



PATIENT

Capone Gardner

SPECIES

Canine

BREED

Bulldog Mix

SEX

MN

AGE

4yr

WEIGHT

66.4lb

INTERPRETED BY

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

IMAGING PERFORMED BY

Jasmine Palacios

HOSPITAL NAME

Rivers Edge Pet
Medical Center

REFERRING VET

Dr. Gray

INVOICE

11094ag

DATE

07/11/2022

PRESENTING CLINICAL SIGNS

History: P came in on 6/16 for vomiting green liquid and dark diarrhea x 2 days. P not interested in eating, drinking normally. P came in again for not improving and wt loss, lost 20lbs in 3 weeks. P not currently on any medications.

Abnormal PE/Chem/CBC/UA Results: See attached radiographs: loss of detail in abdomen, chest ok See attached labs from 6/16: ok

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra 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.

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 7.1 cm in length. The right kidney measured 7.9 cm in length.

The area of the aortic trifurcation was free of pathology.

The area of the residual prostate was free of pathology.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.47 cm width at the caudal pole and 0.54 cm width at the cranial pole. No overt pathology in the area of the right adrenal gland.

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 presented intact wall layering with a normal wall layer ratio. The stomach was moderately distended with retained echogenic fluid, chyme and shadowing ingesta to potential echoes.

The small intestine exhibited segmental moderate to severe fluid distention consistent with obstructive pattern. A strongly shadowing irregular intestinal luminal echo measuring approximately 3.5 cm in diameter was present in the subjective mid abdominal intestinal segment with fluid distended intestine



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noted to adjacent to the shadowing echo. Concurrent segments of empty small intestine likely distal to the shadowing echo.

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

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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 was evident.

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Free Abdomen

Peri intestinal to generalized reactive mesentery was noted with small pockets of scant free fluid.

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Focal, mildly prominent to enlarged mesenteric nodes were present. The lymph nodes were essentially isoechoic to adjacent omentum without evidence of peripheral inflammation and maintaining a normal width: length ratio (<0.5). An example of a lymph node measured 4.2 cm x 1.2 cm.

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ULTRASONOGRAPHIC FINDINGS

- Small intestinal foreign body with moderate to variable GI obstructive pattern
- Suspect concurrent gastric foreign material or body
- Peri intestinal to generalized hyperechoic mesentery with small pockets of peritoneal free fluid- possible early peritonitis
- Intermittent benign/reactive mesenteric lymph nodes-suspect lymphoid hyperplasia or reactive lymphadenitis

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Exploratory laparotomy with expectation of enterotomy and potential gastrotomy is recommended. Peri operative antibiotics are suggested. Intestinal biopsies may be considered at the time of surgery based on gross inspection of the intestinal tract. The possibility of resection and anastomosis given the potential for chronic small intestinal foreign body cannot be definitively excluded and would be dependent on gross inspection of the intestinal tract.

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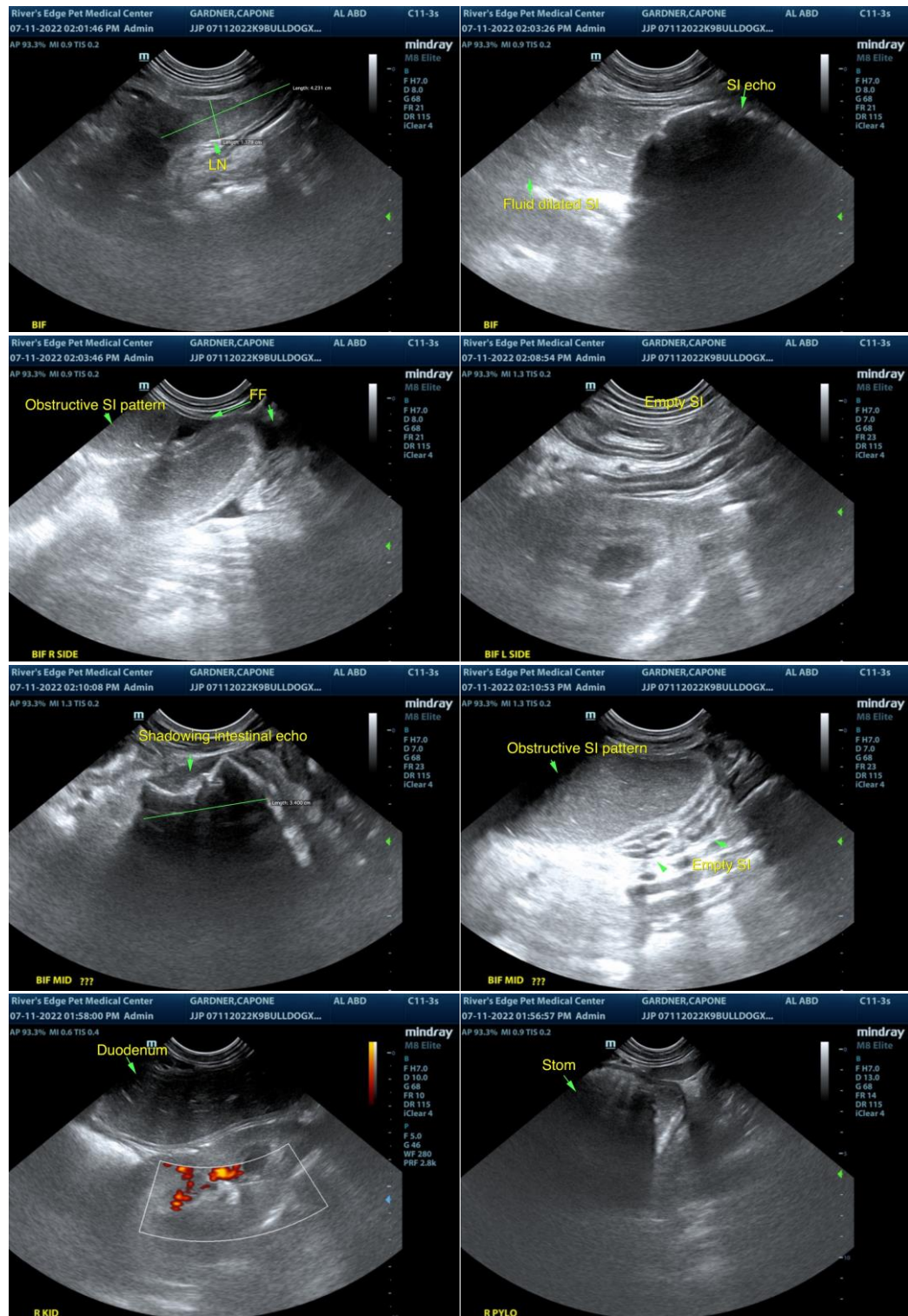
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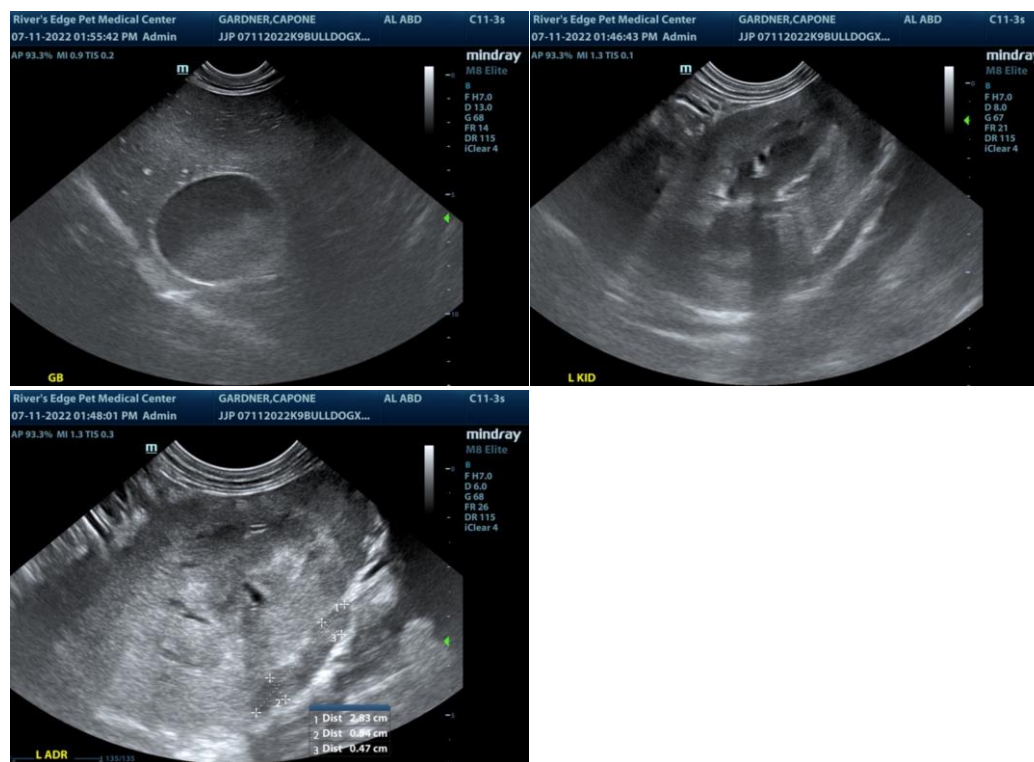
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

R. McKenzie Daniel, DVM, DABVP (Canine / Feline Practice)

info@SonoPath.com