



**PATIENT**

Charlie Daprato

**PRESENTING CLINICAL SIGNS**

History: intermittent repeated vomiting and lethargy over the past 2 months. Rads wnl.

**SPECIES**

Canine

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra exhibited normal thickness and tone. Primarily anechoic urine was present in the lumen. Mild nondependent particulate sediment was present without evidence of calculus formation. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic mural changes were noted.

**BREED**

Rottweiler

**SEX**

Neutered Male

The area of the aortic trifurcation was free of pathology.

**AGE**

1 Year 3 Months

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 7.0 cm in length. The right kidney measured 7.0 cm in length.

**Adrenal Glands**

**WEIGHT**

81 Pounds

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 2.7 cm length x 0.40 cm width at the caudal pole.

The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 3.1 cm length x 0.64 cm width at the caudal pole.

**INTERPRETED BY**

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

**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.

**IMAGING PERFORMED BY**

Diane McFadden

**Liver**

**HOSPITAL NAME**

Newton VH

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.

**REFERRING VET**

Dr. Barron

The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.

**Gastrointestinal**

**INVOICE**

21954

The gastric wall was overtly normal. The lumen of the stomach contained echogenic, nonshadowing ingesta. No overt evidence of mechanical pyloric outflow obstruction.

**DATE**

4/13/23

The small intestine revealed variable thickened walls, exhibiting intact indistinct wall layer detail, and potential areas of mild intestinal mural proliferation. Segments of intestine exhibited variable ileus containing retained segmental nonshadowing echogenic chyme, as well as focal to intermittent



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primarily small shadowing intestinal echoes. An example of echo measured 1.3 cm in diameter. Concurrent segments of empty small intestine, exhibiting intact overtly normal wall layering was also present. Segmental intestinal corrugation was 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.

**Free Abdomen**

**SEX**

Neutered Male

No overt omental lymphadenopathy was present. Generalized primarily periintestinal hyperechoic omentum and mild volume echogenic peritoneal free fluid was noted.

**ULTRASONOGRAPHIC FINDINGS**

**AGE**

1 Year 3 Months

- Overtly normal stomach with retained gastric ingesta
- Variably thickened to corrugated small intestine, exhibiting possible areas of mural proliferation and variable ileus, concurrent segments of empty normal appearing small intestine

**WEIGHT**

81 Pounds

- Intermittent focally shadowing intestinal echoes, primarily within areas of intestinal ileus
- Peritonitis

**INTERPRETED BY**

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(Canine and Feline)

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Primary concern for possible passing partially obstructive foreign bodies with secondary chronic inflammatory intestinal changes and associated peritonitis. However, the possibility of underlying to emerging intestinal neoplastic criteria cannot be definitively excluded. Immediate exploratory laparotomy with gross inspection of the intestinal tract, potential for enterotomy/enterotomies, and with intestinal biopsies considered essential, is recommended. Perioperative antibiotics are indicated owing to evidence of peritonitis. Very guarded prognosis pending gross inspection of the intestinal tract at the time of surgery, as well as evidence of peritonitis.

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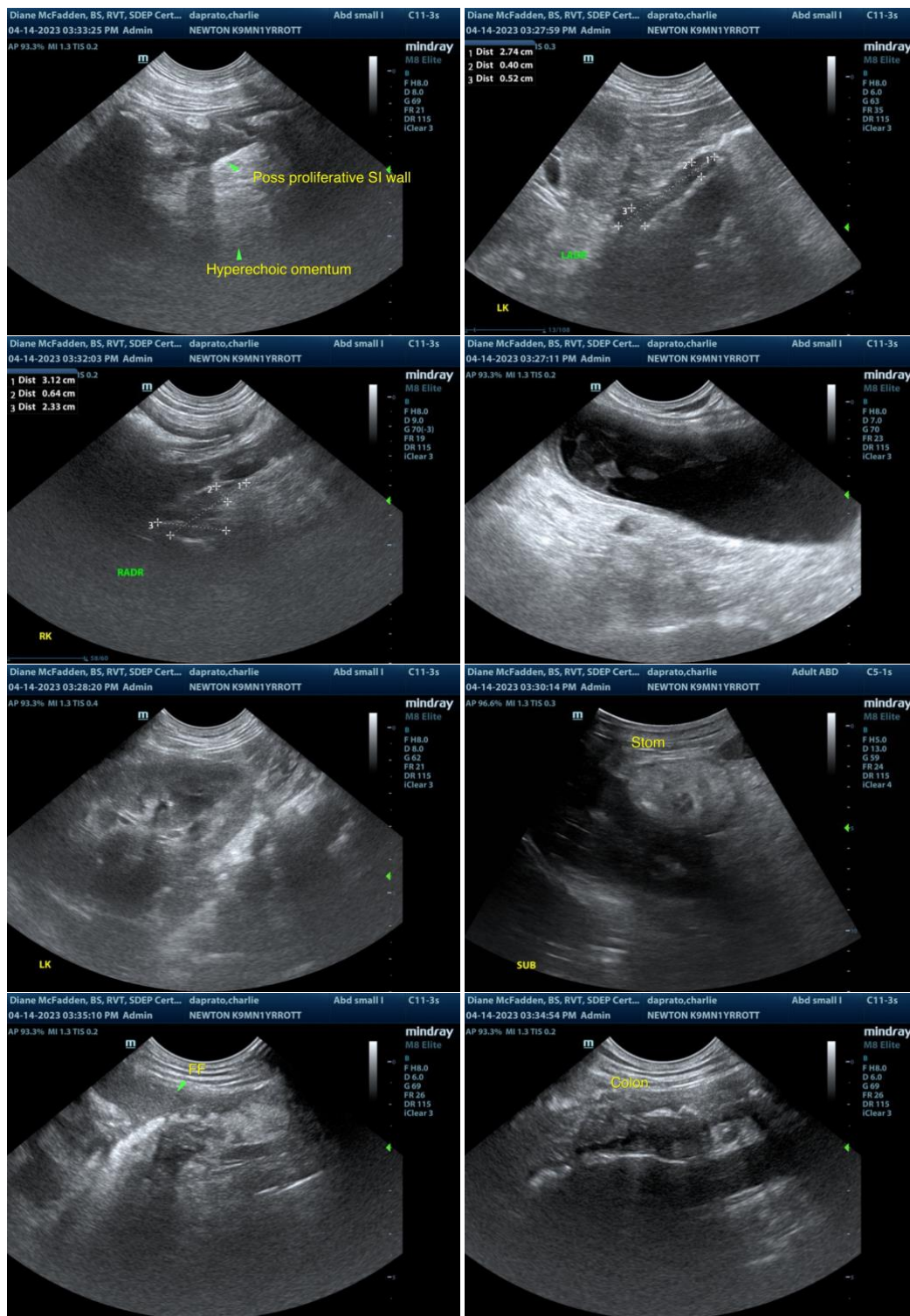
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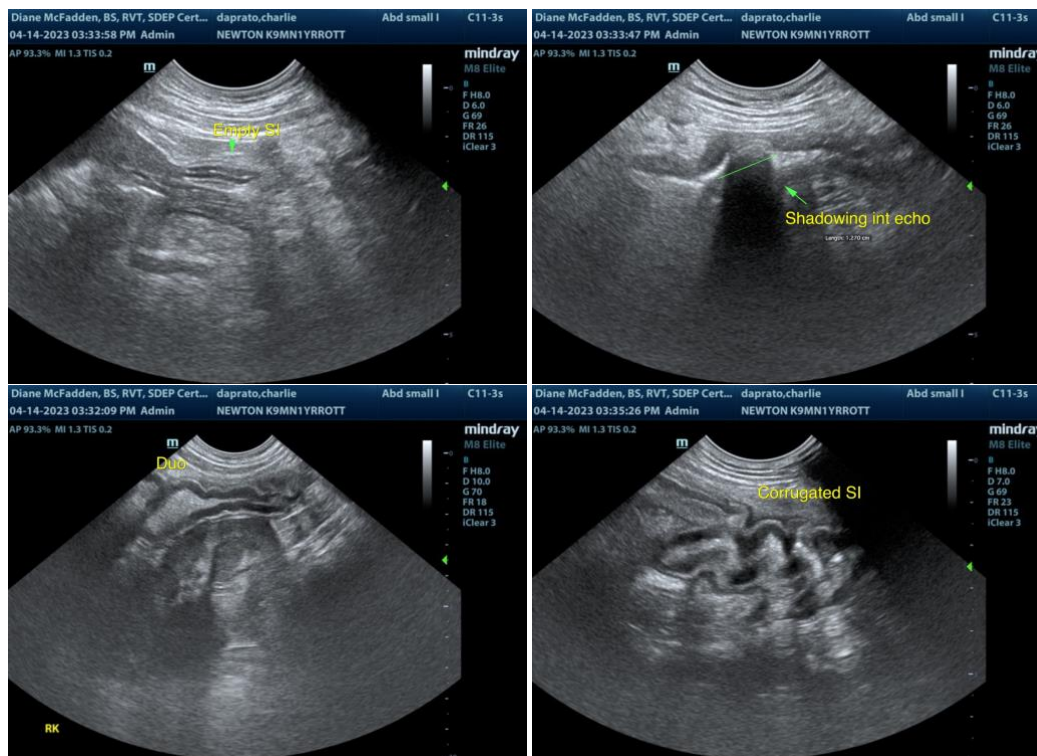
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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