



PATIENT	PRESENTING CLINICAL SIGNS
Rooster Woodworth	Critical case, see EMR attach for full hx Presented today for recheck T on intake was 96.6, started active warming and fluid therapy
SPECIES	Abnormal PE/Chem/CBC/UA Results: See attached EMR
Canine	Chemistry Panel- BUN 72, Creatinine 4.2, Phosphorus 13.1, Sodium 158, Potassium 3.0, Albumin 2.9, WBC 18.7 with neutrophilia and lymphopenia
BREED	
Weimaraner	
SEX	ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN
Male	Urinary System
AGE	The urinary bladder, trigone, and cystourethral junction exhibited normal thickness and tone. Primarily anechoic urine was present in the lumen. Mild, nondependent, particulate sediment was present without evidence of calculus formation. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic mural changes were noted.
5 years 7 months	
WEIGHT	The prostate was mildly enlarged in size with intact, symmetrical capsule contour. The margins of the gland were intact and able to be differentiated from the surrounding tissue. The prostatic parenchyma was mildly echogenic to heteroechoic without parenchymal mineralization. The prostate measured 3.0 cm in diameter.
54.4 lbs.	
INTERPRETED BY	The area of the aortic trifurcation was free of pathology.
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	Normal size and margination were present in the left kidney. 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 7.4 cm in length. The right kidney was indistinctly visualized.
IMAGING PERFORMED BY	Adrenal Glands
Dr. Jessie Evoniuk	The left adrenal gland was overtly normal in size, position, and shape. The left adrenal gland measured 0.6 cm width at the caudal pole. The right adrenal gland was not definitively visualized.
HOSPITAL NAME	Spleen
State Ave VC	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.
REFERRING VET	Liver/ Gallbladder
Dr. Shelley Lenz	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.
INVOICE	
14233	
DATE	
7/7/22	



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Gastrointestinal

The stomach presented mild wall thickening secondary to mild echogenic mucosa hypertrophy. Intact wall layering was maintained and distinct. Mild gastric distension with moderate retained primarily anechoic fluid was present without evidence of shadowing ingesta or echoes. No overt evidence of mechanical pyloric outflow obstruction was noted. The gastric body wall measured 0.47 cm width.

The small intestine exhibited intact yet mildly prominent wall layering. The majority of the small intestine exhibited marked distention with retained fluid exhibiting both oral and aboral movement. Concurrent segments of empty small intestine were also present.

The visualized colon exhibited intact and sonographically unremarkable wall layering containing subjective semi-formed feces.

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

Intermittent mesenteric lymph 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 0.87 cm in diameter. Potential very scant focal peri intestinal free fluid was present. Mild peri intestinal to generalized reactive mesentery was also present.

ULTRASONOGRAPHIC FINDINGS

- Acute gastroenterocolitis pattern with gastric and segmental marked small bowel fluid distention exhibiting oral / aboral fluid movement with concurrent segments of empty small bowel
- Associated intermittent subjectively benign / reactive mesenteric lymph nodes
- Peri intestinal to mild generalized reactive mesentery, potential for very scant focal peri intestinal free fluid

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

General consideration for the gastric and marked segmental small bowel fluid distention with subjective oral and aboral fluid movement may include metabolic vs. mechanical ileus secondary to underlying gastrointestinal inflammation, infectious disease, or other gastroenteropathy. However, segments of concurrent empty small intestine without fluid dilation, ileus, or obstructive material were also present. The segmental dilation of the intestinal tract combined with retained gastric fluid is strongly suggestive of a non-visualized intestinal obstructive pattern.

Based on this sonographic finding, exploratory laparotomy is warranted and recommended in this case. Intestinal biopsies are strongly suggested, to considered essential despite exploratory findings to assess for underlying gastrointestinal disease.



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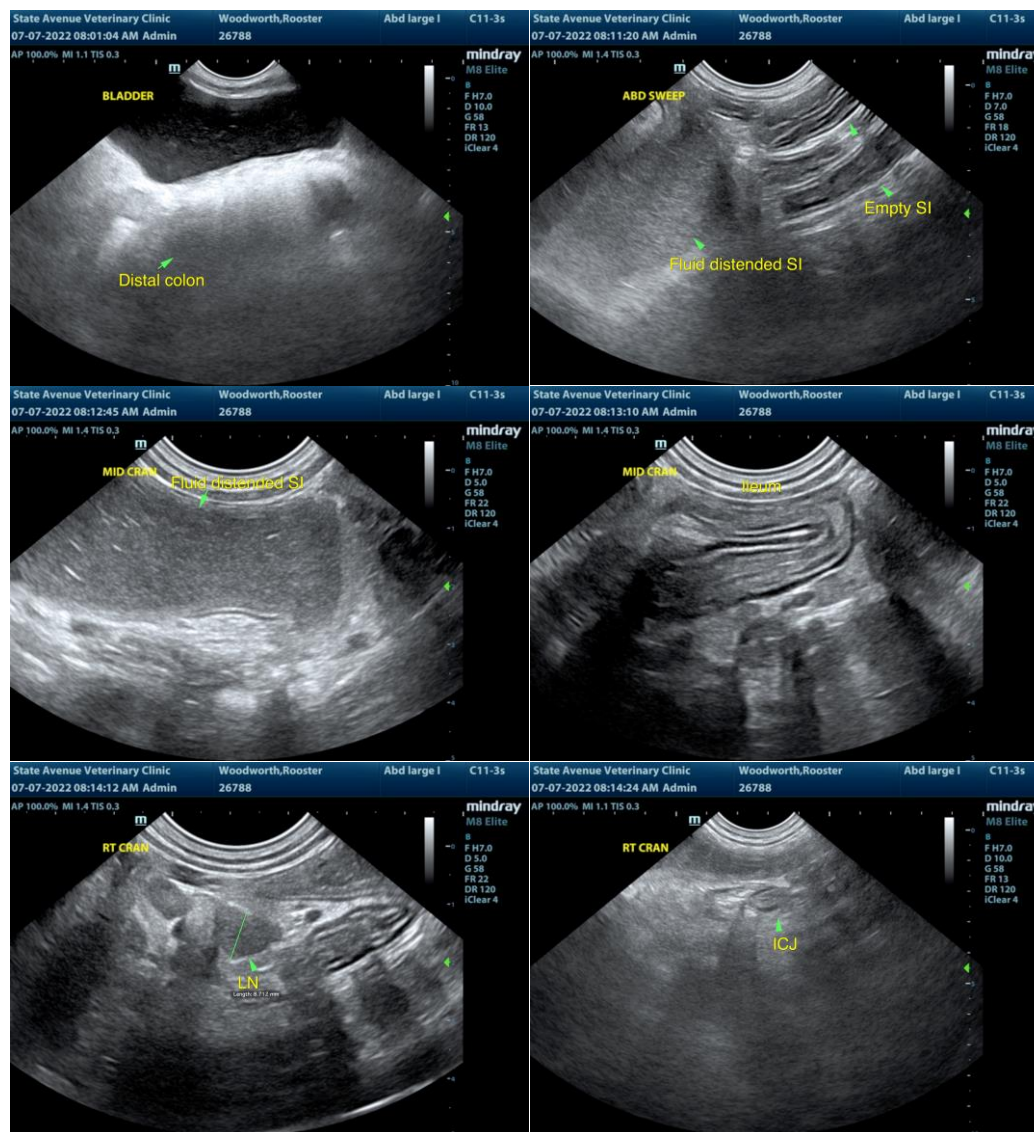
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Occult Addison's Disease is considered less likely, given the presence of a stress leukogram. Parvo test could be considered if clinically indicated. Continued supportive care including IV fluids and gastrointestinal support with electrolyte correction would be a more conservative approach, yet given the appearance of the small intestine, exploratory laparotomy is recommended.





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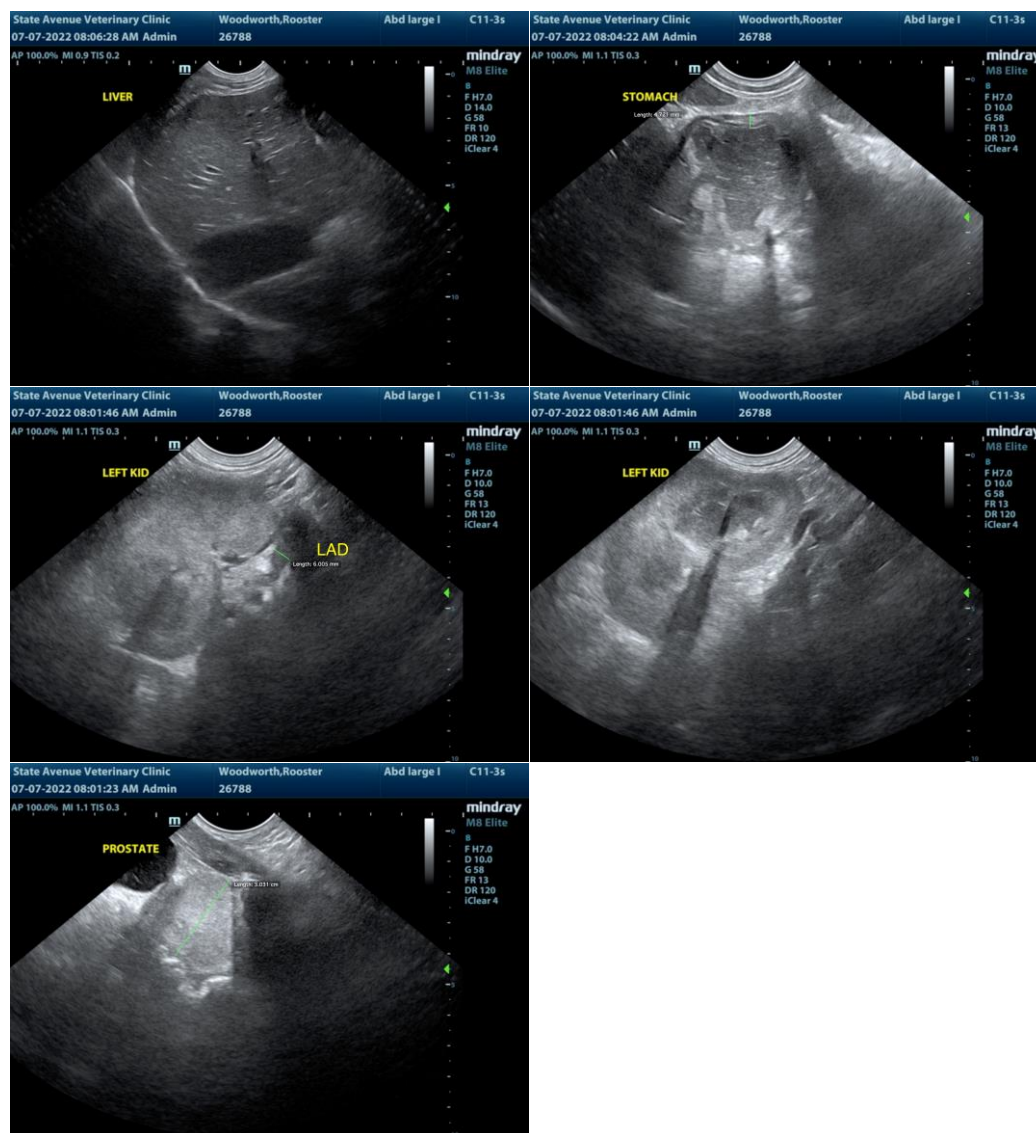
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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