



**PATIENT PRESENTING CLINICAL SIGNS**

**Copper Fickinger** Presented to MDAEH on 4/15/22 pm because of acute onset of vomiting that started on Wednesday. Went to RDVM, was treated as o/p but continues to be nauseous. X rays showed large amount of gas in colon and caudal SI.

**SPECIES**  
Abnormal PE/Chem/CBC/UA Results

Canine  
CHEM 12 w/ Lytes/CBC : WNL

**BREED** Abdominal discomfort on palpation

Poodle Mix **ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

**SEX** The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 3 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.

Neutered male

**AGE** 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 6.7 cm in length.

8 years

**WEIGHT**

28.6 kg

The area of the aortic trifurcation was free of pathology.

**INTERPRETED BY**

**Adrenal Glands**

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

No overt pathology in the area of the left or right adrenal gland.

**Spleen**

**IMAGING PERFORMED BY**

Laura De Cordon

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.

**HOSPITAL NAME**

**Liver**

Mason Dixon Animal  
Emergency Hospital

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**

Laura De Cordon

**Gastrointestinal**

**INVOICE**

The stomach presented moderately dilated with intact wall layering with a normal wall layer ratio. The lumen of the stomach contained anechoic fluid with no signs of ileus, obstruction or foreign material.

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The small intestine exhibited segmental to generalized fluid dilation consistent with small intestinal obstructive pattern. Focal to potential multifocal strongly shadowing luminal echoes were noted in the mid to potential caudal abdomen, an example measuring 2.0 cm in diameter. Concurrent segments of empty small intestine likely distal to the obstructive pattern and echoes also visualized.

**DATE**

04/16/2022



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

Copper Fickinger **Pancreas**

**SPECIES** 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.

Canine

**Free Abdomen**

**BREED** Regional to generalized reactive mesentery and small pockets of free fluid primarily around the dilated segments of small intestine were present.

Poodle Mix

**SEX** **ULTRASONOGRAPHIC FINDINGS**

Neutered male

- Hypomotile stomach exhibiting retained fluid.
- Segmental to generalized intestinal obstructive pattern with focal to possible multiple strongly shadowing intestinal luminal echoes.
- Peri intestinal generalized reactive mesentery with small pockets of scant free fluid.

**AGE**

8 years

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

**WEIGHT**

28.6 kg

The intestinal presentation is consistent with mechanical obstruction secondary to intestinal foreign body. Secondary proximal obstructive pattern with segments of empty SI noted likely distal to the area of obstruction. Associated reactive to inflamed mesentery and free fluid with potential for mild peri intestinal peritonitis. Overt evidence of intestinal rupture or perforation was not definitively evident with only minor inflammatory intestinal mural changes visualized. Exploratory laparotomy with gross inspection of the GI tract and expectation toward enterotomy/ies is recommended.

**INTERPRETED BY**

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

**IMAGING**

**PERFORMED BY**  
Laura De Cordon

**HOSPITAL NAME**

Mason Dixon Animal  
Emergency Hospital

**REFERRING VET**

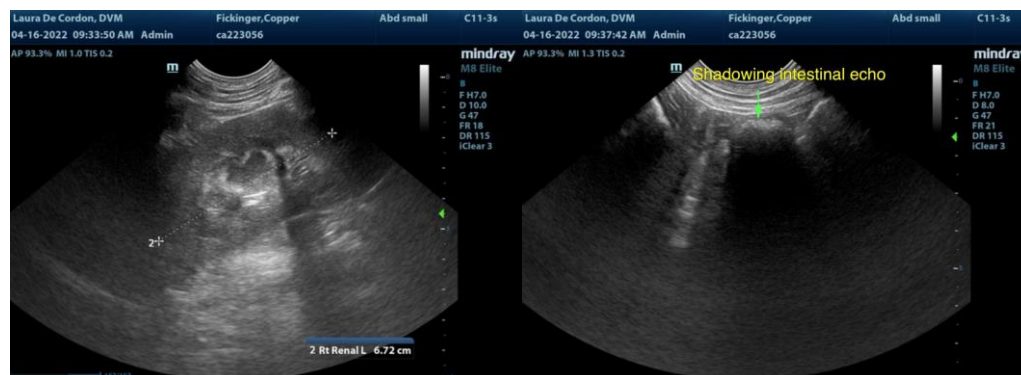
Laura De Cordon

**INVOICE**

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**DATE**

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**PATIENT**

Copper Fickinger

**SPECIES**

Canine

**BREED**

Poodle Mix

**SEX**

Neutered male

**AGE**

8 years

**WEIGHT**

28.6 kg

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**HOSPITAL NAME**

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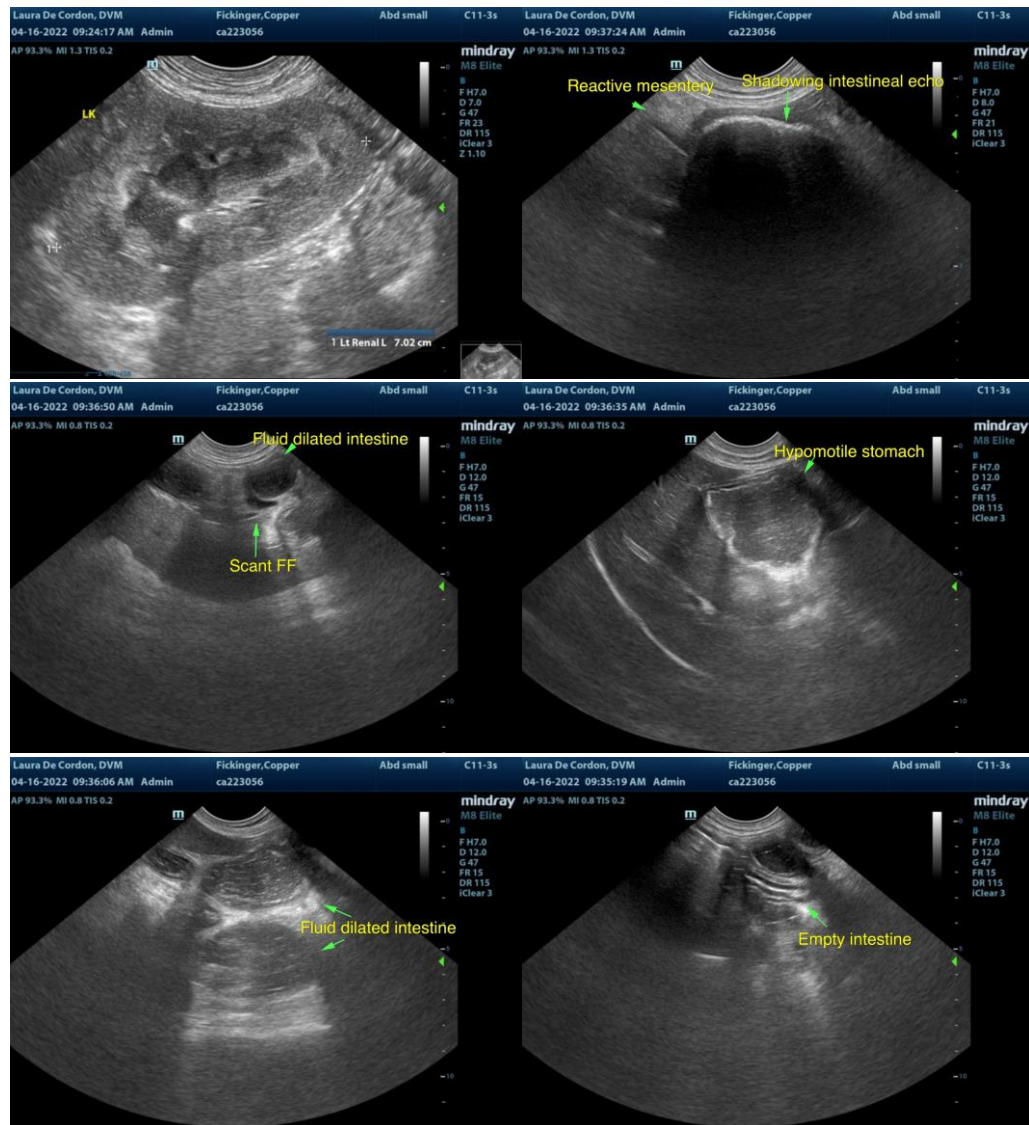
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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