



PATIENT PRESENTING CLINICAL SIGNS

PATIENT Yen Sid Ralls
SPECIES Canine
BREED Labradoodle
SEX NM
AGE 5 years
WEIGHT 42.6 pounds

History: vomiting, decreased eating, lethargic, burping, possibly painful abdomen, walking hunched. weight loss. last meal wednesday AM, vomited after. now having small amounts of nutritional paste + water slurry, no vomiting since wednesday PM. UR oka, BM was small but normal yesterday. pt has a history of eating poop of her housemate. was seen at Salem ER on wednesday evening, x-rays showed gas but no obvious obstruction, p was given cerenia and SQF. O says no improvement since then. Current Medications: cerenia (in hospital), buprenex (in hospital)

Abnormal PE/Chem/CBC/UA Results: See attached labs: Leukocytosis 16.99, neutrophilia (12.63) with left shift, monocytosis (2.63), eosinopenia (0.03), Ca 7.8, hyponatremia (140), hypokalemia (2.9), hypochloremia (98) See attached rads: 2 view abdomen - loop of bowel just caudal to the stomach with material present, unable to determine if bowel is SI or LI and if the material noted is normal ingesta or foreign material but the gas pattern is unusual, segmentally dilated but not obviously obstructed. liver, spleen, kidneys, urinary bladder appear grossly normal. pt is very skinny, resulting in decreased detail

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 mild nondependent particulate sediment. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes were noted.

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 5.7 cm in length. The right kidney measured 6.3 cm in length.

The area of the aortic trifurcation was free of pathology.

No overt pathology was present in the area of the residual prostate.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.57 cm width at the caudal pole and 0.63 cm width at the cranial pole. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.60 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.

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

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(Canine and Feline)

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Jasmine Palacios

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Rivers Edge Pet Medical
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REFERRING VET

Dr. Cora Hollomon

INVOICE

10480ag

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04/30/2022



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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

SPECIES

Canine

The stomach exhibited moderate distention with retained fluid and strongly shadowing ingesta to echo. The echo appeared to extend to the area of the pyloric antrum. Concurrent retained pyloric fluid was present.

BREED

Labradoodle

The small intestine presented intact wall layering with segmental obstructive pattern exhibited by moderate to variable retained intestinal fluid and secondary intestinal fluid dilation. A strongly shadowing linear like hyperechoic echo was noted within the segmental intestine in the mid abdomen medial to the right kidney. Associated with the linear like echo was segmental intestinal plication and corrugation with the possibility of intussusception. Inflammatory changes were noted within the plicated intestine exhibiting intact yet indistinct wall layering. Segments of empty small intestine likely distal to the segmental intestinal plication and linear like echo without evidence of concurrent metabolic or mechanical ileus were also present. Regional mildly nonuniform hyperechoic mesentery along with small pockets of peri intestinal free fluid were present. Intermittent subjectively benign/reactive mesenteric lymph nodes were observed.

SEX

NM

AGE

5 years

Pancreas

The pancreas was normal in size and contour with isoechoic to heterogeneous parenchyma compared to adjacent omentum. No signs of active inflammation or neoplasia.

WEIGHT

42.6 pounds

Free Abdomen

Regional mildly nonuniform hyperechoic mesentery along with small pockets of peri intestinal free fluid were present. Intermittent subjectively benign/reactive mesenteric lymph nodes were observed.

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ULTRASONOGRAPHIC FINDINGS

- Strongly shadowing gastric echo with gastric hypomotility
- Segmental SI linear like strongly shadowing echo with associated segmental plicated/corrugated intestine and segmental obstructive pattern, possible intussusception
- Regional peri intestinal nonuniform hyperechoic reactive mesenteric lymphadenopathy and small pockets of scant free fluid-possible peritonitis

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Exploratory laparotomy with gross inspection of the GI tract is recommended with expectation of gastrotomy and multiple enterotomies, potential resection and anastomosis of the segmental SI could be possible. Perioperative broad-spectrum antibiotics are recommended given the potential for peritonitis. A guarded prognosis is indicated.

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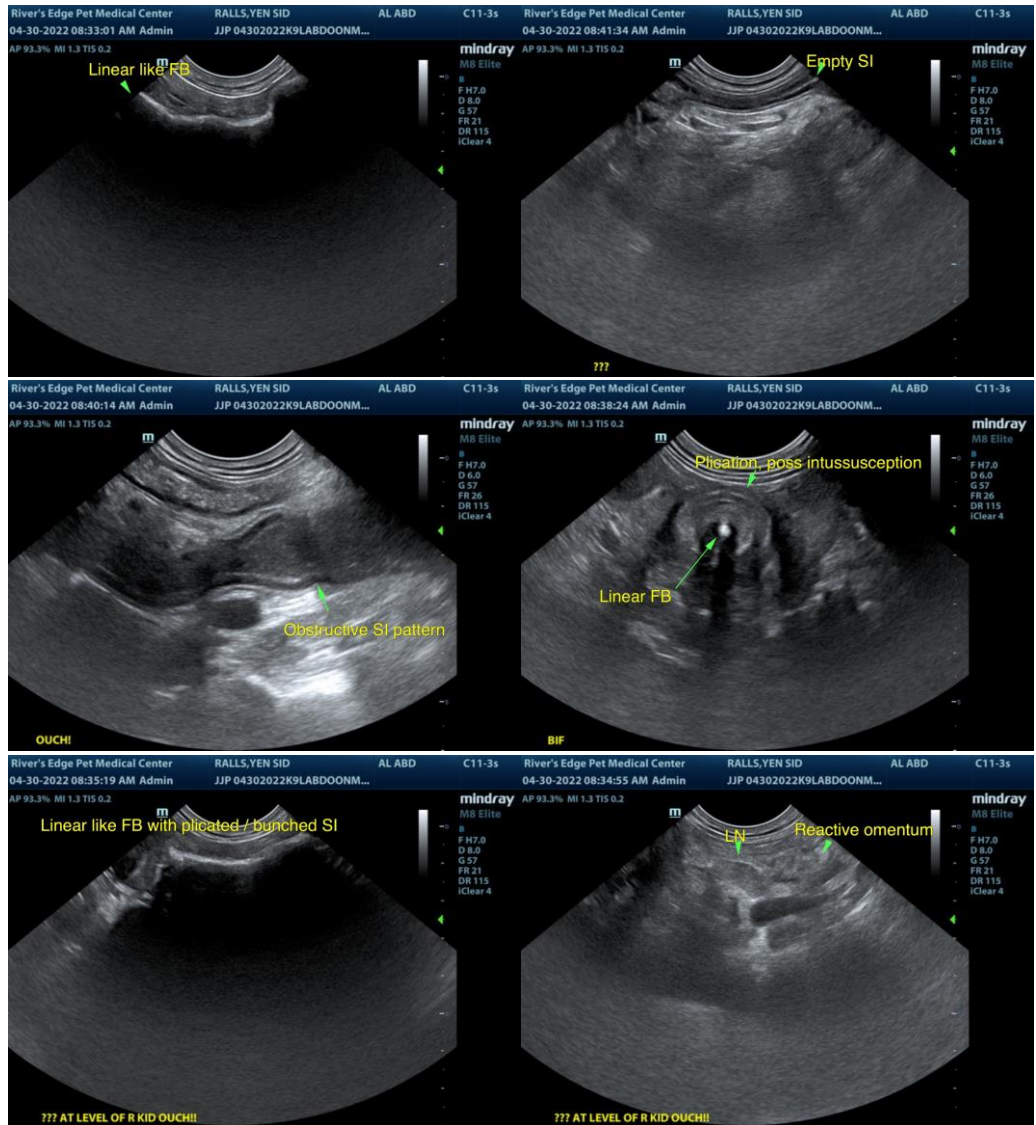
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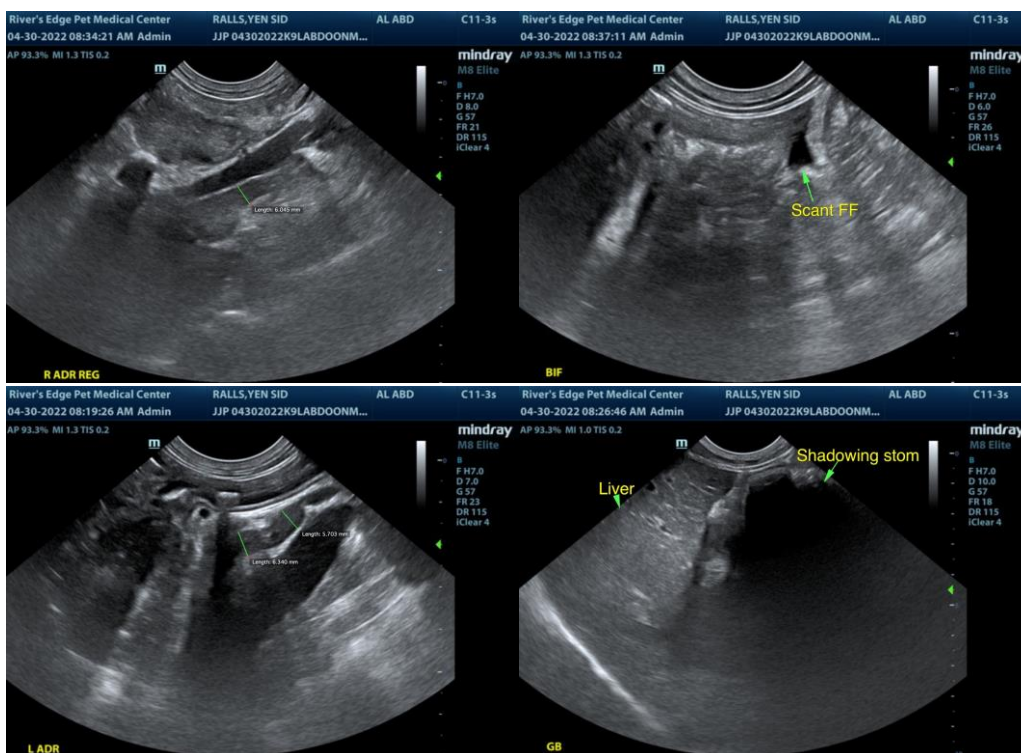
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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