



PATIENT

Oscar Hall

SPECIES

Canine

BREED

Dachshund

SEX

Male Intact

AGE

7 months

WEIGHT

4.2 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Belan

HOSPITAL NAME

Healing Traditions
AC

REFERRING VET

Sr. Gerow

INVOICE

14099

DATE

6/15/22

PRESENTING CLINICAL SIGNS

Intermittent vomiting and poor appetite last 8 days . Owner saw patient eat a piece of string. Concern about FB

Abnormal PE/Chem/CBC/UA Results: Non diagnostic

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, and cystourethral junction 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 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 4.2 cm in length. The right kidney measured 4.0 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 0.30 cm width at the caudal pole and 0.38 cm width at the cranial pole. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.32 cm width at the caudal pole and 0.30 cm width at the cranial 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 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 moderately prominent gastric walls owing to moderately prominent gastric mucosa. Retained anechoic fluid with minor amounts of nonspecific yet nonshadowing hyperechoic chyme were present. No overt evidence of shadowing gastric foreign material or mechanical pyloric outflow obstruction.



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The small intestine presented intact wall layering and maintained a 1:3 muscularis/mucosa ratio with segmental areas of minor subjectively nonobstructive jejunal ileus. No overt evidence of intestinal plication was noted. No overt evidence of mechanical small Intestinal obstructive pattern or overt obstructive or linear foreign material was noted.

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

- Gastroenteritis pattern with moderate gastric and mild segmental intestinal hypomotility / stasis

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No obvious evidence of gastrointestinal foreign material or obstructive pattern was noted. No obvious indication for immediate surgical intervention is evident. Conservative therapy for acute gastroenteritis or gastrointestinal insult should prove beneficial. Recheck sonogram could be considered to assess for progressive gastric or intestinal stasis, as well as progressive inflammatory changes if persistent gastrointestinal signs nonresponsive to conservation support are noted.

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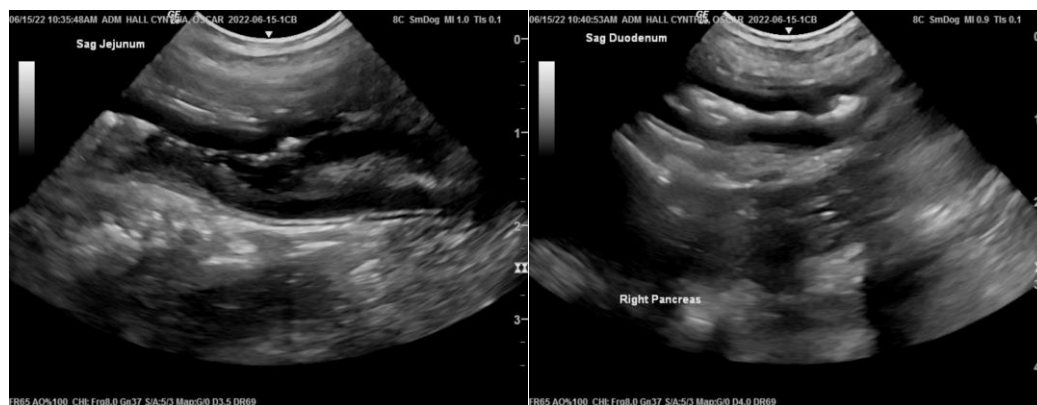
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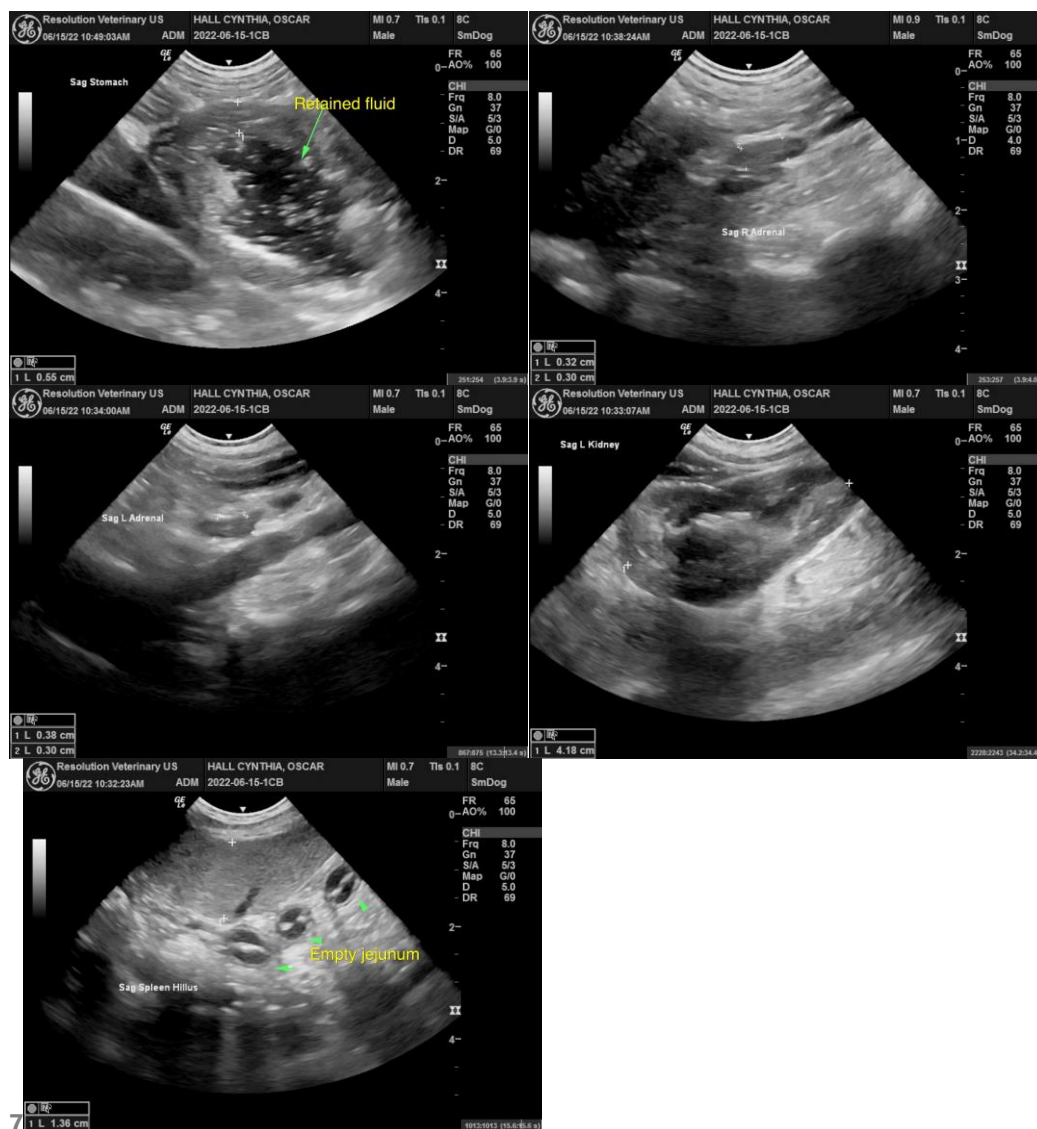
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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