



PATIENT

Scandal Tamar

SPECIES

Canine

BREED

Chinese Crested

SEX

Female Intact

AGE

13 years

WEIGHT

8.4 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Diane McFadden

HOSPITAL NAME

Ramapo Valley AH

REFERRING VET

Dr. Katara

INVOICE

13866

DATE

5/13/22

PRESENTING CLINICAL SIGNS

per owner, ate dirt yesterday. some vomiting of bile. Gave BIPS last night, rads attached. gave cerenia and famotidine last night. R/O FB vs other

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder was normal in size and tone containing anechoic urine with very minor, nondependent, particulate sediment. Subtle thickening in the area of the urinary bladder neck was present, measuring 0.47 cm wall width. No evidence of mineralization was noted. The urethra exhibited normal structure and tone to a depth of 3.0 cm.

No overt evidence of pathology was noted in the area of the uterus and bilateral ovaries.

The area of the aortic trifurcation was free of pathology.

Normal size and margination were present in the kidneys. A normal 1:3 cortex / medulla ratio was maintained. The medulla and cortices were uniform in texture with some increased echogenicity and moderate loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The left kidney measured 4.1 cm in length. The right kidney measured 4.0 cm in length.

Adrenal Glands

The bilateral adrenal glands were subtly prominent to mildly Irregular, nonhomogeneous. Mild capsule asymmetry was present yet not overtly consistent with neoplastic criteria. The left adrenal gland measured 1.7 cm length x 0.78 cm width in the caudal pole. The right adrenal gland measured 2.1 cm length x 0.67 cm width in the caudal pole.

Spleen

The spleen exhibited primarily finely textured parenchyma which was hyperechoic to the liver and renal cortical parenchyma. Mild generalized parenchyma heterogeneity was present without evidence of nodular changes. 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. The parenchymal heterogeneity is likely consistent with benign changes such as extramedullary hematopoiesis or age-related remodeling with minor potential for inflammatory or neoplastic disease.

Liver/ Gallbladder

The liver was subjectively normal in size, structure, and contour. The liver parenchyma was mildly nonuniform and hypoechoic to the spleen with a moderate coarse echotexture and subjective mild to benign parenchymal remodeling. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended in size with very minor hyperechoic nonmineralized gallbladder debris. The gallbladder was otherwise normal. The cystic and common bile ducts were normal.



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Gastrointestinal

The stomach exhibited intact yet mildly thickened walls. The stomach was primarily empty without evidence of gastric distention or retained ingesta. Nonspecific, small, curvilinear shadowing echo was noted in the area of the pylorus lumen, which appeared to be nonobstructive. The echo measured approximately 0.5 cm in diameter. The gastric body wall width measured 0.93 cm.

The small intestine presented intact wall layering with minor segmental areas of retained nonshadowing chyme. Intermittent similar-appearing small curvilinear echoes were present in the intestinal lumen. An example measured 0.5 cm in diameter. Strongly shadowing echo consistent with foreign material was noted in the subjective right cranial abdomen and suspected within the area of the distal small intestine, ileum, or potential ileocolic junction. This strongly shadowing echo measured 1.5-2.0 cm in diameter. Regional reactive mesentery was noted around the strongly shadowing echo.

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

Pancreas

The left pancreatic limb presented hypochoic to heterogeneous echogenicity compared to adjacent omental fat. Mild asymmetrical capsule margination was present with mild variable parenchymal swelling and mild peripancreatic reactivity / inflammation. No overt evidence of neoplasia.

Free Abdomen

No overt evidence of lymphadenopathy or obvious peritoneal free fluid was noted.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

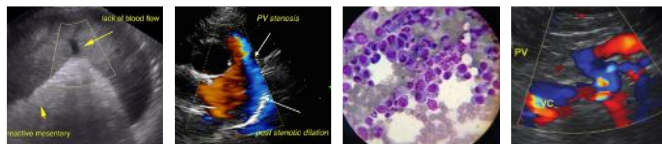
- Gastroenteritis pattern with segmental mild intestinal retained chyme and focal subjectively nonobstructive pyloric and intestinal small shadowing echoes - potentially consistent with retained BIPS or nonobstructive foreign material
- Strongly shadowing echo suspected in the area of the distal small intestine or potential ileocolic junction - consistent with foreign material potentially indicative of dirt or similar
- Mild left pancreatitis

Secondary Findings

- Mildly thickened cystourethral junction - nonspecific
- Mildly prominent to heterogeneous bilateral adrenal glands
- Moderate chronic renal changes

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Exploratory laparotomy with gross inspection of the intestinal tract specifically in the distal small intestine and area of the ileocolic junction is warranted. Potentially, the strongly shadowing echo may



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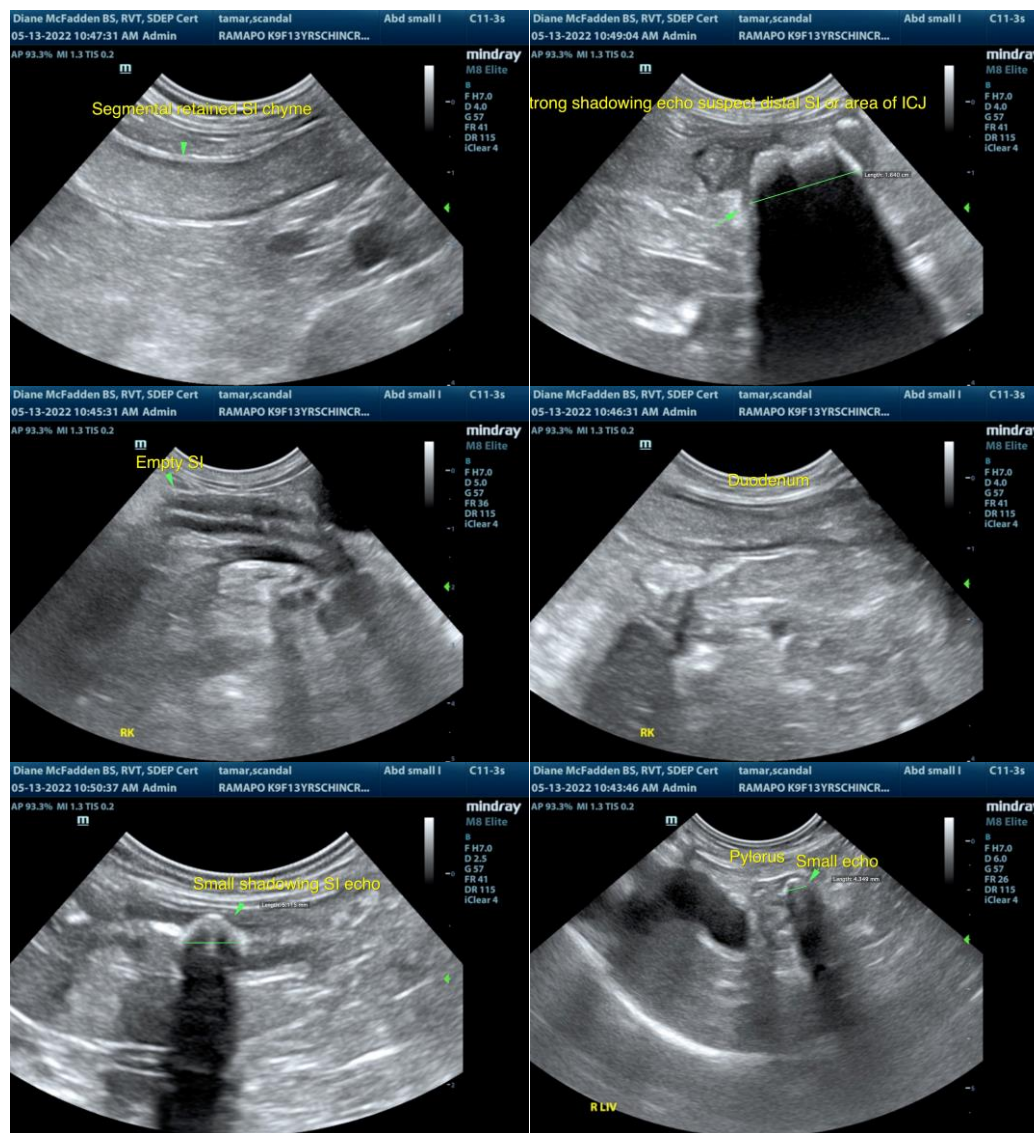
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be in the proximal colon. Gastrointestinal biopsies are considered essential, given the recent onset of pica to assess for underlying gastrointestinal disease. Hospitalization with IV fluid and gastrointestinal support with continued sonographic vs. radiographic monitoring of the strongly shadowing echo would be a more conservative approach.

The mild area of thickened urinary bladder neck was nonspecific and may indicate a patient or age-related variant. Sonographic monitoring for evidence of progression +/- screening BRAF Assay could be considered.





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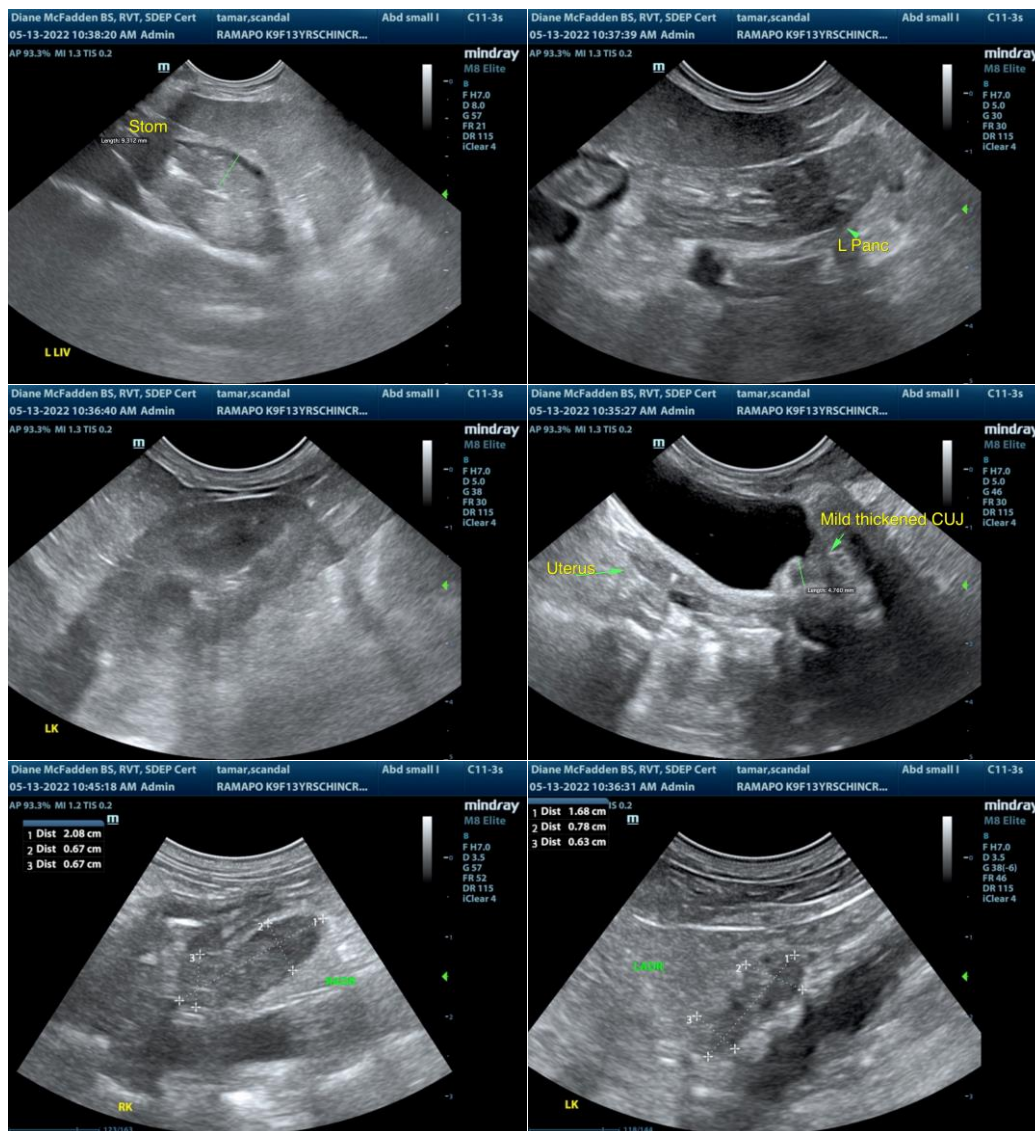
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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