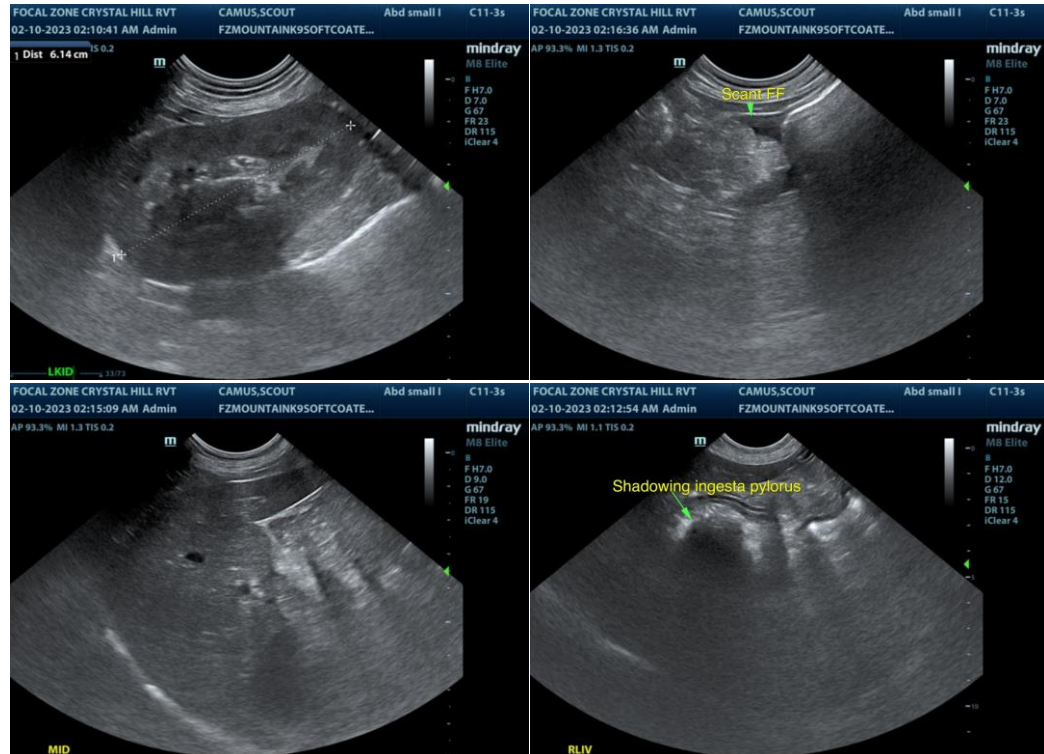
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

R. McKenzie Daniel, DVM, DABVP (Canine / Feline Practice)

info@SonoPath.com