



**PATIENT**

Jake Barnett

**SPECIES**

Canine

**BREED**

Cavalier King Charles  
Spaniel

**SEX**

MN

**AGE**

1 yr 8 mos

**WEIGHT**

17 lbs.

**INTERPRETED BY**

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

**IMAGING  
PERFORMED BY**

Jasmine Palacios

**HOSPITAL NAME**

Rivers Edge Pet  
Medical Center

**REFERRING VET**

Dr. David Gray

**INVOICE**

16550

**DATE**

4/7/23

**PRESENTING CLINICAL SIGNS**

Acute dog fight wound trauma this afternoon. Wounds primarily on the right side P had a dose of buprenex and meloxicam

Abnormal PE/Chem/CBC/UA Results: See attached rads: SQ emphysema, spleen not well visualized  
See attached rads: elevated liver enzymes

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

The urinary bladder exhibited intact wall layering with normal size and tone. Moderate to significant particulate to hyperechoic urinary bladder sediment was noted occupying the majority of the urinary bladder lumen with concurrent anechoic urine. Focal area of suspect adhered sediment was noted in the dorsal lumen measuring  $\approx 1.0$  cm in diameter. Potential for concurrent crystalline debris, mucus, or pinpoint to emerging mineral is possible.

The residual prostate was free of pathology. No evidence of pericystic, free fluid was noted.

The area of the aortic trifurcation was free of 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 left kidney pyelectasia. No evidence of left retroperitoneal or perinephric free fluid was noted. The left kidney measured 4.5 cm in length.

Normal right kidney size with intact corticomedullary architecture was noted. The right kidney measured 4.6 cm in length. No evidence of right kidney pyelectasia was noted. Surrounding the caudal aspect of the right kidney, regional hyperechoic omentum to tissue with scant perinephric to potential retroperitoneal free fluid was noted. No overt evidence of right ureter dilation was noted.

**Adrenal Glands**

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.43 cm width at the caudal pole. The right adrenal gland was not definitively visualized.

**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/ Gallbladder**

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 intact and non-distended in size



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with thin walls and primarily anechoic luminal content. Normal gallbladder position was observed. The common bile duct was not definitively visualized. No evidence of common bile duct dilation or stasis was noted.

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**Gastrointestinal**

The stomach presented normal visualized intact gastric wall layering with a normal wall layer ratio. The lumen of the stomach contained echogenic, nonshadowing ingesta most consistent with post prandial presentation without signs of ileus, obstruction or foreign material.

**BREED**

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The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. The lumen of the small intestine was empty with no signs of ileus, mechanical / metabolic obstruction, or foreign material.

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

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**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 were evident.

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**Free Abdomen**

No evidence of omental lymphadenopathy or significant peritoneal effusion was noted.

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**ULTRASONOGRAPHIC FINDINGS**

- Intact urinary bladder with moderate to marked variably hyperechoic urinary bladder sediment - possible blood / blood clot
- Intact right kidney with mild regional peri nephric hyperechoic omentum and scant free fluid
- Sonographically unremarkable liver / gallbladder
- Sonographically unremarkable gastrointestinal tract with gastric ingesta - ingesta sonographically consistent with food

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Given the location of trauma in this patient, potential right cranial abdominal or retroperitoneal puncture with secondary right cranial abdominal to right perinephric trauma is of primary concern. No definitive sonographic evidence of significant trauma to the right kidney with surrounding potential peritonitis / right retroperitonitis.

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Urinalysis to assess for evidence of cellular debris, blood, or blood clot potentially associated with non-sonographically detectable trauma to the right kidney +/- urine C/S if inflammatory sediment is recommended.

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No overt evidence of additional areas of intraabdominal trauma, peritoneal free fluid or gas.

As-needed supportive care with close clinical radiographic and sonographic monitoring is indicated.



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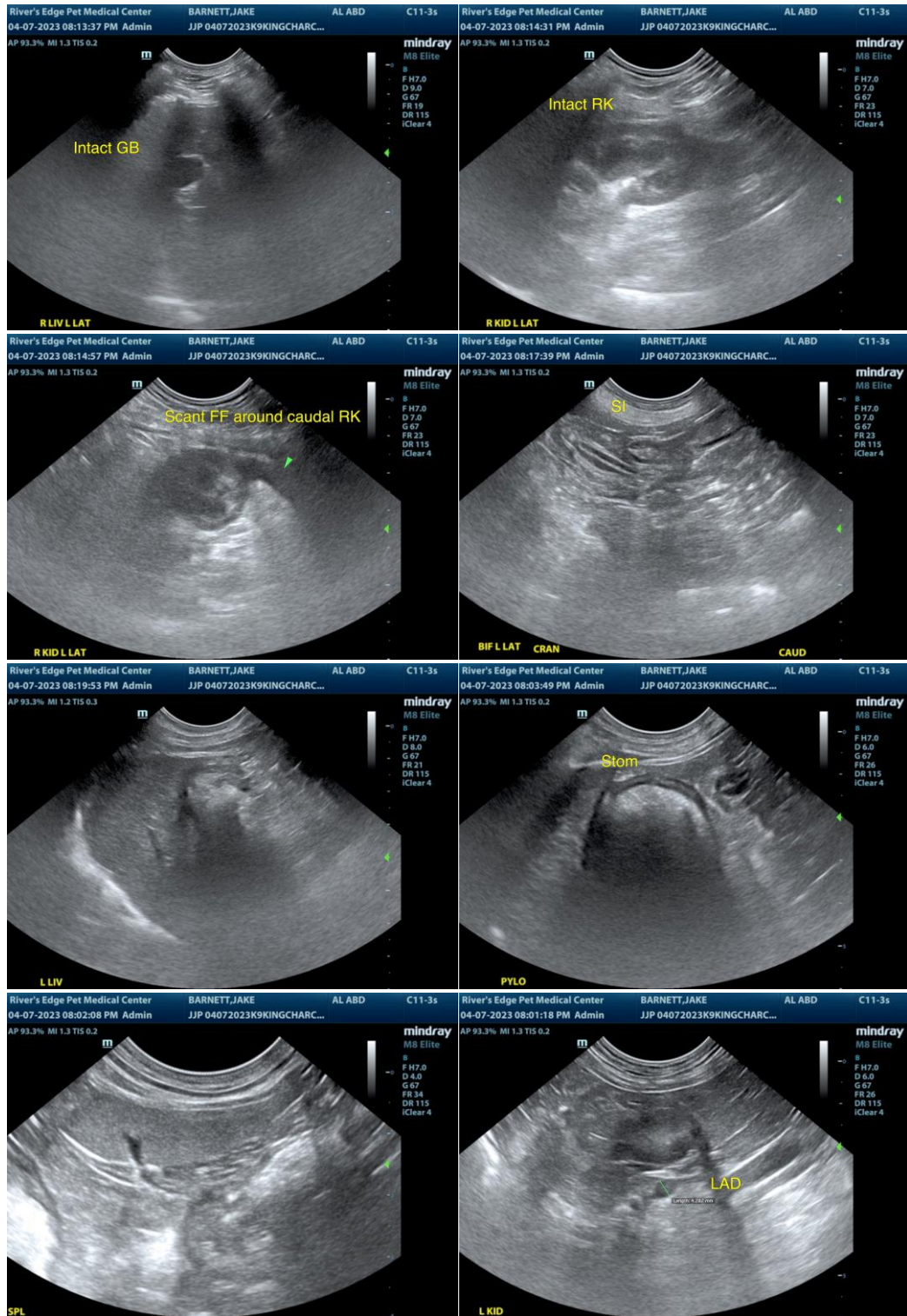
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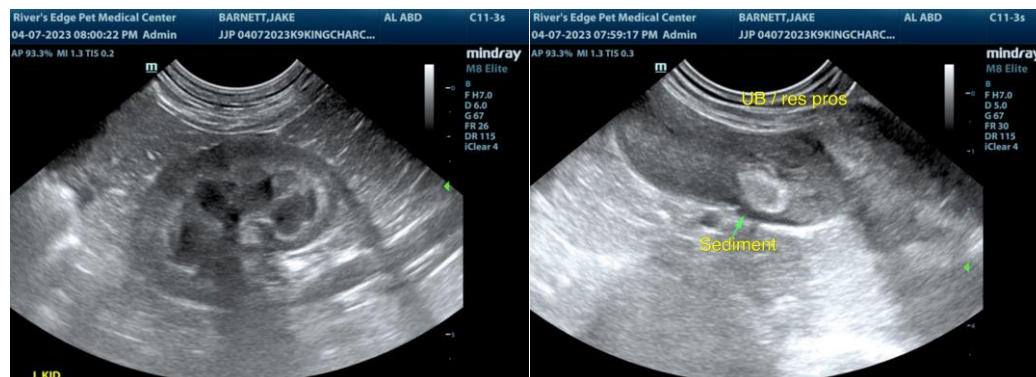
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

**R. McKenzie Daniel, DVM, DABVP (Canine / Feline Practice)**  
info@SonoPath.com