



PATIENT PRESENTING CLINICAL SIGNS

Max Rojel
History: VOMITING DIARRHEA
Abnormal PE/Chem/CBC/UA Results: NEUTROPHILIA

SPECIES ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Canine
Urinary System

BREED
Cane Corso
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. Aortic trifurcation was normal.

SEX
No overt pathology in the area of the prostate.

Male
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 7.0 cm in length. The right kidney measured 7.4 cm in length.

AGE
1.7 Years
Adrenal Glands

WEIGHT
75.3 Pounds
The left and right adrenal glands were 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

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 thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.

Gastrointestinal

The stomach exhibited intact yet subjective mild prominent wall layering. The stomach was primarily empty with minor retained anechoic fluid. The gastric body wall measured 0.50 cm.

The intestinal tract exhibited segmental to primarily generalized fluid distended intestine, which exhibited subjective stasis and without overt evidence of peristalsis. Concurrent segments of empty small intestine, exhibiting intact wall layering and maintained 1:3 muscularis to mucosa ratio were present. Potential yet nonspecific shadowing echo noted in a segment of the intestine.

The visualized colon was overtly normal, containing hyperechoic to shadowing fecal matter, as well as suspect non-formed feces consistent with diarrhea.

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Sharkaway

HOSPITAL NAME

Kew Gardens AH

REFERRING VET

Dr. Sharkaway

INVOICE

15223

DATE

5/16/22



PATIENT

Pancreas

Max Rojel

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

Canine

Free Abdomen

No evidence of peritoneal free fluid or significant lymphadenopathy. The omentum exhibited overtly normal echogenicity.

BREED

Cane Corso

ULTRASONOGRAPHIC FINDINGS

SEX

Male

- Mild retained gastric fluid, potential for gastritis
- Segmental to primarily generalized fluid distended intestine with concurrent segmental empty intestine, potential, although not definitive, nonspecific shadowing intestinal luminal echo.

AGE

1.7 Years

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

General considerations for the segmental to generalized fluid distended intestine may include metabolic versus mechanical ileus and inefficient peristalsis pattern. However, the presence of concurrent segments of empty intestine without evidence of fluid dilation or ileus in conjunction with potential, although not definitive, shadowing intestinal echo are highly suspicious for mechanical obstruction and potential foreign body. Additional causes of potential mechanical obstruction cannot be definitively excluded. Likewise, the possibility of a more generalized underlying gastrointestinal disease (i.e., IBD or other) could be present. Given this presentation, including both fluid dilated intestine as well as empty small intestine, exploratory laparotomy is recommended in this case with intestinal biopsies considered essential despite exploratory findings.

WEIGHT

75.3 Pounds

Hospitalization with 24-48 hour supportive IV fluid and gastrointestinal protocol with correction of potential dehydration and/or electrolyte abnormalities (if present) with recheck sonogram in 24-hours would be a more conservative approach.

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Canine

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SEX

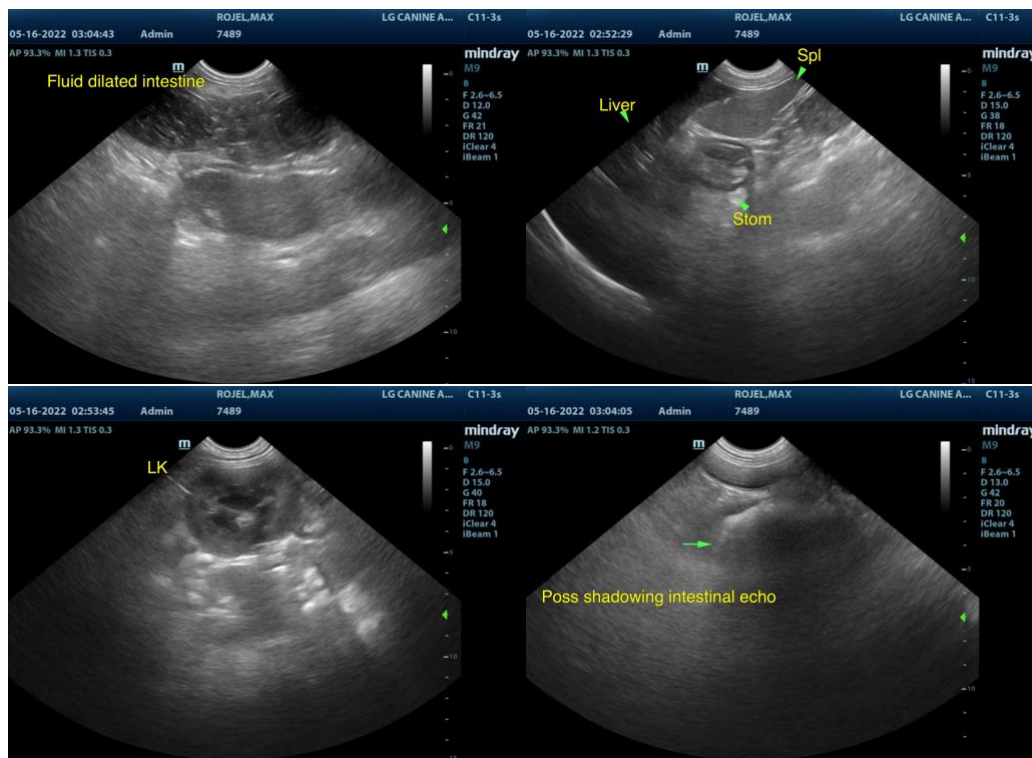
Male

AGE

1.7 Years

WEIGHT

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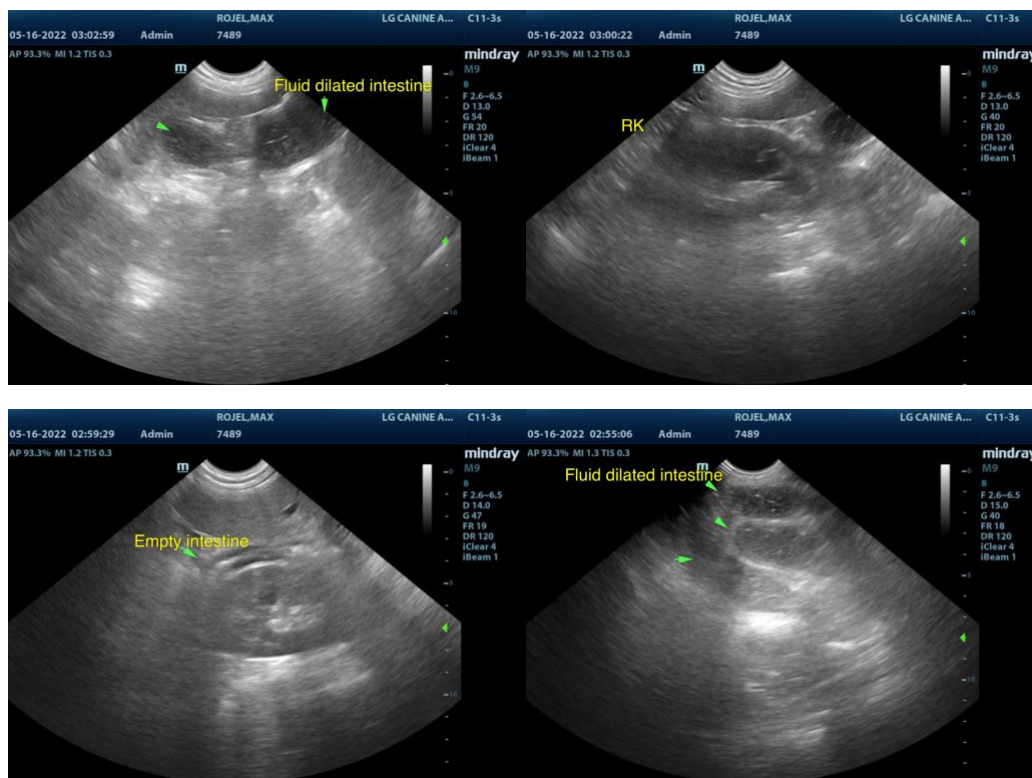
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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