



<b>PATIENT</b>	<b>PRESENTING CLINICAL SIGNS</b>
Hunter Struble	History: Not eating, not vomiting (but on cerenia), ADR. Current meds: Cerenia Abnormal PE/Chem/CBC/UA Results: BW not done at this time.
<b>SPECIES</b>	<b>ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN</b>
Canine	<b>Urinary System</b>
<b>BREED</b>	The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 5.0 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. Aortic trifurcation was normal.
Lab Mix	
<b>SEX</b>	The residual prostate was 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 6.0 cm in length. The right kidney measured 6.0 cm in length.
<b>AGE</b>	<b>Adrenal Glands</b>
11 Months	
<b>WEIGHT</b>	The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 3.0 cm in length x 0.46 cm width at the caudal pole.
56.3 Pounds	The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 2.7 cm in length x 0.66 cm width at the caudal pole.
<b>INTERPRETED BY</b>	<b>Spleen</b>
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	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. The spleen exhibited potential for mild medial folding which is not indicative of underlying splenic pathology and likely a patient variant.
<b>IMAGING PERFORMED BY</b>	<b>Liver</b>
Shari Reffi, CVT	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.
<b>HOSPITAL NAME</b>	<b>Gastrointestinal</b>
Andover AH	
<b>REFERRING VET</b>	
Dr. Lind	The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.
<b>INVOICE</b>	
14737	The stomach presented intact wall layering with a normal wall layer ratio. The stomach contained a subjective mild amount of retained progressively shadowing ingesta/chyme.
<b>DATE</b>	
4/15/22	



<b>PATIENT</b>	The small intestine exhibited intact wall layering and maintained 1:3 muscularis/mucosa ratio. Segmental variable moderate to marked fluid dilation was present in the small intestine with subjective mild oral/aboral movement of luminal fluid. Concurrent segments of small intestine were empty without evidence of fluid dilation, stasis or obstruction. Focal, suspicious shadowing echo, measuring approximately 2.0 cm in diameter, surrounded by luminal gas was present within the subjective mid abdomen.
Hunter Struble	
<b>SPECIES</b>	
Canine	
<b>BREED</b>	<b><i>Pancreas</i></b>
Lab Mix	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.
<b>SEX</b>	<b><i>Free Abdomen</i></b>
Neutered Male	Regional periintestinal reactive mesentery noted around segments of fluid dilated small intestine.
<b>AGE</b>	Concurrent, mildly prominent to enlarged regional mesenteric lymph nodes were present. The lymph nodes were essentially isoechoic to adjacent omentum without evidence of peripheral inflammation and maintaining a normal width: length ratio (<0.5). An example of lymph node size measured 2.7 cm x 1.1 cm.
11 Months	
<b>WEIGHT</b>	A small pockets of scant periintestinal free fluid were present.
56.3 Pounds	
<b>INTERPRETED BY</b>	<b>ULTRASONOGRAPHIC FINDINGS</b>
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	<ul style="list-style-type: none"> <li>Segmental variable moderate to marked intestinal fluid dilation/obstructive pattern, concurrent segments of empty small intestine</li> <li>Suspicious focally shadowing intestinal luminal echo versus gas</li> <li>Regional periintestinal reactive mesentery and small pockets of scant periintestinal free fluid-suspect secondary to intestinal inflammation, potential for mild peritonitis</li> </ul>
<b>IMAGING PERFORMED BY</b>	<b>INTERPRETATION OF THE FINDINGS &amp; FURTHER RECOMMENDATIONS</b>
Shari Reffi, CVT	Given the intestinal presentation consisting of segmental variable intestinal fluid dilation with concurrent segments of empty small intestine, mechanical obstruction is likely versus metabolic ileus typically associated with generalized intestinal ileus. Based on the sonographic findings, exploratory laparotomy with expectation toward probable enterotomy is recommended. Intestinal biopsies would be considered essential despite exploratory findings to assess for underlying gastrointestinal disease. Gross inspection of the entire gastrointestinal tract, including the stomach, is recommended at the time of the surgery. Appropriate perioperative antibiotics would be reasonable given the potential for minor peritonitis.
<b>HOSPITAL NAME</b>	
Andover AH	
<b>REFERRING VET</b>	
Dr. Lind	
<b>INVOICE</b>	According to Sonopath research presented at ECVIM 2016 (Stockholm, Sweden), Advances in Small Animal Medicine and Surgery (May 2017), and EVDI 2017 (Verona, Italy), concurrent underlying chronic inflammatory neoplastic intestinal disease can often reside in PICA patients. Therefore, surgical biopsies are essential in this case regardless of the exploratory findings.
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**PATIENT**

Hunter Struble

**SPECIES**

Canine

**BREED**

Lab Mix

**SEX**

Neutered Male

**AGE**

11 Months

**WEIGHT**

56.3 Pounds

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Shari Reffi, CVT

**HOSPITAL NAME**

Andover AH

**REFERRING VET**

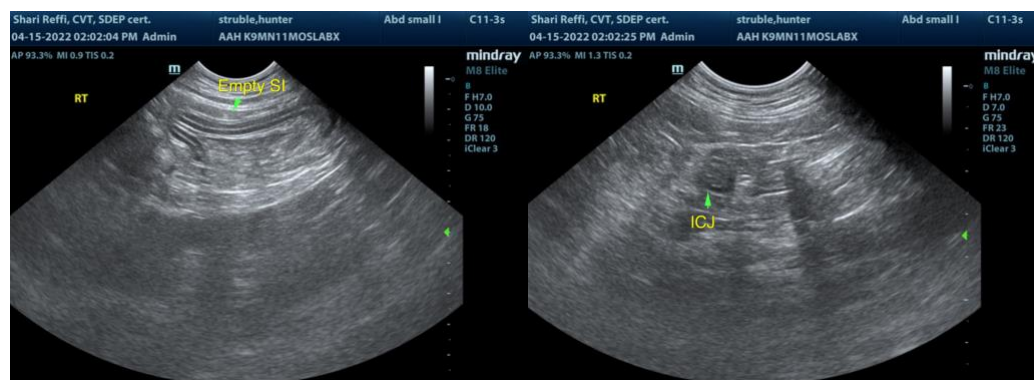
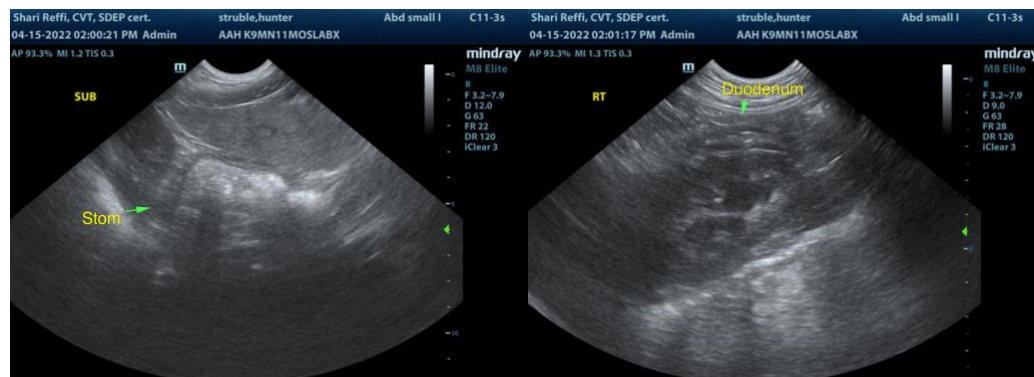
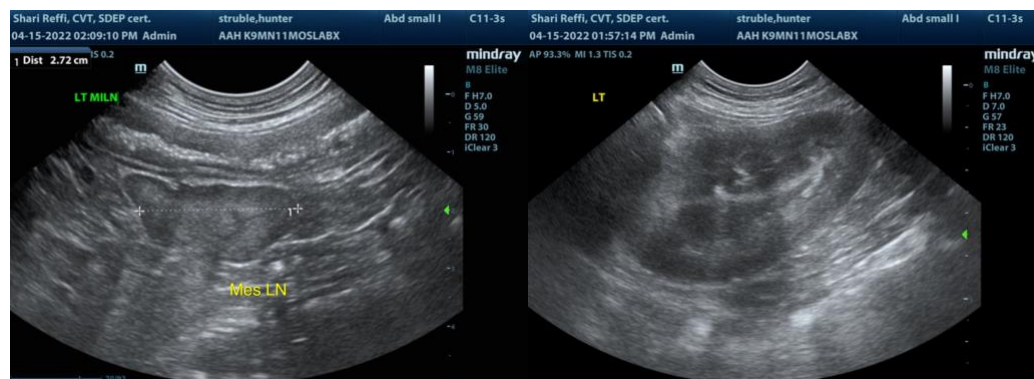
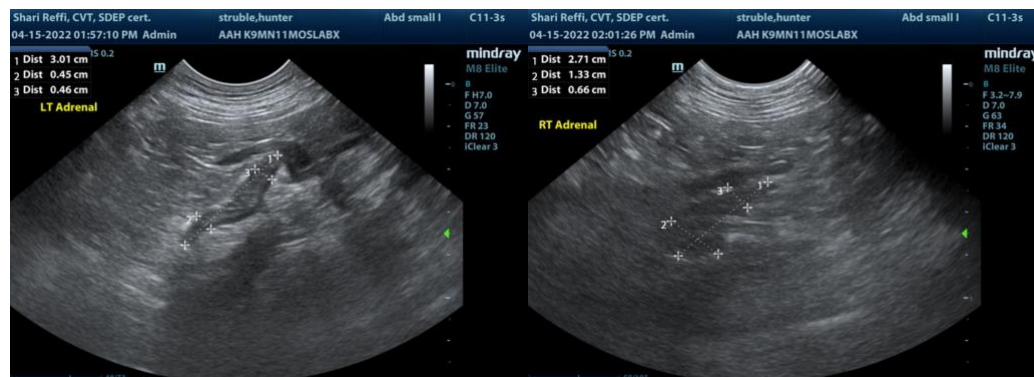
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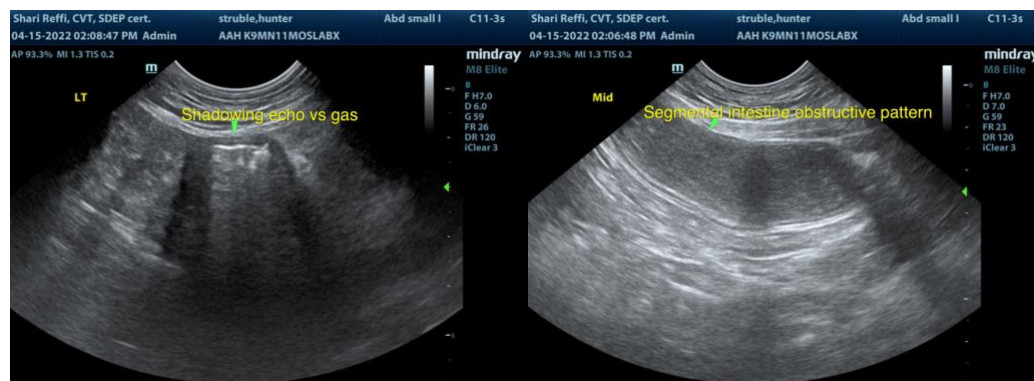
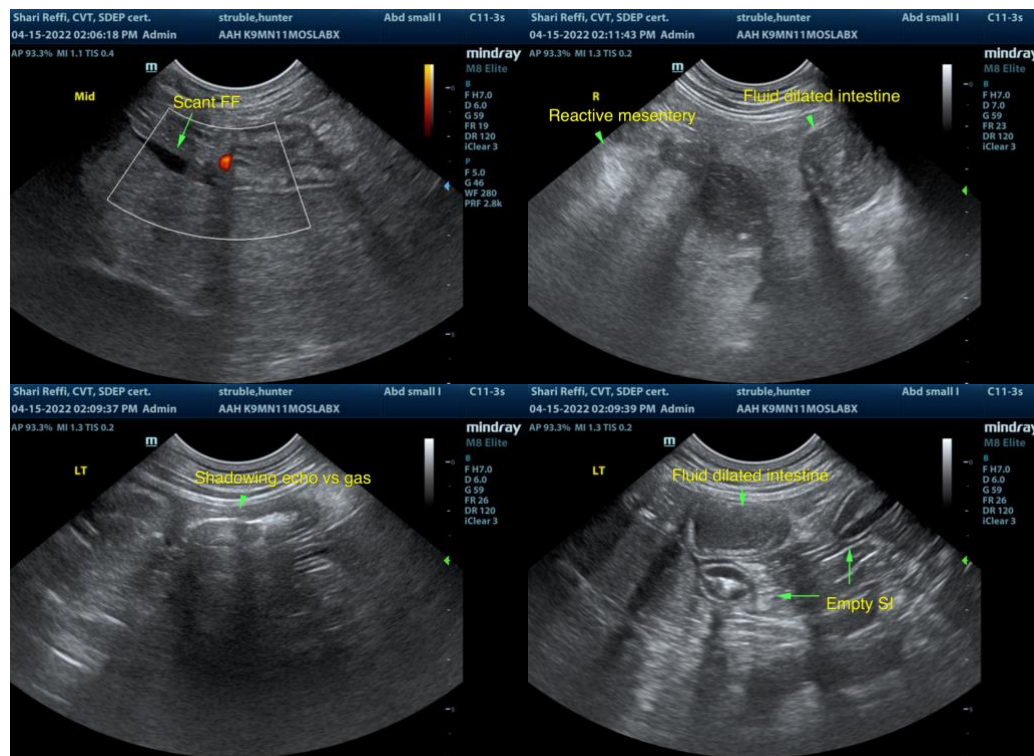
Dr. Lind

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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)  
info@SonoPath.com