



PATIENT PRESENTING CLINICAL SIGNS

Axel Cornell History: Vomiting undigested food since Sunday, ate part of carpet

SPECIES Labs: CBC hematocrit 58.1, WBC 8.0 with overall unremarkable differential, unremarkable chemistry panel

Canine **ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

BREED *Urinary System*

Rottweiler 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 were noted.

SEX The area of the residual prostate appeared normal and free of pathology.

Neutered Male 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 7.2 cm in length. The right kidney measured 7.5 cm in length.

WEIGHT *Adrenal Glands*

107.4 Pounds The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.5 cm width at the caudal pole and 0.4 cm width at the cranial pole.

INTERPRETED BY 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 and 0.63 cm width at the cranial pole.

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

Spleen

IMAGING PERFORMED BY 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.

Rebekah Jakum, CVT
 ARDMS/RVT

HOSPITAL NAME *Liver*

Pocono Peak VC 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

Dr. Coyle *Gastrointestinal*

INVOICE The stomach exhibited subjective moderate distention with gas along with mild to possible moderate amount of retained, primarily anechoic fluid, subjectively present in the area of the mid gastric body, potentially extending into the antrum and pylorus. Potentially, a small amount of nonspecific, non-shadowing, hyperechoic ingesta in the area of retained fluid. The visualized gastric walls were sonographically normal.

14710

DATE

4/12/22



PATIENT

Axel Cornell

The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. The small intestine exhibited subtle duodenal ileus, along with segmental mild duodenojejunal gas pattern. Overt evidence of small intestinal mechanical obstructive pattern or overt small intestinal foreign material not noted.

SPECIES

Canine

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

Pancreas

BREED

Rottweiler

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.

SEX

Neutered Male

Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

AGE

2016

ULTRASONOGRAPHIC FINDINGS

- Gastric gas distention with concurrent mild to moderate retained luminal fluid
- Possible nonspecific mild hyperechoic yet non-shadowing nonspecific gastric ingesta
- Overtly normal small bowel- no evidence of small bowel obstructive pattern

WEIGHT

107.4 Pounds

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Unfortunately, the amount of gas within the stomach lumen prohibited full sonographic evaluation of the gastric interior. However, mild to potential moderate retained gastric fluid and possible nonspecific hyperechoic non-shadowing ingesta were visualized. General considerations for the presentation of the stomach may include metabolic versus mechanical gastric stasis. Given the patients history, along with current clinical signs and sonographic presentation, concern for possible partial or complete mechanical pyloric outflow obstruction, although not definitive, is warranted.

INTERPRETED BY

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Further assessment may include, if available, endoscopy for further assessment of the gastric interior with potential for retrieval of possible fabric, cloth or similar, which is of high suspicion for the mild nonspecific hyperechoic visualized gastric ingesta. Alternatively, exploratory laparotomy is warranted in this case with gross inspection of the gastrointestinal tract with potential for gastrotomy.

IMAGING PERFORMED BY

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ARDMS/RVT

HOSPITAL NAME

Pocono Peak VC

Hospitalization with 24-hour IV fluid and gastrointestinal support with sonographic reassessment of the stomach in 12-24 hours, following documented fast would be a more conservative approach.

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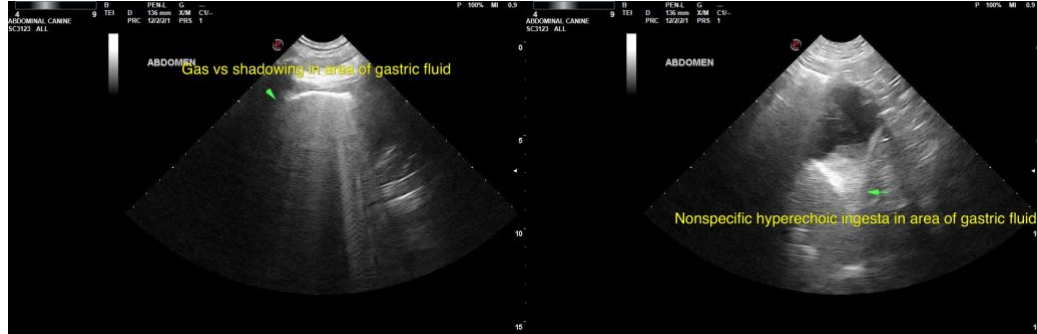
Dr. Coyle

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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.

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