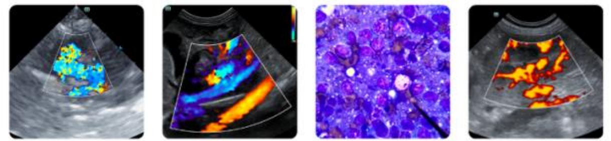


PATIENT

Zeke Dittrich

SPECIES

Canine

BREED

Lab

SEX

Neutered Male

AGE

6.5

WEIGHT

78

INTERPRETED BY

R. McKenzie Daniel, DVM, DABVP (Canine / Feline Practice)

IMAGING PERFORMED BY

Dr. Linda Grau

HOSPITAL NAME

Fredon Animal Hospital

REFERRING VET

Dr. Linda Grau

INVOICE

15647

DATE

05/01/26

PRESENTING CLINICAL SIGNS

Diagnosed with oral MCT 4/1. two rounds vinblastine 4/16 and 4/23, upset stomach 4/25, started barium series 4/27

Abnormal PE/Chem/CBC/UA Results: distended stomach when barium given but slow egress through 4/27, on IV support, 4/28 - brighter, some barium in pylorus but later in day started to pass with granular appearance suggesting wasn't liquid barium but may be interspersed with hair/similar, 4/29 - more of the same as seen 4/28, low dose metoclopramide used to encourage intestinal motility, 4/30 stomach empty, barium hadn't all accumulated in colon but tried at home as hadn't vomited in two days. vomited at home, represented 5/1 dull; concern for MCT history or other

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. 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 change were noted.

The area of the residual prostate appeared normal and free of pathology.

Normal size and margination was 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 5.5 cm in length. The right kidney measured 6.2 cm in length.

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

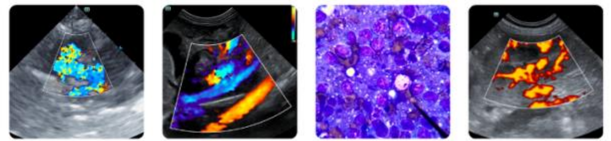
The spleen exhibited a finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. The capsule was smooth and regular without apparent expansion. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis. Acute 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 non distended in size with mild to moderate nondependent nonorganized biliary sludge. The cystic duct and common bile ducts were normal without evidence of dilation.

Gastrointestinal



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The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach was empty with minor retained fluid and lumen gas. No evidence of persistent retained barium or shadowing content.

The small intestine presented overall intact wall layering with maintained wall layer ratio. Empty intestinal segments with concurrent mild to progressive intestinal ileus with intestinal segments subjective medial to the spleen exhibiting oral/aboral fluid movement. Within an adjacent intestinal segment medial to the spleen, a mild irregular shadowing content was present measuring approximately 1.8 cm to 2.0 cm in diameter. Subtle peri intestinal hyperechoic omentum in area of shadowing intestinal content.

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

Intermittent mildly prominent mesenteric nodes were present. The lymph nodes were essentially isoechoic to adjacent omentum without evidence of peripheral inflammation and maintaining a normal width: length ratio (<0.5). The lymph nodes are most consistent with benign criteria i.e. mild reactive hyperplasia or lymphadenitis. No evidence of peritoneal effusion.

ULTRASONOGRAPHIC FINDINGS

- Segmental irregular to shadowing mid abdomen intestinal lumen echo with concurrent segmental to variable intestinal ileus exhibiting oral/aboral fluid movement- potential segmental retained barium yet highly suggestive of partially obstructive intestinal to barium absorbing foreign body with mild proximal obstructive pattern.
- Subtle reactive possibly inflamed associated peri-intestinal omentum and intermittent subjective mild mesenteric lymphadenopathy.
- Sonographically normal spleen.
- Mild nonorganized gallbladder debris (non-mucocele).

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

In conjunction with patient’s clinical history in regards to low barium movement and gastrointestinal signs, exploratory laparotomy with gross inspection of the gastrointestinal tract with expectation toward enterotomy and suggested intestinal and lymphatic biopsies despite exploratory findings, pending gross inspection of the intestine and clinical history.

If immediate surgery is not elected, continue gastrointestinal support, including IV fluids to promote intestinal motility and sonographic reassessment in 12 hours, ensuring documented fast would be more conservative.

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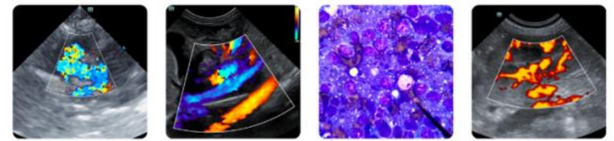

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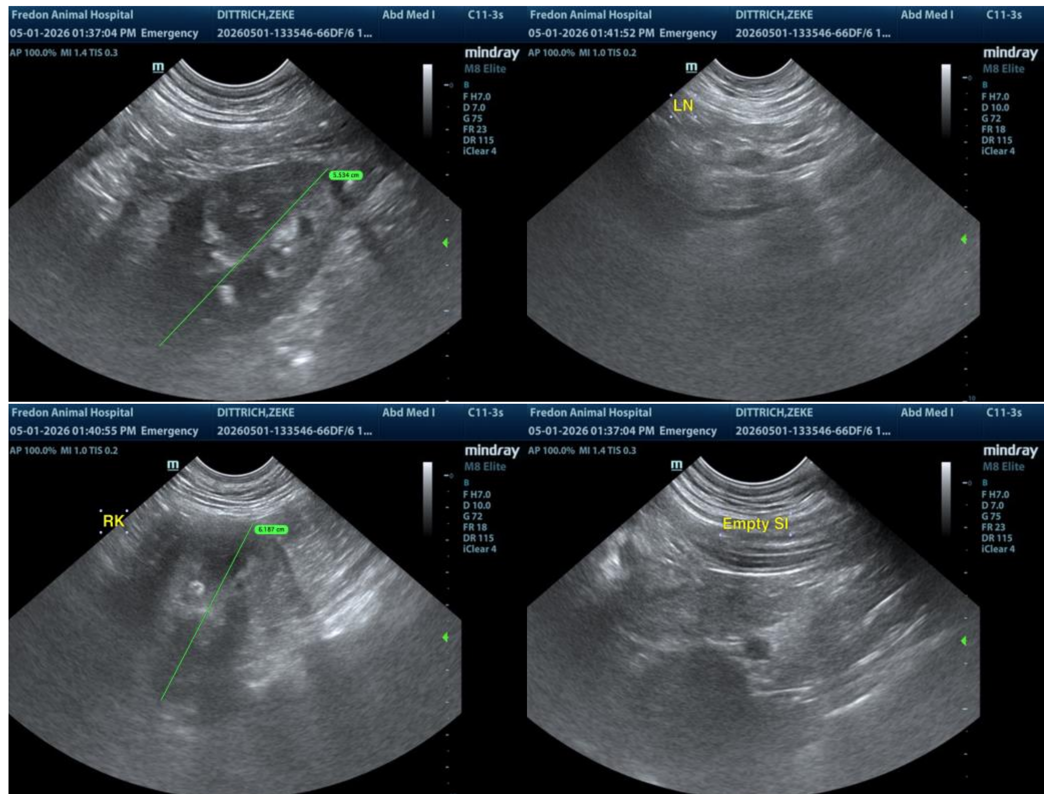

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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