

PATIENT	PRESENTING CLINICAL SIGNS
Kona Wiertel	vomitting for a couple days not eating for 3 nights (wont eat treats of chicken and rice either) drinking okay lethargic Os are missing one of the kids toys Os not sure if he is having BM No C/S/D/PU/PD or any health concern. . Doing well during PE. QAR, MM: pale pink, moist CRT: 2 sec. Mild dehydrated Anorexic, lethargic & vomiting Musculoskeletal:General muscle wastage on hind legs. GI/Abdominal Palpation: Soft, empty and non-painful on abdominal palpation. No masses or organomegaly detected. Current Medications Gabapentin
SPECIES	Canine
BREED	Abnormal PE/Chem/CBC/UA Results: CBC only mild decrease EOS, otherwise NSF. cPL normal. Mild increase SDMA 15, ALKP 236,mild decrease CI 102. Otherwise NSF. UA- spg 1.040, ph 7, Pro 500mg, Ket 15 mg, UBG 8mg, BIL 3 mg / dL, RBC 8 /hpf, Cocci suspect, NSEPI 1-2/hpf. Radiographic Findings - Dilation of an intestinal loop in the ventral aspect of the mid abdomen, which can be compatible with intestinal occlusion. However it is not completely excluded that this segment could represent the ascending colon. - The mild amount of soft tissue opacity within the stomach can be compatible with undigested food secondary to gastritis or with a gastric soft tissue foreign body.
Norwegian Buhund	Norwegian Buhund
SEX	MN
AGE	9 years
WEIGHT	20 kg
INTERPRETED BY	R. McKenzie Daniel, DVM, DABVP
IMAGING PERFORMED BY	Kelly Reschny
HOSPITAL NAME	Beattie Pet Hospital Burlington
REFERRING VET	Dr. Ruggieri
INVOICE	16608
DATE	4/14/23

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

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 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 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 5.8 cm in length. The right kidney measured 6.4 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 1.6 cm length x 0.57 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 1.8 cm length x 0.47 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.


PATIENT
Liver/ Gallbladder

Kona Wiertel

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 subjective mild hyperechoic gallbladder walls containing anechoic content with possible mild nonorganized hyperechoic gallbladder debris. The common bile duct was not definitively visualized. No evidence of post hepatic obstruction was noted.

SPECIES

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Gastrointestinal

The stomach exhibited moderate to severe fluid distention. The fluid within the stomach was primarily anechoic to mildly echogenic. Overtly normal intact gastric wall layering was noted. No obvious evidence of mechanical pyloric outflow obstruction was noted.

SEX

MN

The small intestine exhibited segmental moderate fluid dilation with solitary, mild irregular, hypoechoic nonshadowing luminal echo potentially within the area of the distal duodenum or upper to mid jejunum. The echo measured approximately 4.0-5.0 cm in diameter. Empty small intestine was noted distal without evidence of concurrent mechanical / metabolic ileus. Intact sonographically unremarkable wall layering was noted to the level of the colon.

AGE

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

WEIGHT

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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 were evident.

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 DVM, DABVP

Free Abdomen

Regional peri intestinal mild hyperechoic omentum was present primarily around the fluid dilated intestinal segments. No overt evidence of significant lymphadenopathy or evidence of peritoneal effusion were found.

IMAGING
PERFORMED BY

Kelly Reschny

ULTRASONOGRAPHIC FINDINGS
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 Burlington

- Moderate to significant fluid dilated stomach
- Intestinal foreign body with obstructive pattern proximal, empty small intestine distal
- Mild regional peri intestinal reactive to possible mild inflamed omentum - no overt peritonitis
- Low-grade benign hepatopathy
- Possible mild chronic cholecystitis

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Exploratory laparotomy with expectation towards enterotomy is recommended. Intestinal biopsies at the time of surgery are suggested or may be considered to rule out underlying intestinal disease. A gross inspection of the gallbladder at the time of surgery is suggested.

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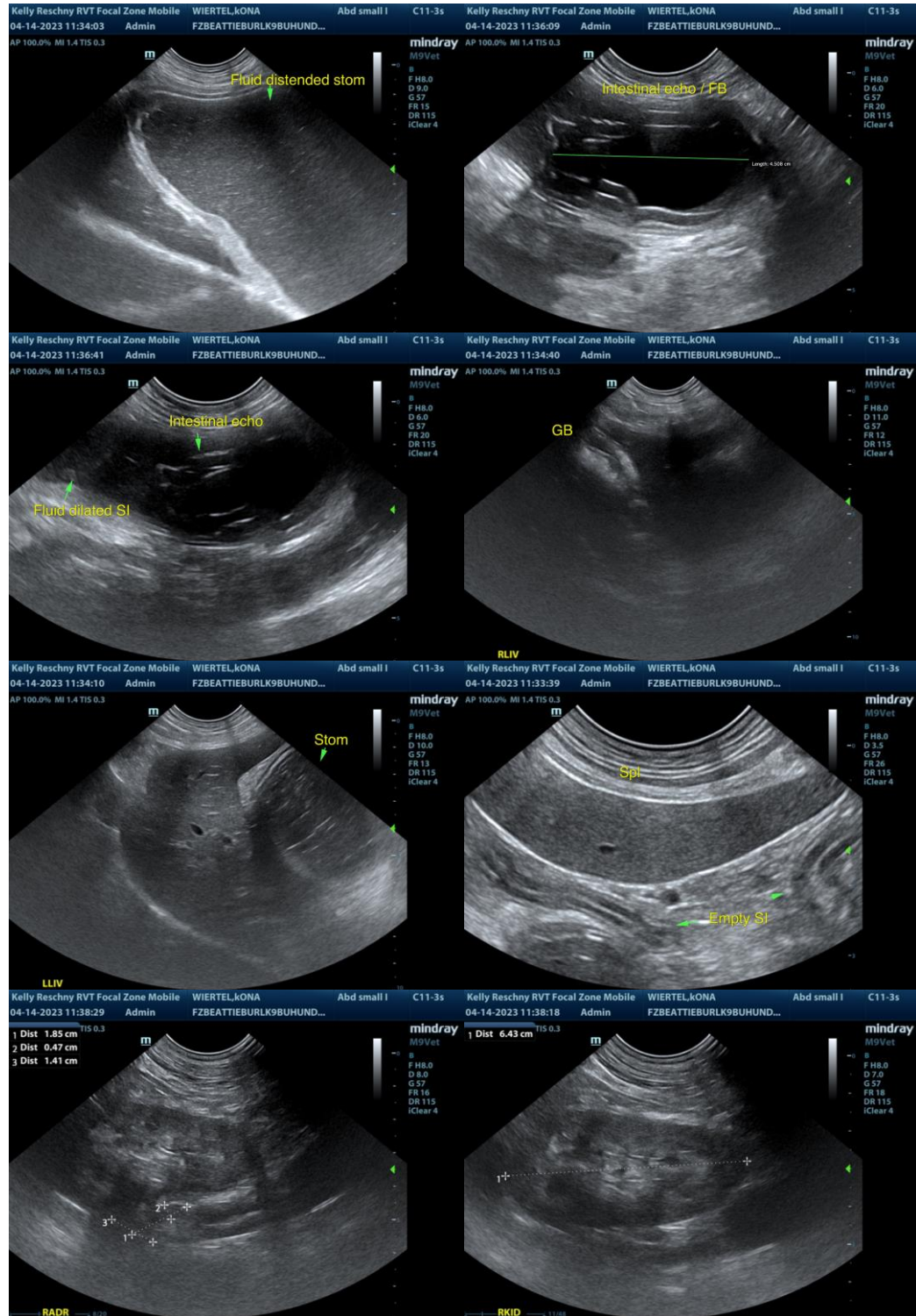
Dr. Ruggieri

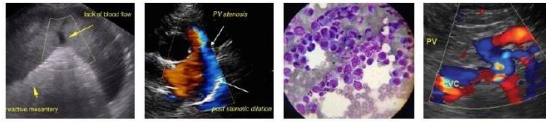
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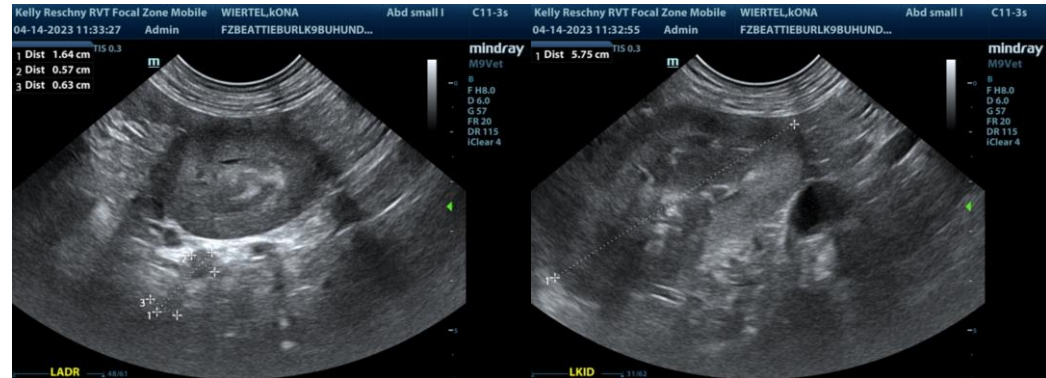
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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