

PATIENT PRESENTING CLINICAL SIGNS

Ted Rasmussen History: Vomitting after every meal since Sunday Current Medications 2mL Entyce 30mg/mL, 2.25mL cerenia injectable, 0.5mL butorphanol given in clinic 3/2

SPECIES Abnormal PE/Chem/CBC/UA Results:

Canine

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

BREED *Urinary System*

Heeler 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.

SEX

Male

AGE

8 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. The right kidney measured 6.9 cm in length. The left kidney measured 6.4 cm in length.

WEIGHT

45.6 pounds

The prostate was enlarged in size with intact, symmetrical capsule contour. The margins of the gland were intact and able to be differentiated from the surrounding tissue. The prostatic parenchyma was mildly echogenic to heteroechoic without parenchymal mineralization. The prostate measured 3.75 cm in diameter.

INTERPRETED BY

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

The area of the aortic trifurcation was free of pathology,

IMAGING PERFORMED BY

Jenna Walsh CVT

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.49 cm width at the caudal pole and 2.5 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 0.65 cm width at the caudal pole and 2.8 cm width at the cranial pole.

Spleen

HOSPITAL NAME

The Ark Veterinary
Clinic

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.

REFERRING VET

Dr. Sangl

Liver

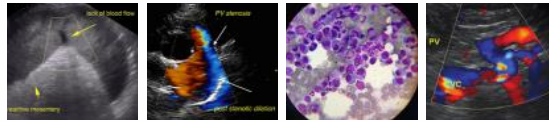
INVOICE

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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.

DATE

03/02/2022



PATIENT *Gastrointestinal*

Ted Rasmussen
The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach was moderately distended with retained fluid and mild nonspecific ingesta. The ingesta exhibited mild distal acoustic shadowing in some areas. Overt evidence of mechanical pyloric outflow obstruction was not noted. The duodenum exhibited mild ileus extending into the jejunum. Focal shadowing intestinal luminal echo measuring approximately 1.2-2 cm in diameter was present. Empty sonographically unremarkable small intestine likely distal to the shadowing echo was present.

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The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. The lumen of the small intestine was empty with no signs of ileus, obstruction or foreign material. Mild peri intestinal reactive mesentery was observed.

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

Mild peri intestinal reactive mesentery was observed. No overt free fluid or significant lymphadenopathy was noted.

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ULTRASONOGRAPHIC FINDINGS

Primary findings:

- Moderate retained gastric fluid and nonspecific focally shadowing ingesta.
- Focally shadowing intestinal likely jejunal luminal echo with mild to moderate ileus subjectively proximal, empty small intestine likely distal-consistent with partially obstructive intestinal foreign body.
- Mild peri intestinal reactive mesentery, No overt peritonitis.

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Secondary Findings:

- Benign prostatic hyperplasia-minor potential for prostatitis yet thought less likely.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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Study is consistent with intestinal foreign body suspected to be causing secondary partial proximal gastrointestinal obstruction. Exploratory laparotomy with expectation towards enterotomy is recommended. Gross inspection of the entire gastrointestinal tract specifically the stomach to assess for additional nonobvious foreign material is recommended.

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Intestinal biopsies could be considered at the time of surgery to rule out underlying intestinal disease pending gross inspection of the gastrointestinal tract and clinical history.



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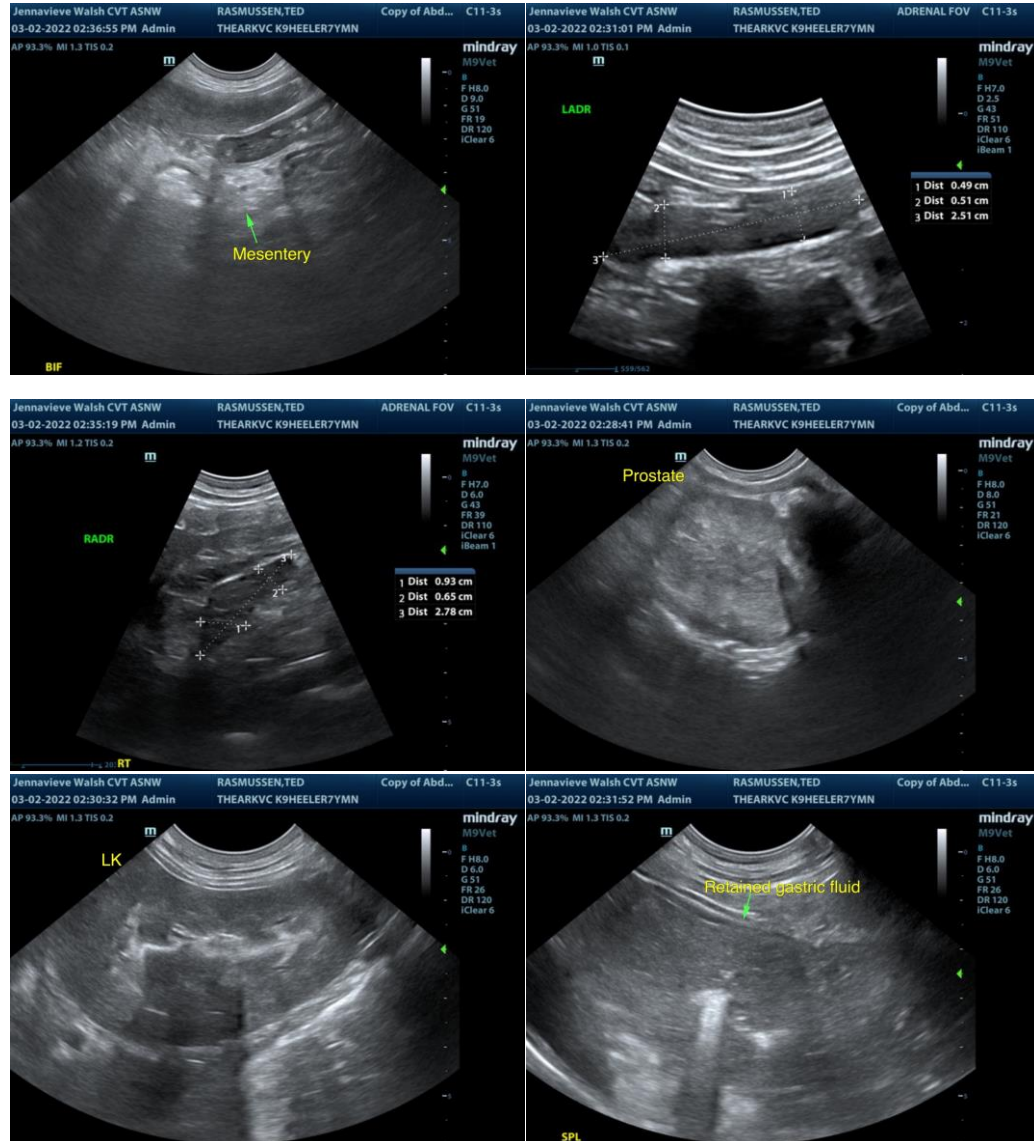
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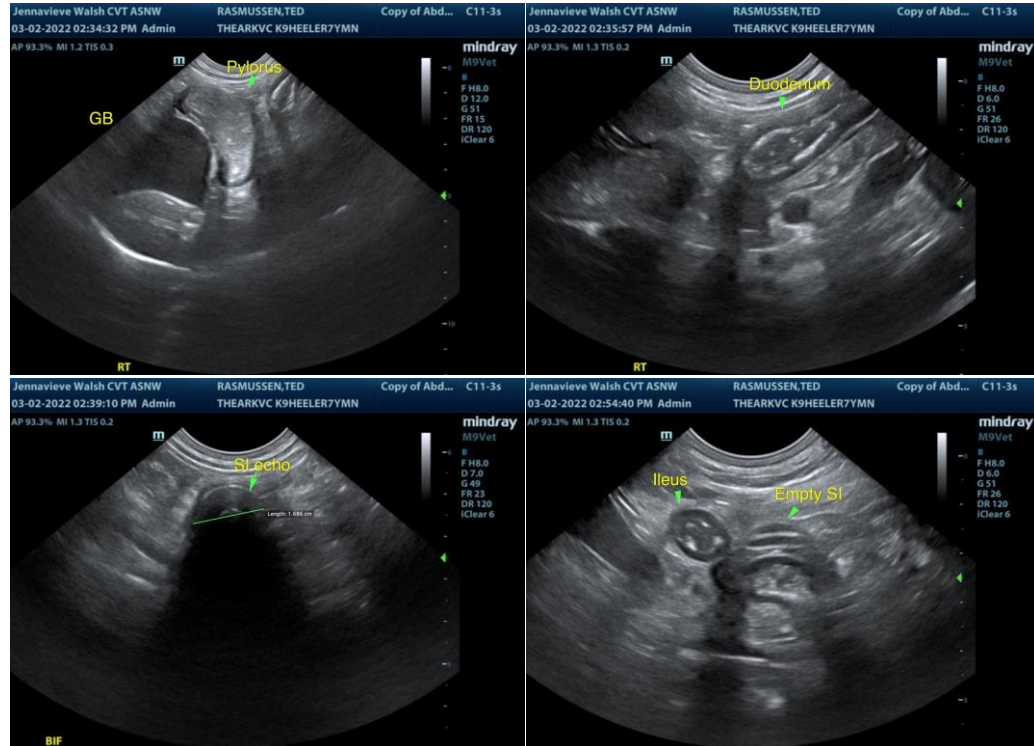
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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

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