



**PATIENT PRESENTING CLINICAL SIGNS**

Dakota Jagosh vomiting for a few days, anorexia, dark stools, radiologist report(attached) indicated "elongated bulbous soft tissue structure in right abdomen" currently on sulcrate, cerenia  
Abnormal PE/Chem/CBC/UA Results: BW-WNL

**SPECIES**

Canine

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

**BREED**

German Shepherd

The urinary bladder 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.

**SEX**

Spayed Female

No overt pathology noted in the area of the residual prostate.

The area of the aortic trifurcation was free of pathology.

**AGE**

5 Years

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 6.0 cm. The right kidney measured 7.0 cm.

**Adrenal Glands**

**WEIGHT**

61 Pounds

The adrenal glands were uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 2.2 cm length x 0.45 cm at the caudal pole. The right adrenal gland measured 2.5 cm x 0.48 cm at the caudal pole.

**INTERPRETED BY**

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

**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.

**IMAGING PERFORMED BY**

Kelly Reschny

**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.

**HOSPITAL NAME**

St. Catharine's AH

**Gastrointestinal**

**REFERRING VET**

Dr. Masoud

The stomach presented intact wall layering with a normal wall layer ratio. Mild to moderate luminal gas was present. Gastric body wall measured 0.49 cm.

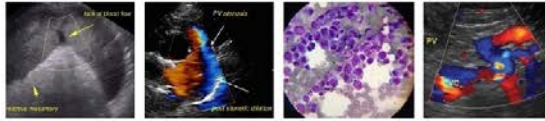
**INVOICE**

24765

The mid to caudal abdominal intestinal tract exhibited segmental mural thickening to potential stricture with associated loss of discernable wall layering. This segment of intestine measured approximately 5.0 cm in length with wall width measuring 1.1 cm. Associated suspected paralytic ileus with the thickened to strictured segment of intestine was present along with an ovoid, subjectively wall structure containing anechoic to cellular fluid, consistent with a mural mass within the area of the thickened to strictured intestine, measuring approximately 5.0 cm in diameter. Generalized upper intestinal obstructive pattern exhibited by a generalized moderate fluid distended intestine was present along with segments of empty intestine, likely distal to the intestinal pathology.

**DATE**

8/18/21



**PATIENT**

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

Dakota Jagosh

**Pancreas**

**SPECIES**

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.

Canine

**Free Abdomen**

**BREED**

Associated regional peri intestinal to generalized reactive mesentery was present along with mild peritoneal free fluid. The free fluid appeared to be primarily anechoic with potential for minor cellular component. No evidence of significant lymphadenopathy, although potential for minor associated peri intestinal lymphadenopathy is possible.

German Shepherd

**SEX**

**ULTRASONOGRAPHIC FINDINGS**

Spayed Female

- Segmentally thickened to strictured intestine with associated likely mural abscess
- Generalized upper intestinal obstructive pattern with empty small intestine likely distal to strictured to thickened intestine.
- Associated regional to generalized peritonitis exhibited by echogenic omentum and mild peritoneal free fluid.

**AGE**

5 Years

**WEIGHT**

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

61 Pounds

Exploratory laparotomy with expectation toward aggressive resection and anastomosis both of the thickened to strictured segment of intestine along with the probable mural abscess recommended. Complicated inflammatory bowel, intestinal necrosis, with potential for neoplastic process (i.e., lymphoma, carcinoma, or similar). No overt evidence of regional metastatic disease. Thoracic radiographs recommended prior to surgery to rule out evidence of thoracic pathology.

**INTERPRETED BY**

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

**IMAGING  
PERFORMED BY**

Kelly Reschny



**HOSPITAL NAME**

St. Catharine's AH

**REFERRING VET**

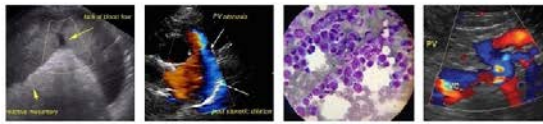
Dr. Masoud

**INVOICE**

24765

**DATE**

8/18/21



**PATIENT**

Dakota Jagosh

**SPECIES**

Canine

**BREED**

German Shepherd

**SEX**

Spayed Female

**AGE**

5 Years

**WEIGHT**

61 Pounds

**INTERPRETED BY**

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

**IMAGING  
PERFORMED BY**

Kelly Reschny

**HOSPITAL NAME**

St. Catharine's AH

**REFERRING VET**

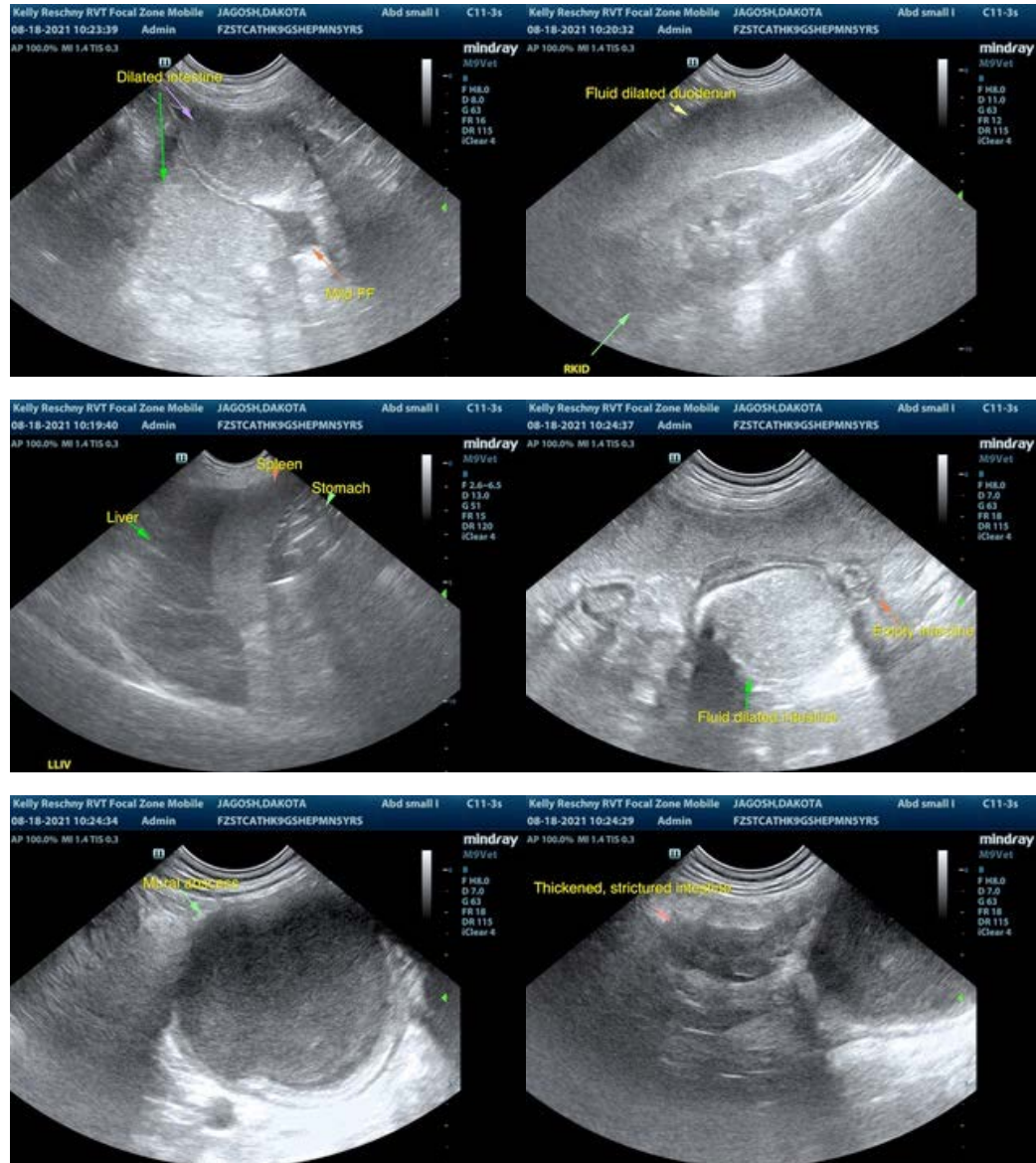
Dr. Masoud

**INVOICE**

24765

**DATE**

8/18/21



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)  
info@SonoPath.com