


PATIENT PRESENTING CLINICAL SIGNS

Bruno Tavares History: VOMITING ANOREXIA NOT DEFECATING FOR 2 DS, RECTAL PALPATION - COLLECTED BLOODY FECAL

SPECIES Abnormal PE/Chem/CBC/UA Results: BW- MILD NEUTROPHILIA FECAL - HOOKWORM 4+

Canine

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN
BREED *Urinary System*

French Bulldog The urinary bladder, trigone and cystourethral junction exhibited normal thickness and tone. Primarily anechoic urine was present in the lumen. Minor nondependent particulate sediment was present, which may indicate minor cellular debris/protein, crystalline debris or mucus. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic mural changes were noted. Aortic trifurcation was normal.

SEX

Male

The prostate was of expected presentation for a young intact male canine without pathology.

AGE

8 Months

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 5.2 cm in length. The right kidney measured 6.1 cm in length.

WEIGHT

33 Pounds

Adrenal Glands

The left and right adrenal glands were not definitively visualized.

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.

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Dr. Sharkaway

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

Kew Gardens AH

REFERRING VET

Dr. Sharkaway

Gastrointestinal

The stomach presented intact yet mild to moderate prominent wall layering. The lumen of the stomach contained a mild to moderate amount of retained, primarily anechoic fluid, pockets of luminal gas and minor chyme. No overt evidence of mechanical pyloric outflow obstruction or obstructive pyloric mural pathology. The pylorus wall measured 0.64 cm

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The small intestine exhibited intact yet prominent wall layering, exhibiting segmental mucosal speckling. The small intestine exhibited mild to moderate yet variable retained fluid to fluid distention, involving the duodenum and likely segmental jejunum. Concurrent segments of empty small intestine without evidence of mechanical/metabolic ileus also present. A segment of the small intestine, subjectively

DATE

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within the mid abdomen, exhibited distention with significant gas artifact and potential for indistinctly visualized shadowing echo, measuring approximately 1.5 cm – 2.0 cm in diameter.

SPECIES

Canine

The visualized segments of colon exhibited normal wall layering, containing subjective formed to shadowing fecal matter to the level of the descending colon, dorsal to the urinary bladder.

BREED

French Bulldog

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.

SEX

Male

Intermittent, mildly prominent to enlarged mesenteric lymph nodes were present. The lymph nodes were mildly prominent and isoechoic to mildly hypoechoic compared adjacent omentum. The lymph nodes were not consistent with inflammatory criteria and likely consistent with reactive hyperplasia or lymphadenitis. Mild evidence of periintestinal hyperechoic mesentery noted. No evidence of free fluid.

AGE

8 Months

ULTRASONOGRAPHIC FINDINGS

WEIGHT

33 Pounds

- Acute generalized gastroenteritis pattern, exhibiting mild to moderate yet variable gastric and segmental small bowel distention and gas artifact, possible although not definitive indistinctly visualized mid intestinal shadowing echo
- Concurrent segments of empty small bowel, without evidence of mechanical/metabolic ileus

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

INTERPRETED BY

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

Although a definitive area of intestinal mechanical obstruction or foreign body cannot be confirmed in this study, strong suspicion for at least some degree of partial small intestinal obstruction is warranted, as evidenced by the mild to moderate yet variable gastric and segmental small intestinal fluid distention, combined with concurrent segments of empty small bowel without evidence of mechanical/metabolic ileus. Given this presentation in conjunction with the patients clinical signs, exploratory laparotomy for gross inspection of the GI tract and with biopsies considered essential, is warranted. Hospitalization with aggressive therapy for acute gastroenteritis, including IV fluids and as needed gastrointestinal support with sonographic recheck of the intestinal tract in 12-24 hours, would be a more conservative approach. Parvo testing, if clinically indicated, is suggested prior to surgical considerations.

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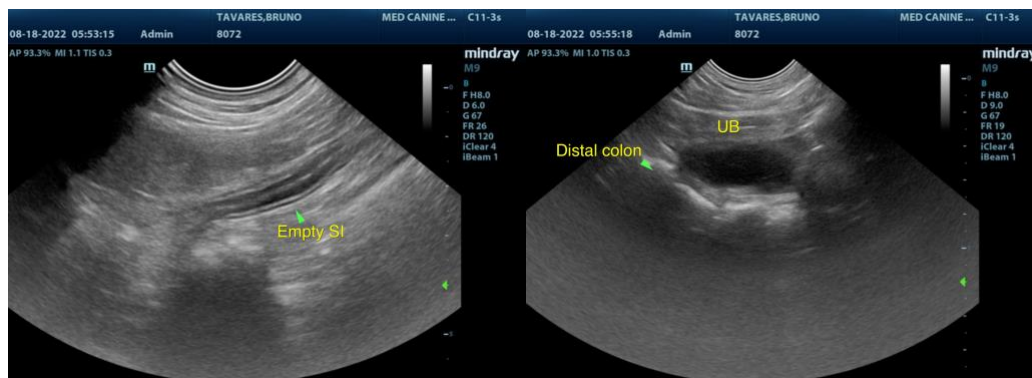
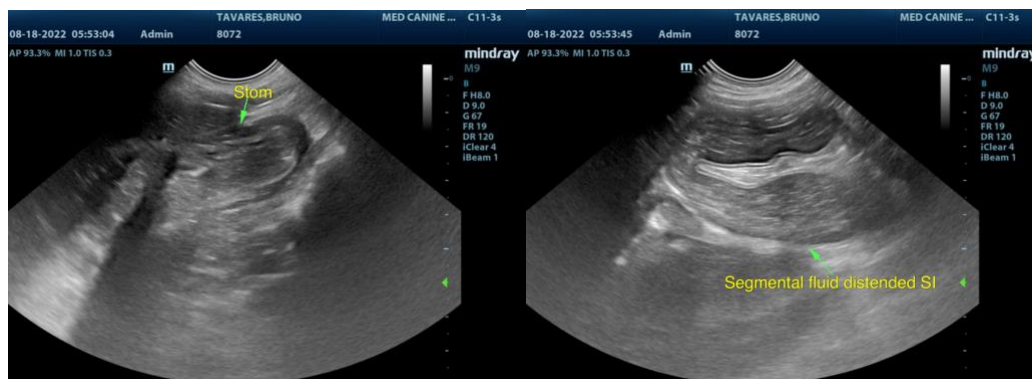
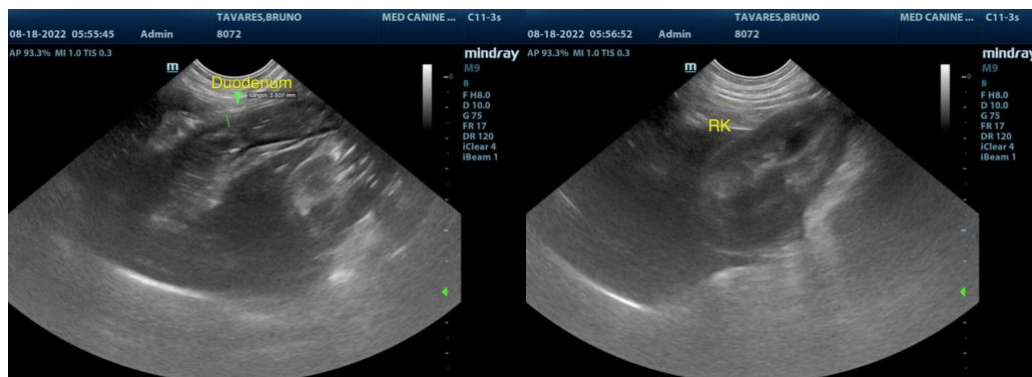
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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