



<b>PATIENT</b>	<b>PRESENTING CLINICAL SIGNS</b>
Watson Wacht	Vomiting since 7/14/23, has not eaten since then. Hypertension; Hx of bowel resection /enterotomy Feb 2023 at Crown vet (perforated bowel/mesentery and septic abdomen). On metronidazole 250 mg x 1/2 bid. At presentation temp 100.4, P 162, R 12
<b>SPECIES</b>	
Canine	Abnormal PE/Chem/CBC/UA Results: BG 164, ALKP 696, chol 334, Na 136, K 3.2, Cl 97. BP confirmed with 12 readings: syst 191 , diast 131, MAP 142 with HR 150
<b>BREED</b>	
Boston Terrier Mix	
<b>SEX</b>	
MN	
<b>AGE</b>	
12 years	
<b>WEIGHT</b>	
31.8 lbs.	
<b>INTERPRETED BY</b>	
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	
<b>IMAGING PERFORMED BY</b>	
Diane McFadden	
<b>HOSPITAL NAME</b>	
Andover AH	
<b>REFERRING VET</b>	
Dr. Urbonaite	
<b>INVOICE</b>	
17286	
<b>DATE</b>	
7/19/23	

**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.

No evidence of pathology in the area of the aortic trifurcation.

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 5.6 cm in length. The right kidney measured 5.5 cm in length. Pinpoint medullary mineralization was noted.

**Adrenal Glands**

The bilateral adrenal glands were mildly enlarged in size based on caudal pole width measurement in light of body weight. Mild parenchyma heterogeneity and mild capsule asymmetry was present without suspicion for overt neoplasia. The left adrenal gland measured 2.3 cm length x 0.83 cm width at the caudal pole. The right adrenal gland measured 2.1 cm length x 0.81 cm width at the caudal pole. No overt adrenal tumors were noted.

**Spleen**

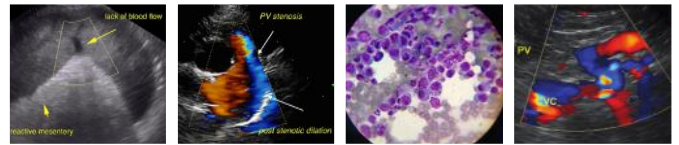
The spleen exhibited primarily finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. Intermittent, nondisruptive, hyperechoic nodules were present primarily in the medial parenchyma adjacent to the hilus. The capsule was smooth and regular without apparent expansion. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis. Acute to chronic inflammatory or neoplastic changes were not noted. The hyperechoic nodules tend to trend benign and are most consistent with benign hyperplasia or myelolipomas.

**Liver/ Gallbladder**

The liver presented enlarged in size. The parenchyma of the liver was subjectively normal in echogenicity compared to the spleen and renal cortices. The liver parenchyma was uniform with a mildly coarse echotexture. The capsule of the liver was symmetrically rounded to mildly swollen in margination. The hepatic and portal vasculature were normal in appearance without signs of congestion.



<b>PATIENT</b>	The gallbladder was non-distended in size with primarily anechoic luminal content. The cystic and common bile ducts were normal.
Watson Wacht	
<b>SPECIES</b>	<b>Gastrointestinal</b>
Canine	The stomach presented intact wall layering with a mild to moderate amount of progressively shadowing ingesta primarily noted in the antrum and pylorus.
<b>BREED</b>	The small intestine exhibited segmental moderate to marked plication with segmental retained fluid and hyperechoic linear-like echo through the middle aspect of the segmental intestinal plication, consistent with a probable luminal linear foreign body. The segments of plicated intestine were present in the mid to cranial right abdomen, suggestive of duodenal, (extending into likely jejunal) location. Concurrent segmental empty small intestine likely distal to the segmental plicated intestine were noted. Subjective inflammatory mural changes within the area of the plicated intestine were noted. Underlying neoplastic intestinal mural criteria is considered less likely. The shadowing pyloric ingesta in conjunction with linear upper to mid intestinal foreign body and secondary intestinal plication is suggestive of anchored pyloric foreign material extending into the upper to mid intestinal tract.
Boston Terrier Mix	
<b>SEX</b>	
MN	
<b>AGE</b>	Normal visible colon wall layers were present with apparent formed feces in lumen.
12 years	
<b>WEIGHT</b>	<b>Pancreas</b>
31.8 lbs.	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.
<b>INTERPRETED BY</b>	<b>Free Abdomen</b>
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	Regional peri intestinal hyperechoic omentum was noted. Potential for very scant peri intestinal free fluid was noted. No overt evidence of overt or significant omental lymphadenopathy, although minor peri intestinal lymphadenopathy is possible.
<b>IMAGING PERFORMED BY</b>	<b>ULTRASONOGRAPHIC FINDINGS</b>
Diane McFadden	<b>Primary Findings</b>
<b>HOSPITAL NAME</b>	<ul style="list-style-type: none"> <li>Shadowing retained pyloric ingesta</li> <li>Segmental moderate to marked small intestinal plication with hyperechoic linear-like lumen echo, concurrent segments of empty small intestine - consistent with segmental intestinal linear foreign body</li> <li>Peri intestinal peritonitis</li> </ul>
Andover AH	
<b>REFERRING VET</b>	<b>Secondary Findings</b>
Dr. Urbonaite	<ul style="list-style-type: none"> <li>Benign splenic nodules - consistent with benign myelolipomas</li> <li>Bilateral mild adrenomegaly - nonspecific</li> <li>Mild chronic renal changes</li> </ul>
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**PATIENT**

Watson Wacht

**SPECIES**

Canine

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**AGE**

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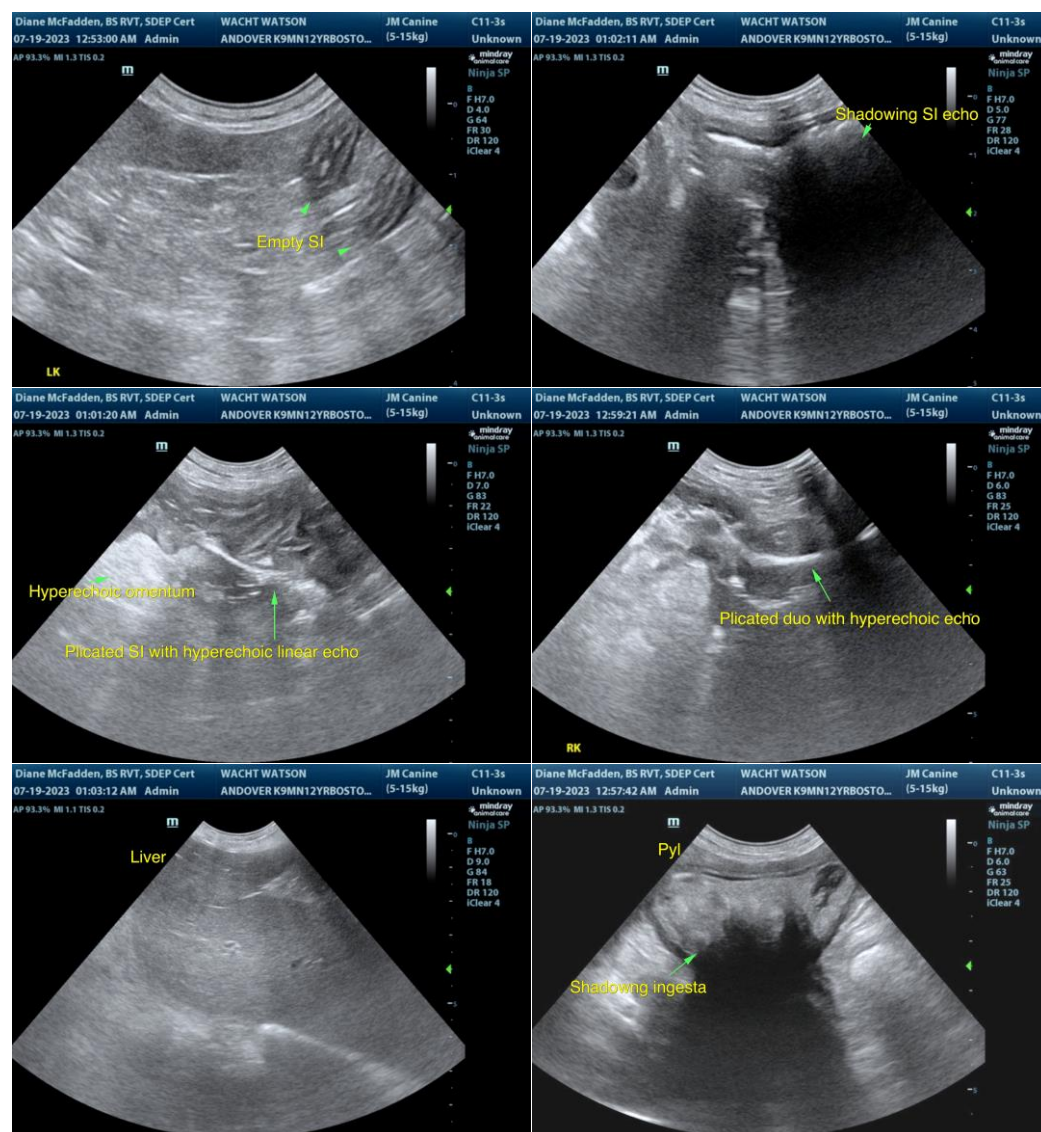
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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Exploratory laparotomy with expectation towards enterotomy and likely multiple enterotomies, is recommended. Intestinal biopsies at the time of surgery are suggested, given repeat foreign body ingestion.

Adrenal workup and urine catecholamine levels could be considered if clinical signs consistent with adrenal disease or if persistent hypertension.





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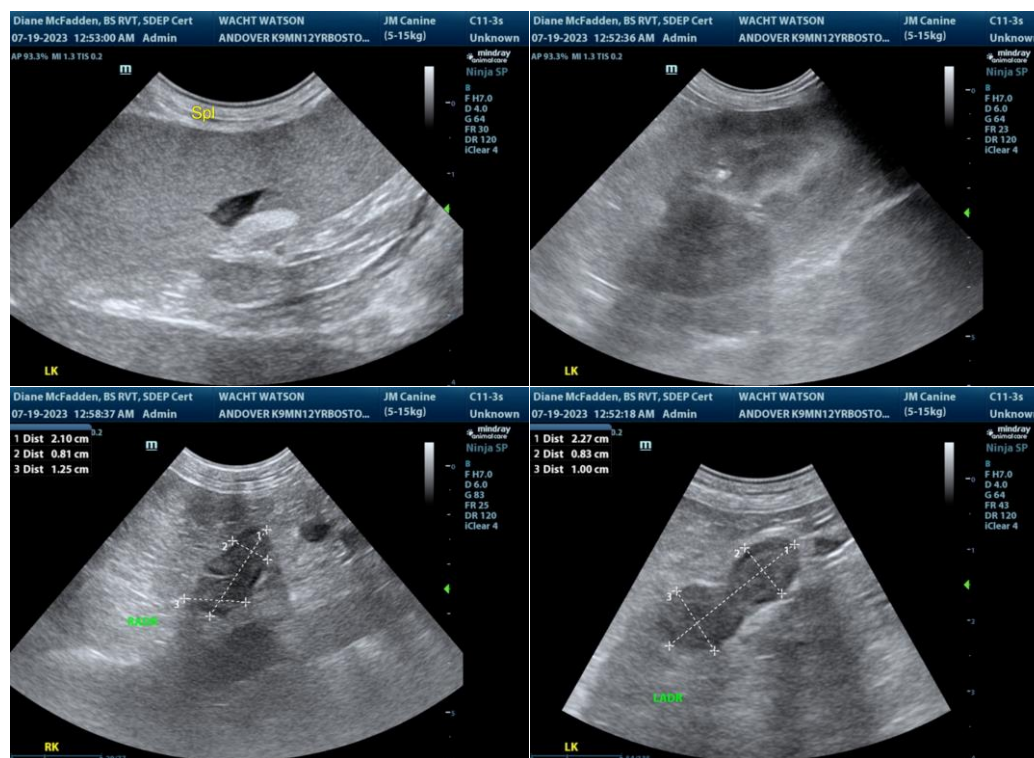
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**WEIGHT**

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**IMAGING PERFORMED BY**

Diane McFadden

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.

**HOSPITAL NAME**

Andover AH

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

[info@sonopath.com](mailto:info@sonopath.com)

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Dr. Urbonaite

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