



PATIENT

Emma Long

SPECIES

Canine

BREED

Doberman

SEX

FS

AGE

9.5 years

WEIGHT

58 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Jenna Walsh, CVT

HOSPITAL NAME

Countryside AC

REFERRING VET

Dr. Cox

INVOICE

16612

DATE

4/13/23

PRESENTING CLINICAL SIGNS

Seen at local ER clinic last night after vomiting started around 6pm following meal, continued to vomit/wretch 20+ times prior to arrival at ER. History of 3-4 foreign body surgeries - most recently in November 2022. Abdomen painful/tense. Exam with Dr. Cox this morning at Countryside, pt nervous when in hospital, but does seem less painful potentially, but has injected MM. See below for radiographic findings.

Current Medications Buprenex/Cerenia Radiographic Findings Radiograph at ER clinic showed moderate, diffuse gas dilation of small intestines with bunching of SI in right cranial abdomen and stacking of intestines potentially concerning for linear foreign body. Recheck radiograph at Countryside this morning, gas has dissipated and loops of bowel no longer distended. Primary Question/Differential to Be Answered in This Exam Evaluate for foreign body presence

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 4.0 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 was noted.

The area of the aortic trifurcation was free of pathology.

Normal size and margination were present in the kidneys. A normal 1:3 cortex / medulla ratio and normal corticomodullary 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 6.6 cm in length. The right kidney measured 6.8 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 0.83 cm width at the caudal pole and 0.60 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.



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Liver/ Gallbladder

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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 containing primarily anechoic content with mild congealed areas of variably echogenic debris. No evidence of inflammatory criteria was noted. The cystic and common bile ducts were normal.

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The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach was empty with no signs of ileus, obstruction, or foreign material. No evidence of retained ingesta or fluid was noted.

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The small intestine presented intact wall layering with segmental duodenojejunal ileus and mild subtly shadowing ingesta. No evidence of small intestinal obstructive pattern or definitive foreign material was noted. No obstructive mural pathology such as intestinal mass or structure secondary to previous surgery was noted.

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Sonographically normal visible colon wall layers were present. The colon appeared to contain generalized soft fecal matter.

Pancreas

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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 were evident.

Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

IMAGING PERFORMED BY

Jenna Walsh, CVT

ULTRASONOGRAPHIC FINDINGS

- Gastroenteritis pattern with mild nonobstructive intestinal ingesta / ileus
- Sonographically unremarkable pancreas
- Soft fecal matter in colon

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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Suspect resolving gastroenteritis without evidence of gastrointestinal mechanical obstruction or definitive foreign material. Technically, given the patient's history, a small amount of nonobstructive or passing foreign material such as fabric, stuffing, or similar could be possible, yet without evidence of obstructive criteria. No indication for immediate surgical intervention.

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Continued supportive gastrointestinal protocol and empirical therapy for gastroenteritis with monitoring of clinical signs and possible radiographic or sonographic monitoring if persistent or progressive gastrointestinal signs, would be reasonable.



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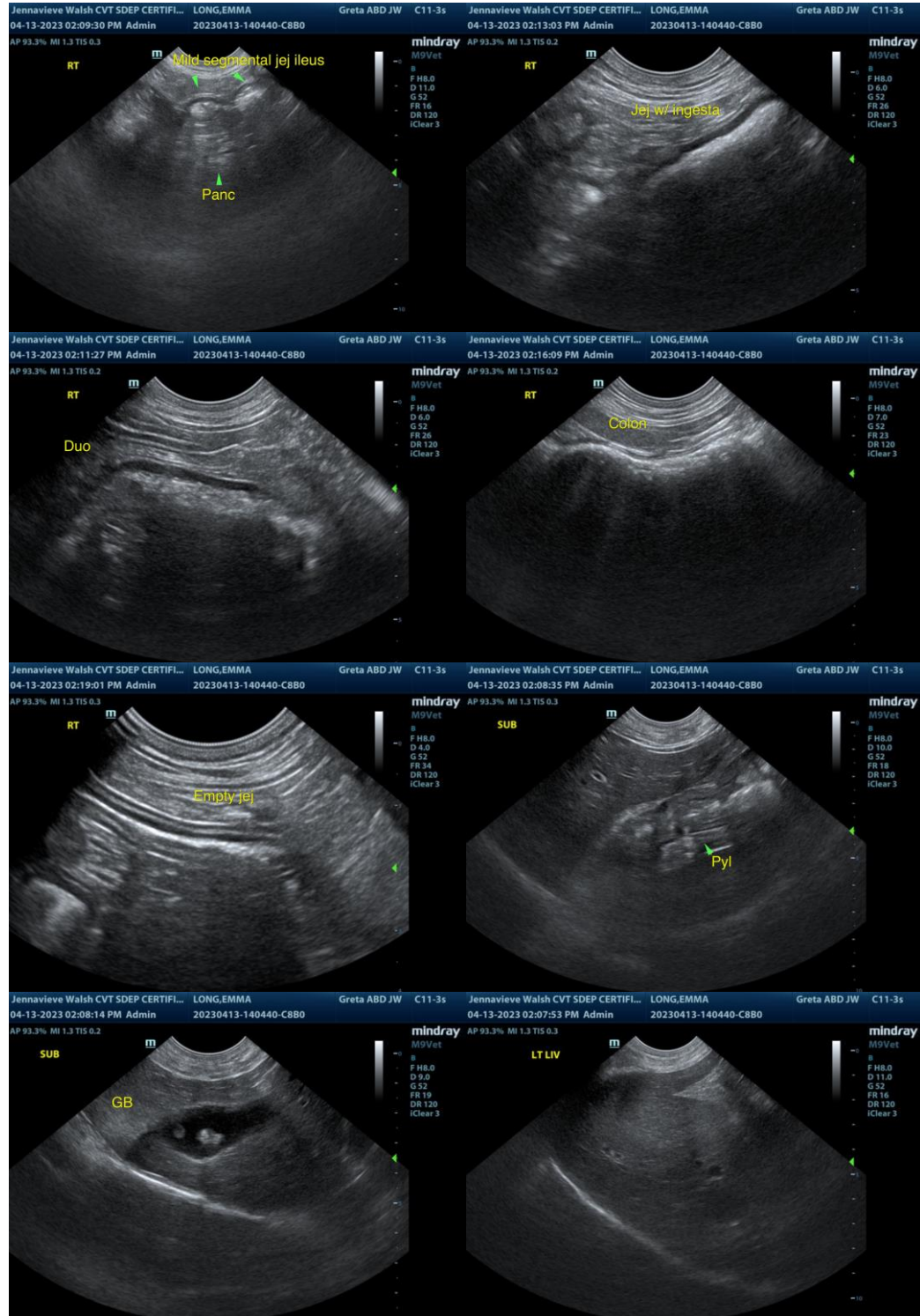
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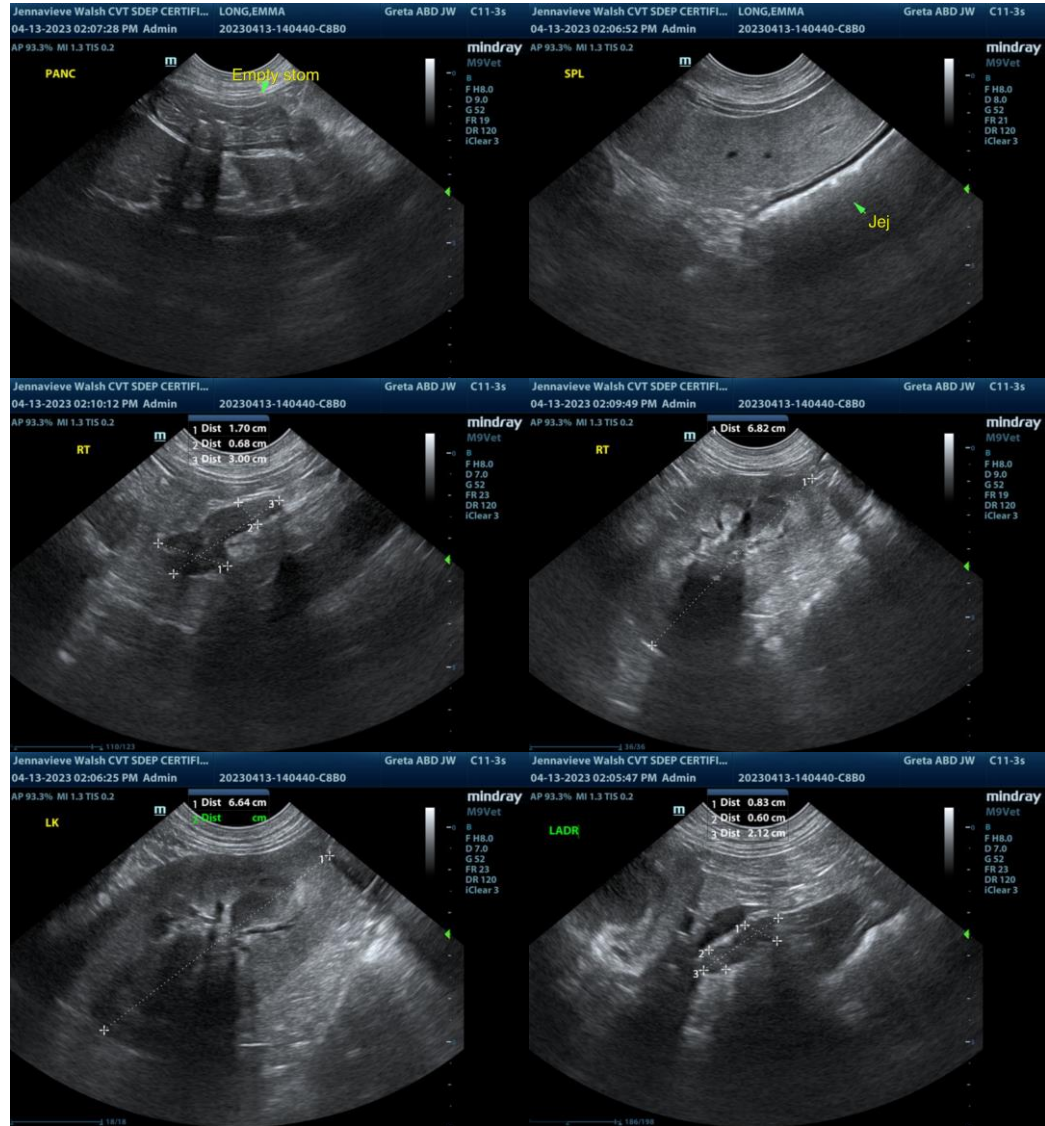
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)
info@SonoPath.com