



PATIENT	PRESENTING CLINICAL SIGNS
Murray Bretschneider	intermittant vomiting for 6 weeks. hx of exploratory surgery 2-3 times in life. Checking to see if there is a foreign body or distinct intestinal mass that could be simple surgery. Arthritic and quality of life is questionable. Not sure surgery is appropriate - but wanting to see if there is something simple. May have adhesions from multiple surgeries throughout life
SPECIES	
Canine	ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN
BREED	Urinary System
Mixed	The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 3 cm exhibited normal thickness and tone. Anechoic urine was present in the lumen with no evidence of urine/lumen sediment, mineral, or calculi. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes was noted.
SEX	
MN	The area of the residual prostate appeared normal and free of pathology
AGE	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 mild loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The left kidney measured 4.9 cm in length. The right kidney measured 5.3 cm in length.
WEIGHT	The area of the aortic trifurcation was free of pathology.
25lb	Adrenal Glands
INTERPRETED BY	The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.44 cm width at the caudal pole. The right adrenal gland was not definitively visualized, no overt pathology in the area of the right adrenal gland.
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	Spleen
IMAGING PERFORMED BY	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.
Sara Hansen	Liver/Gallbladder
HOSPITAL NAME	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. Normal vascular volume. 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.
Q St Animal Hospital	Gastrointestinal
REFERRING VET	The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach was empty with no signs of ileus, obstruction or foreign material.
Dr Bretshneider	
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DATE	
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PATIENT	The small intestine presented intact wall layering with maintained muscularis/mucosa ratio. borderline thickened duodenojejunum wall, with generalized empty intestinal lumen without mechanical/ metabolic ileus to the level of the colon. The duodenum wall measured 0.58 cm width. The jejunum wall measured up to 0.53 cm width.
Murray Bretschneider	
SPECIES	Normal visible colon wall layers were present with apparent formed feces in lumen.
Canine	Pancreas
	The area of the pancreas was sonographically normal.
BREED	Free Abdomen
Mixed	No omental masses, overt lymphadenopathy or peritoneal effusion was present.
SEX	ULTRASONOGRAPHIC FINDINGS
MN	Primary
	<ul style="list-style-type: none">• Empty gastrointestinal tract with borderline thickened small intestinal wall• Normal area of pancreas• Mild chronic renal changes
AGE	
15yr	
WEIGHT	INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS
25lb	No evidence of mechanical/ metabolic gastrointestinal ileus secondary to adhesions given patient history or visible gastrointestinal masses. The borderline intact thickened small intestinal wall is nonspecific with potential for patient variant or nonspecific gastroenteropathy with considerations including dietary indiscretion, inflammatory /infectious disease, mild pancreatitis which may present sonographically normal with occult intestinal neoplasia criteria not overtly met and considered less likely. No indication for immediate surgical intervention with gastrointestinal support recommended.
INTERPRETED BY	Empirically canned, bland or hydrolyzed diet trial with as needed gastroprotectants and clinical monitoring recommended. Recheck sonogram suggested if non-responsive or continued gastrointestinal signs or evidence of weight loss.
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	
IMAGING PERFORMED BY	
Sara Hansen	
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PATIENT

Murray Bretschneider

SPECIES

Canine

BREED

Mixed

SEX

MN

AGE

15yr

WEIGHT

25lb

INTERPRETED BY

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

IMAGING PERFORMED BY

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HOSPITAL NAME

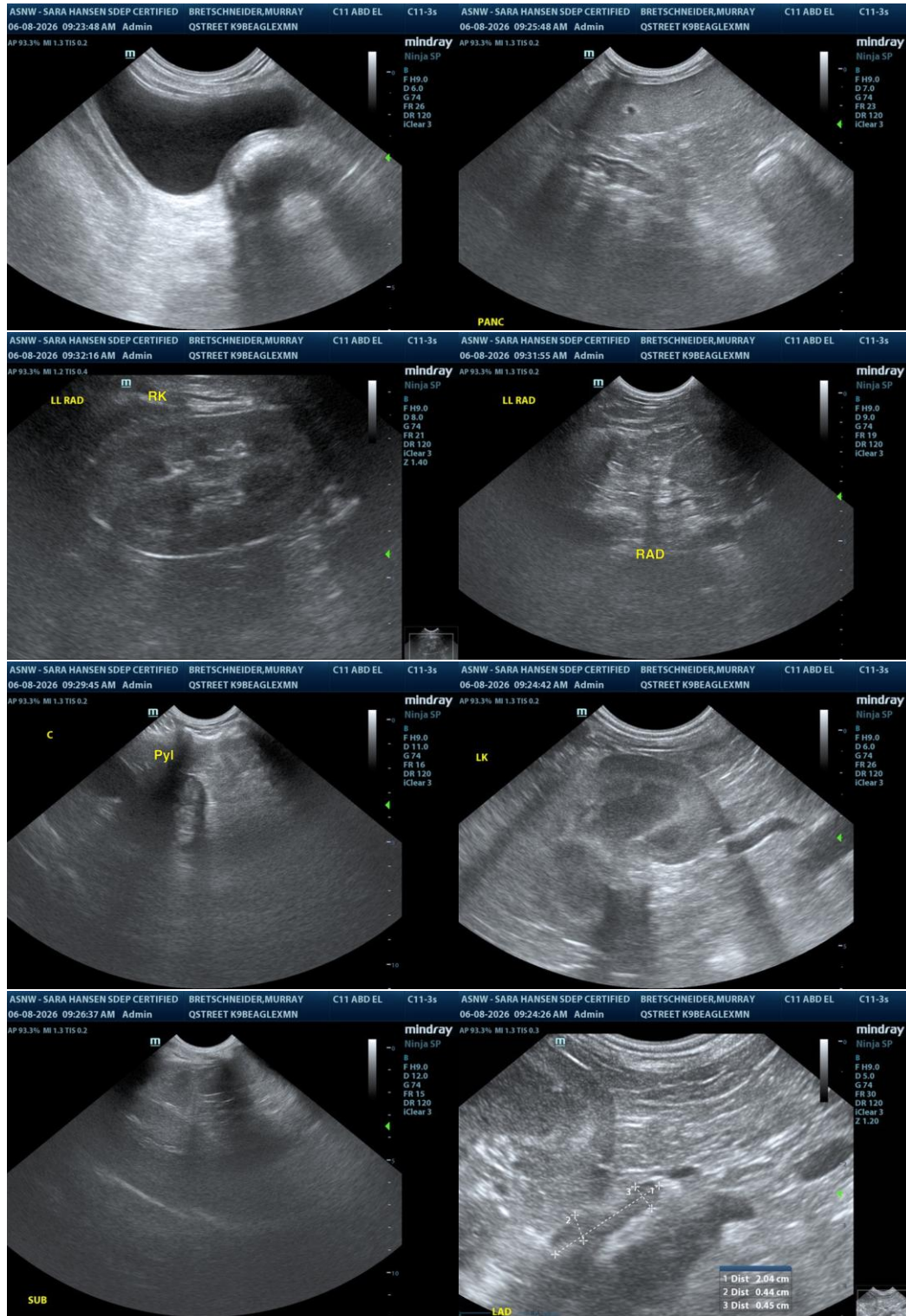
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PATIENT

Murray Bretschneider

SPECIES

Canine

BREED

Mixed

SEX

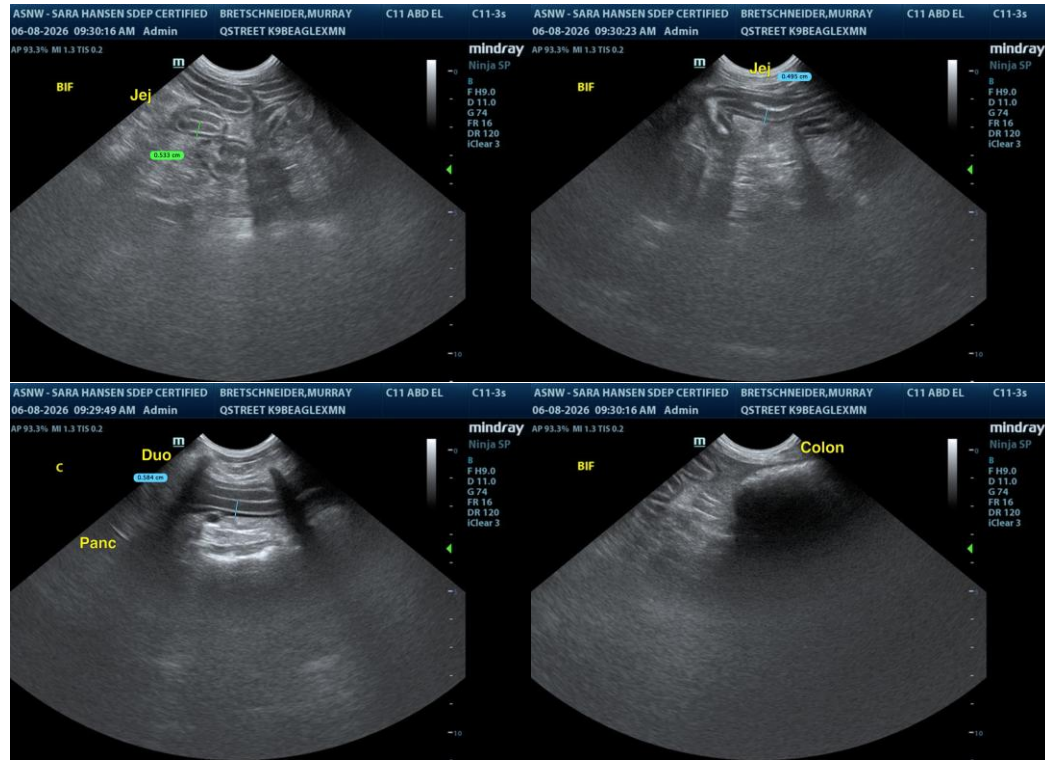
MN

AGE

15yr

WEIGHT

25lb



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.

INTERPRETED BY

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

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.

IMAGING PERFORMED BY

Sara Hansen

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