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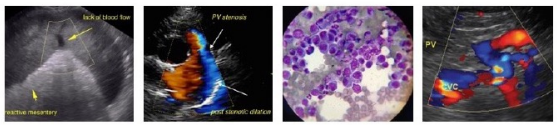

THE FOCAL ZONE
IMAGING PERFORMED BY
289-808-2608 info@thefocalzone.com

PATIENT

Small Fry Montour

SPECIES

Canine

BREED

Rottie x Shepherd

SEX

Intact Male

AGE

9 Months

WEIGHT

65 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Crystal Hill

HOSPITAL NAME

Grand River VH

REFERRING VET

Dr. Robinson

INVOICE

37122

DATE

4/25/22

PRESENTING CLINICAL SIGNS

Chloride slightly low, otherwise NSF. Vomiting food, and sometimes water. Bright otherwise. Suspicious area on rads. Owner thought he may have eaten a turkey bone on Easter weekend but not confirmed. Has not been well for about 1 week. Weight loss.
Abnormal PE/Chem/CBC/UA Results: Please see attached rads

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 3.0 cm exhibited normal thickness and tone. Primarily anechoic urine was present in the lumen. Mild non-dependent, 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.

The residual prostate was of expected size and presentation for a young intact male canine, and without pathology.

Normal size and margination were present in the left kidney. 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 7.5 cm.

The right kidney was normal, yet indistinctly visualized owing to patient size. The right kidney measured 7.9 cm.

The area of the aortic trifurcation was free of pathology.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 2.7 cm x 0.61 cm at the caudal pole.

The right adrenal gland was indistinctly visualized, yet without overt pathology, subjectively measuring 3.1 cm x 0.80 cm 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.

Liver

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.

Gastrointestinal

The stomach presented intact yet mildly prominent wall layering. Mild retained non-shadowing fluid and chyme present in the stomach lumen without overt evidence of shadowing echoes or foreign material.

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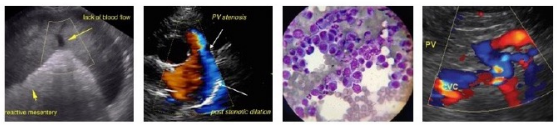

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Large, segmental intestinal intussusception was present in the subjective mid to caudal abdomen, potentially measuring 10.0 cm in length x 5.0 cm in diameter, exhibiting mildly thickened walls in the outer aspect of the intussusception with indistinct wall layering. Segments of intestine exhibiting mild to moderate variable dilation with retained non-shadowing chyme were present in the mid to cranial abdomen, in the area of the intussusception. Additional segments of empty, normal appearing small intestine exhibiting intact wall layering and maintained 1:3 muscularis/mucosa ratio were also present.

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

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 was evident.

Free Abdomen

Mild volume anechoic to mildly cellular peritoneal free fluid present. Regional mildly non-uniform, mildly hyperechoic omentum noted, primarily around the intussusception.

Several, intermittent enlarged mesenteric lymph nodes were present. Example measured 2.5 cm x 1.0 cm. These lymph nodes were homogenous, mildly hypoechoic and smoothly marginated. A normal width: length ratio was maintained (<0.5). Evidence of perilymphatic inflammation was evident.

PRIMARY FINDINGS

- Large, segmental mid to caudal abdominal intussusception with associated inflammatory mural changes
- Associated segmental intestinal distention with retained chyme (likely proximal), normal appearing empty small intestine (likely distal).
- Regional peri intestinal, mildly non-uniform reactive mesentery and mild volume peritoneal free fluid – possible peritonitis.
- Intermittent concurrent mesenteric lymphadenopathy – suspect hyperplasia, secondary lymphadenitis, or immunologic immaturity.

SECONDARY FINDINGS

- Mild urinary bladder sediment

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Obvious location of the intussusception, given its size, was difficult to ascertain, given the presence of segmental partial intestinal obstructive pattern, with concurrent segments of empty small intestine. Exploratory laparotomy with expectation towards resection and anastomosis of the intussusception +/- intestinal biopsies recommended. Minor potential for neoplastic process involved with the intussusception is thought less likely, yet cannot be definitively excluded. No overt evidence of an intestinal obstructive foreign body.

The urinary bladder sediment may suggest cellular / crystalline debris or mucus. Cystocentesis for UA +/- C/S if evidence of inflammatory cells is recommended.

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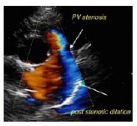
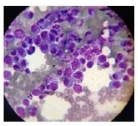
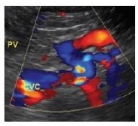

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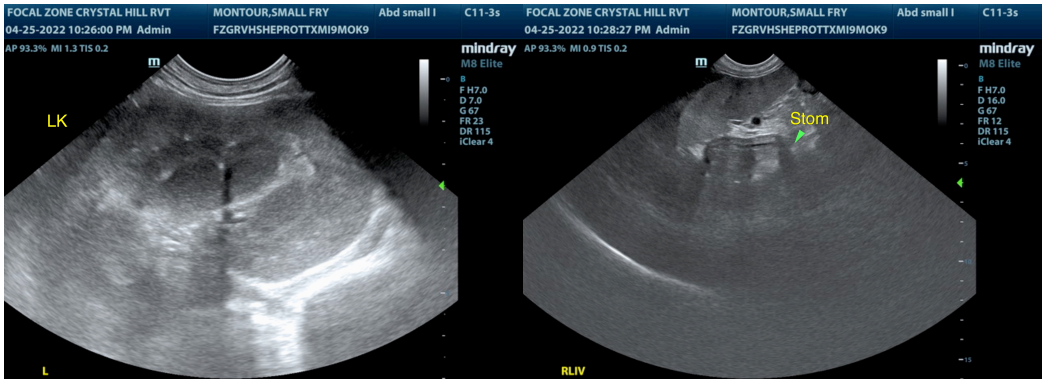

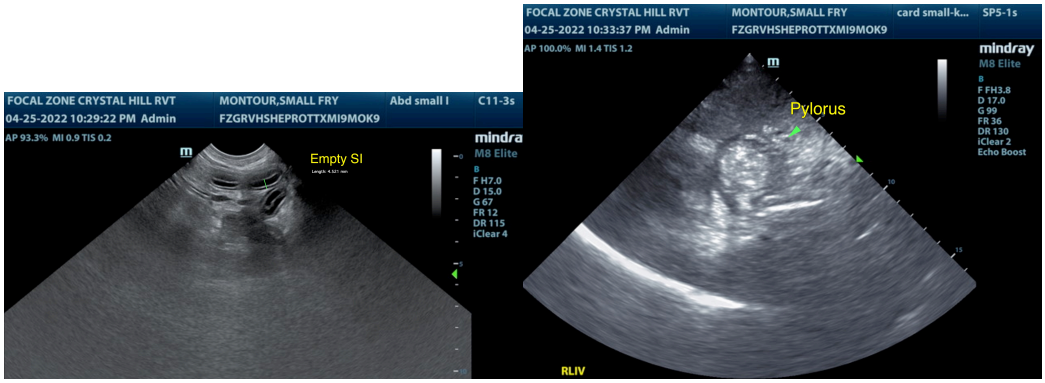

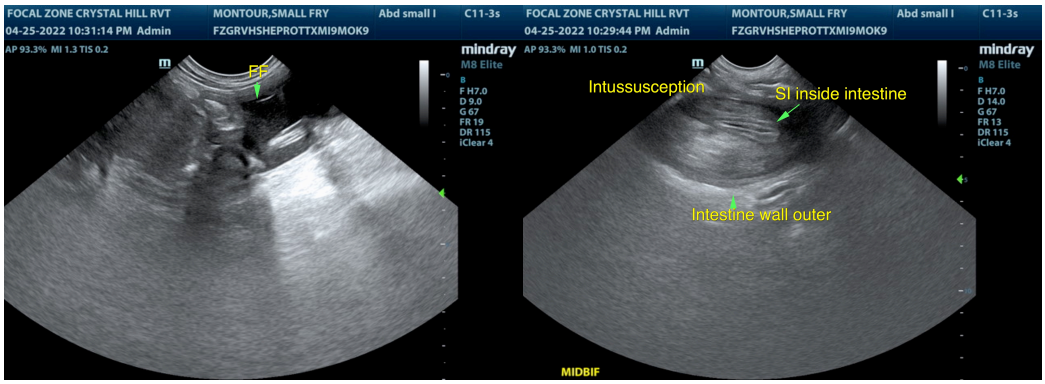

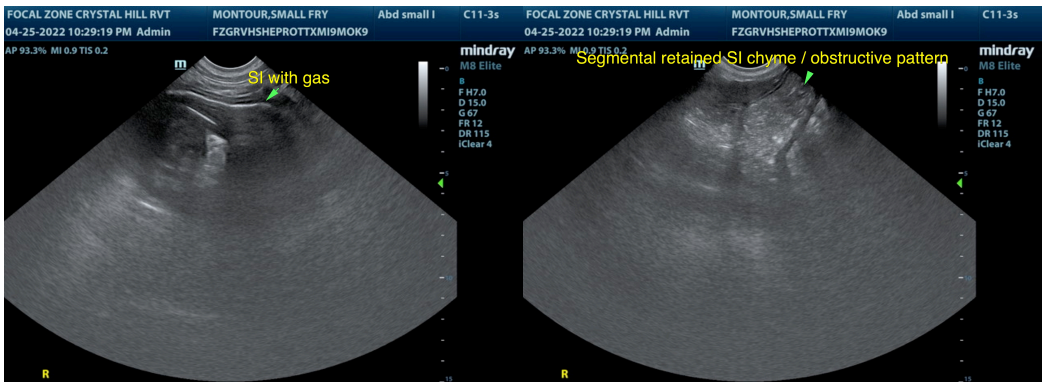

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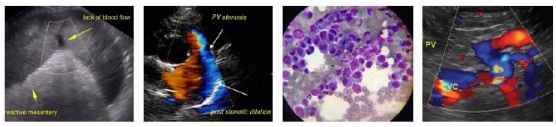

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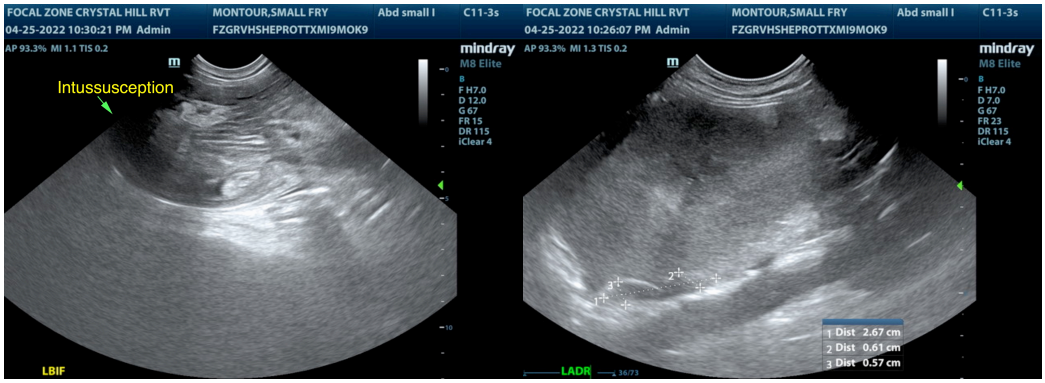

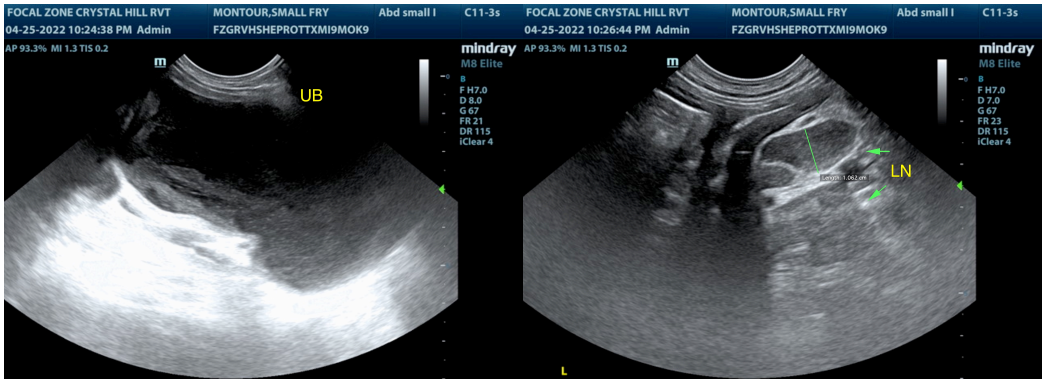

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)

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