



<b>PATIENT</b>	<b>PRESENTING CLINICAL SIGNS</b>
Verse Maldonado	Patient with history of IMHA presents for inappetance and vomiting. History of eating chicken bones 1 month prior. Lethargic today, very nauseous. Current meds: Pred, mycophenolate, B12, Cerenia, mirtazapine, Entyce, Prilosec, ondansetron. (Vomiting through Cerenia).
<b>SPECIES</b>	
Canine	Abnormal PE/Chem/CBC/UA Results: HCT ranges 23-36, spherocytes, elevated T bili.
<b>BREED</b>	
Pitbull Terrier	
<b>SEX</b>	
Neutered Male	
<b>AGE</b>	
2 years	
<b>WEIGHT</b>	
-	
<b>INTERPRETED BY</b>	<b>ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN</b>
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	<b>Urinary System</b>
	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 were noted.
	The residual prostate was symmetrically normal in size with uniform parenchyma and slight coarse echotexture measuring 1.3 cm in diameter.
	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 5.1 cm in length. The right kidney measured 5.3 cm in length.
<b>IMAGING PERFORMED BY</b>	<b>Adrenal Glands</b>
Kelly Vazquez	The bilateral adrenal glands were subnormal in size, yet normal in position and overall shape. The left adrenal gland measured 1.6 cm length x 0.35 cm width at the caudal pole. The right adrenal gland measured 2.1 cm length x 0.40 cm width at the caudal pole.
<b>HOSPITAL NAME</b>	<b>Spleen</b>
Ramapo Valley AH	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.
<b>REFERRING VET</b>	<b>Liver/ Gallbladder</b>
Dr. Katara	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.
<b>INVOICE</b>	
12135	
<b>DATE</b>	
8/17/21	



**PATIENT**

***Gastrointestinal***

Verse Maldonado

The stomach exhibited intact yet subjective mild prominent wall layering. The stomach exhibited marked distention owing to retained anechoic fluid. A small, focal, shadowing echo in the subjective area of the pylorus was present, measuring approximately 1.3 cm in diameter, without overt evidence of mechanical pyloric outflow obstruction. The pylorus wall measured 0.49 cm width.

**SPECIES**

Canine

**BREED**

Pitbull Terrier

The small intestine exhibited a generalized moderate ileus pattern involving the duodenum, jejunum, and ileum to the level of the ileocolic junction. The ileocolic junction was sonographically unremarkable with normal intact wall layering. The duodenum wall measured 0.37 cm width. The jejunum wall measured 0.35 cm width.

**SEX**

Neutered Male

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

**AGE**

2 years

***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. The potential for mild pancreatitis may be present yet ultrasonographically normal. No sonographic signs of active pancreatitis were noted.

**WEIGHT**

-

***Free Abdomen***

**INTERPRETED BY**

No evidence of concurrent lymphadenopathy or peritoneal effusion.

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

**ULTRASONOGRAPHIC FINDINGS**

**IMAGING PERFORMED BY**

Kelly Vazquez

***Primary Findings***

- Generalized moderate to marked gastrointestinal ileus pattern
- Focal, subjective, mildly shadowing yet subjectively nonobstructive, pyloric shadowing echo
- Subnormal bilateral adrenal glands - likely owing to Prednisone therapy

**HOSPITAL NAME**

Ramapo Valley AH

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

**REFERRING VET**

Dr. Katara

Given the generalized yet moderate to marked gastrointestinal Ileus pattern (as opposed to segmental gastrointestinal ileus often seen with mechanical obstruction), a generalized gastrointestinal metabolic ileus and potential generalized dysfunctional bowel potentially owing to dietary indiscretion or gastrointestinal insult, enterotoxin, generalized gastroenteritis or infectious gastroenteropathy is possible. Subjectively the potential for a small pyloric shadowing echo, which was nonspecific and may indicate medication given the patient's history, cannot be definitively excluded. Whereas, the possibility of a non-visualized area of mechanical small intestinal obstruction, although not definitive, may be possible. Without definitive evidence of mechanical obstruction, hospitalization with supportive IV fluids to correct potential dehydration and/or electrolyte abnormalities +/- plasma expanders and as-needed gastrointestinal support with ideally recheck sonogram in 24 hours to reassess the gastrointestinal tract would be appropriate. However, given the patient's history and clinical signs, exploratory laparotomy may be considered or Indicated If persistent moderate to marked gastrointestinal ileus is noted despite conservative therapy. Gastrointestinal biopsies would be considered essential If exploratory laparotomy is elected and despite exploratory findings.

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**IMAGING PERFORMED BY**

Kelly Vazquez

**HOSPITAL NAME**

Ramapo Valley AH

**REFERRING VET**

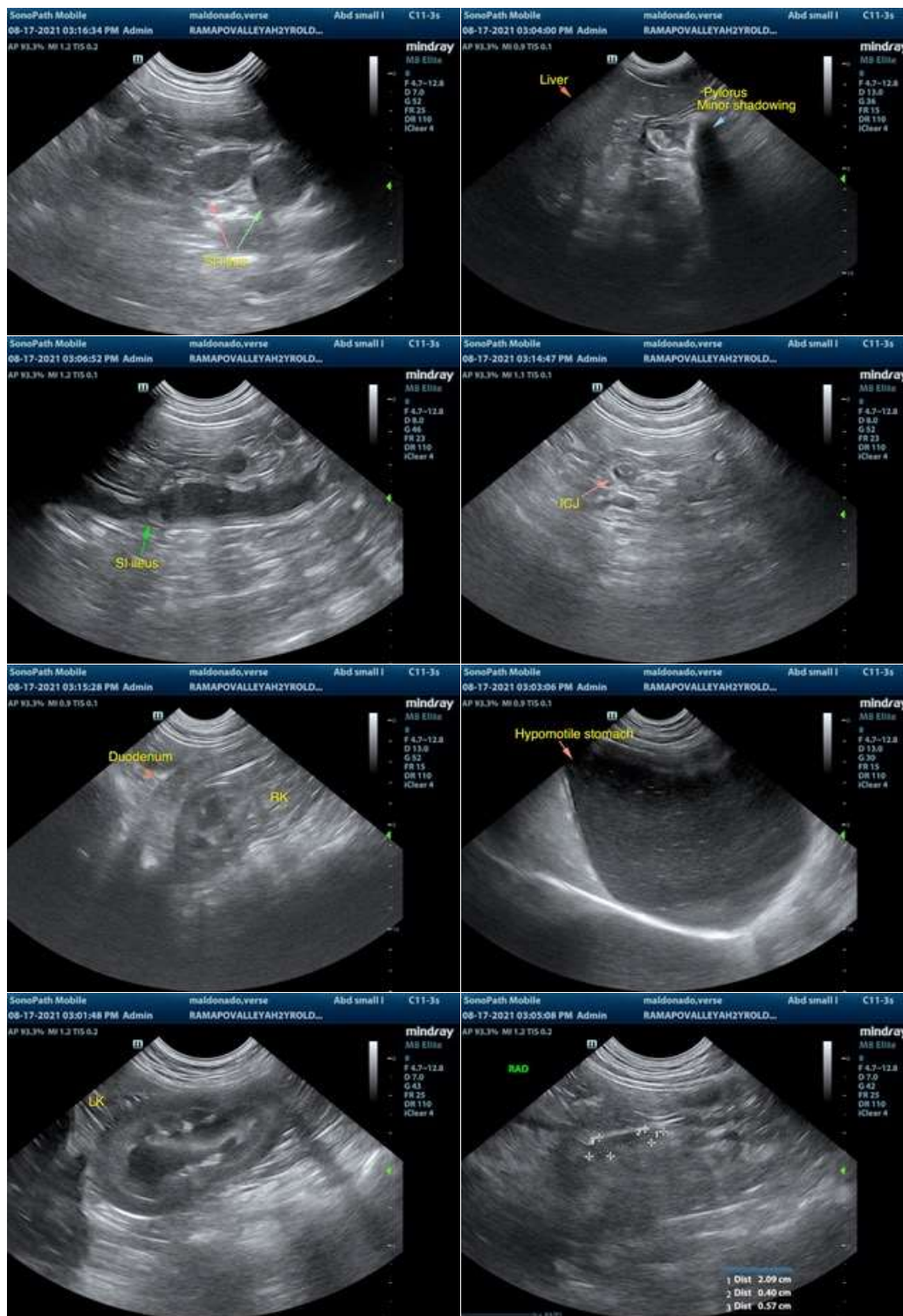
Dr. Katara

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The information and recommendations provided are based on the images presented by the referring veterinarian. 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)**  
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