



PATIENT PRESENTING CLINICAL SIGNS

Ted Rocchino Intermittent vomiting, restless, abnormal behavior. Medication: Metronidazole, Cerenia

SPECIES ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Canine **Urinary System**

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

BREED

Bernese Mtn Dog

No overt pathology in the area of the residual prostate.

SEX

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 7.2 cm. The right kidney measured 7.7 cm.

AGE

2017

Adrenal Glands

The adrenal glands were uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 2.9 cm length x 0.69 cm caudal pole width. The left adrenal gland measured 3.3 cm length x 0.78 cm caudal pole width.

WEIGHT

91.2

Spleen

INTERPRETED BY

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.

IMAGING PERFORMED BY

Rebekah Jakum, CVT
 ARDMS/RVT

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 mild, non-organized, echogenic debris. The cystic duct and common bile ducts were normal without evidence of dilation.

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Lehigh Valley AH
 (Allen)

Gastrointestinal

REFERRING VET

Dr. Meyer

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

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A mid abdominal ill-defined intestinal mass exhibiting subjective variable mixed echogenic mural hypertrophy was noted with concurrent hypoechoic, potentially fluid-filled lesion appearing to derive from the intestinal wall. The overall intestinal mass measured approximately 6.0 cm in diameter with potential hypoechoic to fluid-filled lesion measuring approximately 3.0 cm in diameter. Surrounding regional non-uniformly hyperechoic omentum noted. No evidence of intestinal obstructive pattern. The remainder of the intestinal tract exhibited intact wall layering with subjective maintained 1:3 muscularis to mucosa ratio. Potential for non-visualized regional associated mesenteric lymphadenopathy suspected.

DATE

4/25/23

Normal visible colon wall layers were present with formed to mild semiformed feces in lumen.



PATIENT *Pancreas*

Ted Rocchino 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.

SPECIES *Free Abdomen*

Canine No overt peritoneal effusion.

BREED No evidence of medial iliac or sublumbar lymphadenopathy or masses.

Bernese Mtn Dog **PRIMARY FINDINGS**

- Ill-defined mid abdominal intestinal mass with possible concurrent mural abscess/necrosis, associated regional peritonitis.

SEX

Neutered Male

SECONDARY FINDINGS

- Mild gallbladder debris (non-mucocele)

AGE

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

WEIGHT

91.2

Definitive intestinal segments involved with the ill-defined mass were difficult to ascertain. Neoplastic criteria is favored, although potential for concurrent abscessation, necrosis, or granulomatous change. Potential for regional omental seeding or early lymphatic involvement. 3-view chest radiographs recommended if not done.

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Given this presentation and in light of reed, abdominal CT is recommended for further assessment of the intestinal mass lesion as well as assessment for any non-sonographically evident intraabdominal metastasis, as well as potential surgical planning.

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ARDMS/RVT

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REFERRING VET

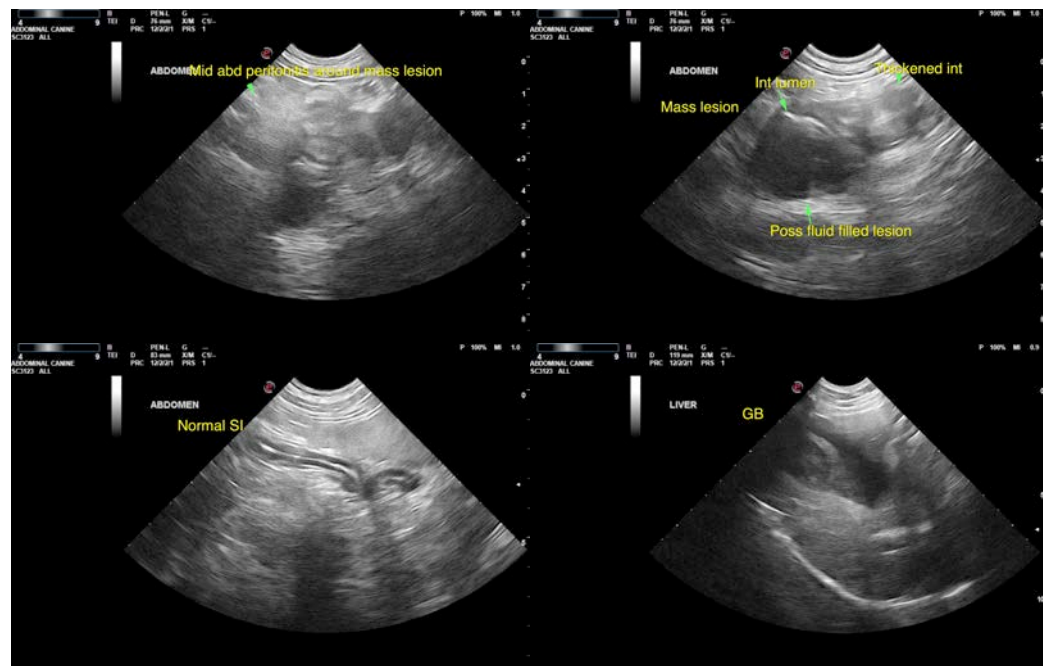
Dr. Meyer

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PATIENT

Ted Rocchino

SPECIES

Canine

BREED

Bernese Mtn Dog

SEX

Neutered Male

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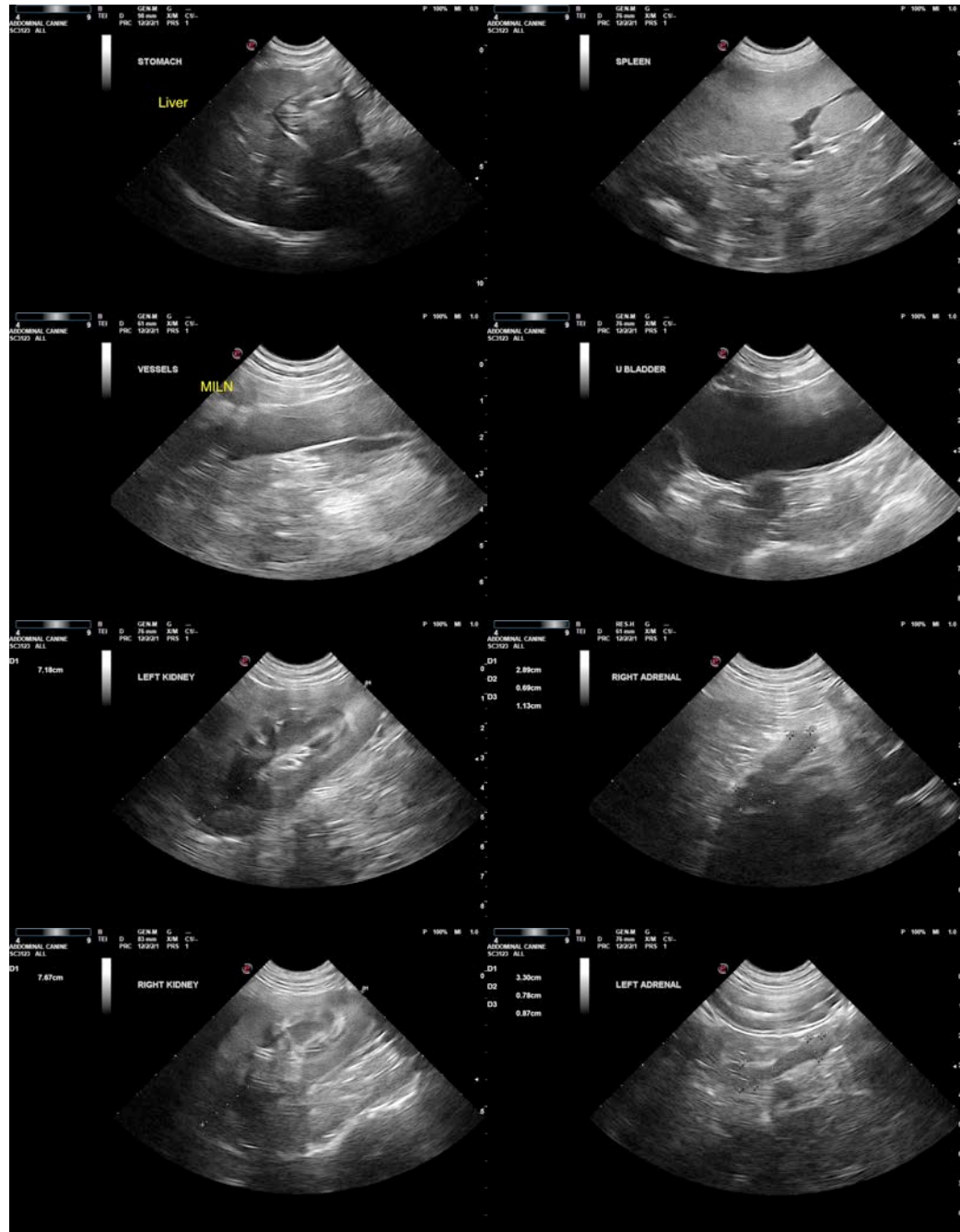
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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