



PATIENT

Apollo Anderson

SPECIES

Canine

BREED

Labrador

SEX

MN

AGE

7 years

WEIGHT

64 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Sara Hansen

HOSPITAL NAME

Willakenzie Animal
Clinic

REFERRING VET

Dr. DeWall

INVOICE

13893

DATE

5/17/22

PRESENTING CLINICAL SIGNS

Apollo was at the dog park yesterday. Was seen getting into "stuff" and "grazing his way through the park" per O. Has been known to eat things he shouldn't. Vomited something strange this morning. Very lethargic. Continues to vomit when drinks water PE: Abdomen seems painful, walks kyphotic, mildly dehydrated

Abnormal PE/Chem/CBC/UA Results: CBC/Chemistry/CPL are WNL Current Medications Cerenia 2.8 ml SC; Butorphanol 0.6 ml IV for sedation

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 changes was noted.

The residual prostate was free of pathology.

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 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 6.4 cm in length. The right kidney measured 6.2cm in length.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 2.7 cm length x 0.72 cm width at the caudal pole. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 3.2 cm length x 0.87 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/ 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



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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

The stomach presented intact yet subjective mild prominent wall layering. The stomach was empty with mild luminal gas and without evidence of gastric distention secondary to retained ingesta, fluid, or shadowing gastric luminal echoes. The stomach wall width measured 0.75 cm.

The small intestine presented intact wall layering and maintained a 1:3 muscularis/mucosa ratio. The small intestine was primarily empty with segments of minor jejunal ileus. A potential shadowing intestinal echo noted in the cranial abdominal Intestinal segments measuring approximately 1.1 cm in diameter was present. The small Intestinal wall width measured 0.38 cm.

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 were evident.

Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

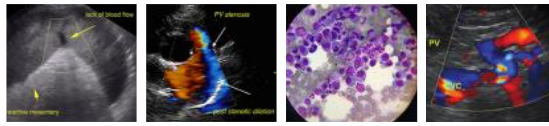
- Nonobstructive gastroenteritis pattern with mild segmental intestinal ileus
- Possible focally shadowing nonspecific intestinal luminal echo

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Overall, no evidence of an obstructive gastrointestinal pattern was present. The potential for focal nonobstructive intestinal echo, which may indicate nonobstructive or potentially passing foreign body or material, may be present yet not definitive. This segment of intestine was also noted directly adjacent to the area of the transverse colon with potential for shadowing fecal matter.

Given the lack of reported abdominal pain during the ultrasound, as well as the lack of a definitive obstructive pattern, conservative gastrointestinal support +/- 24-hour hospitalization with IV fluids and radiographic/sonographic monitoring of the gastrointestinal tract +/- contrast study could be considered. Definite recheck sonogram for gastrointestinal reassessment is recommended if persistent/progressive vomiting is noted despite conservative care.

If exploratory surgery is indicated or elected, a brief sonographic reassessment of the gastrointestinal tract (specifically in the area of the cranial abdominal gastrointestinal tract), for evidence of persistent shadowing echo, or to assess if the shadowing echo is no longer present or moved, is recommended prior to surgical considerations.



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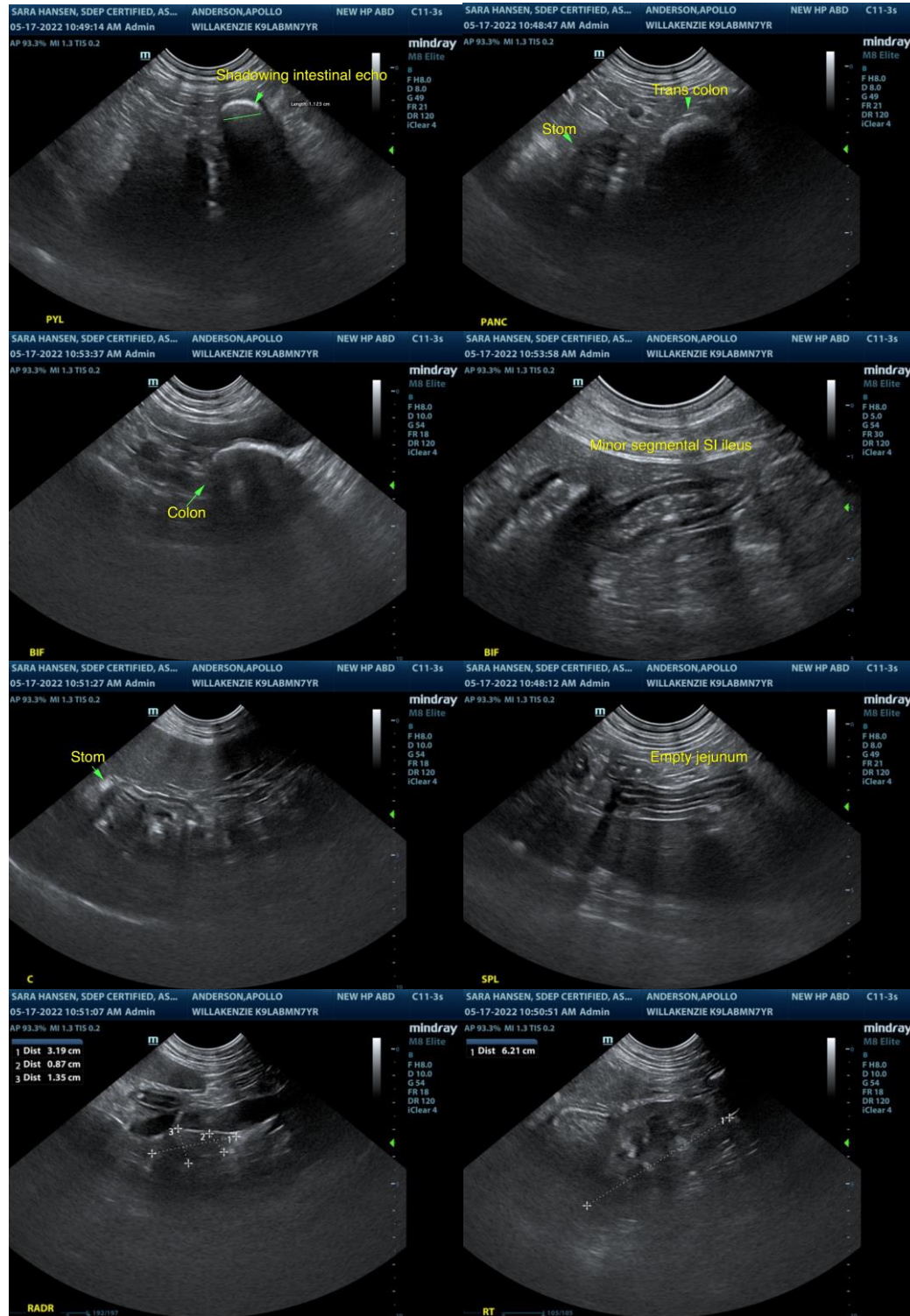
Dr. DeWall

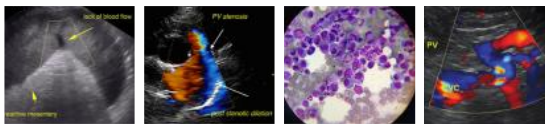
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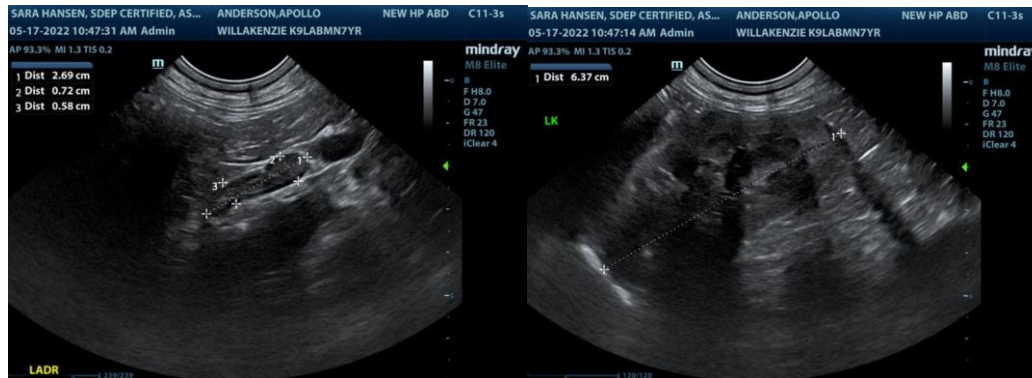
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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