



PATIENT PRESENTING CLINICAL SIGNS

Lucy Fisher recheck, still not doing well, did pass a small lego tire(just the rubber part) last week, drinking only from the garden hose, not really eating, had some sweet potato last night.

SPECIES Abnormal PE/Chem/CBC/UA Results: previous US report attached.

Canine **ULTRASONOGRAPHIC RECHECK EXAMINATION OF THE ABDOMEN**

Urinary System

BREED

Lab

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra 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

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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 6.2 cm in length. The right kidney measured 5.9 cm in length.

AGE

1.5yr

The area of the aortic trifurcation was free of pathology.

WEIGHT

53lb

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.61 cm width at the caudal pole and 2.5 cm length. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.78 cm width at the caudal pole and 2.8 cm length.

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 Vazquez

Liver

HOSPITAL NAME

The Maples AH

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.

REFERRING VET

Dr. Kazienko

Gastrointestinal

The stomach exhibited marked fluid distention with unremarkable wall layering. Concurrent nonshadowing chyme and intermittent small linear like hyperechoic echoes were present.

INVOICE

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The small intestine presented concurrent marked distention with retained fluid and mild chyme, subjective oral/aboral movement of the fluid was noted. Concurrent segments of probable empty small intestine were visualized. A segment of small intestine exhibited indistinct to non-specific shadowing luminal echo. Minor peri-intestinal reactive mesentery was present.

DATE

08/19/2022

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



PATIENT *Pancreas*

Lucy Fisher 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.

SPECIES *Free Abdomen*

Canine Minor peri-intestinal reactive mesentery was present. Small pockets of scant peritoneal free fluid were noted. No significant mesenteric lymphadenopathy was present.

BREED **ULTRASONOGRAPHIC FINDINGS**

- Lab
- Marked gastric dilation with retained fluid, chyme and intermittent nonspecific linear hyperechoic echoes
 - Segmental severe small intestinal fluid distention, concurrent probable segmental empty small intestine
 - Possible shadowing intestinal luminal echo in the mid abdomen
 - Mild peri intestinal hyperechoic mesentery and scant free fluid, potential for emerging peritonitis cannot be excluded

AGE **INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

1.5yr In conjunction with the previous study the degree of gastric and segmental small intestine fluid distention is consistent with obstructive pattern with strong concern for mid intestinal obstructive foreign body. Potential for other obstructive pathology, torsion or other cannot be definitively excluded. Exploratory laparotomy with gross inspection of the GI tract with potential enterotomy is strongly recommended, GI biopsies are considered essential considering the ongoing clinical signs and despite exploratory findings.

WEIGHT

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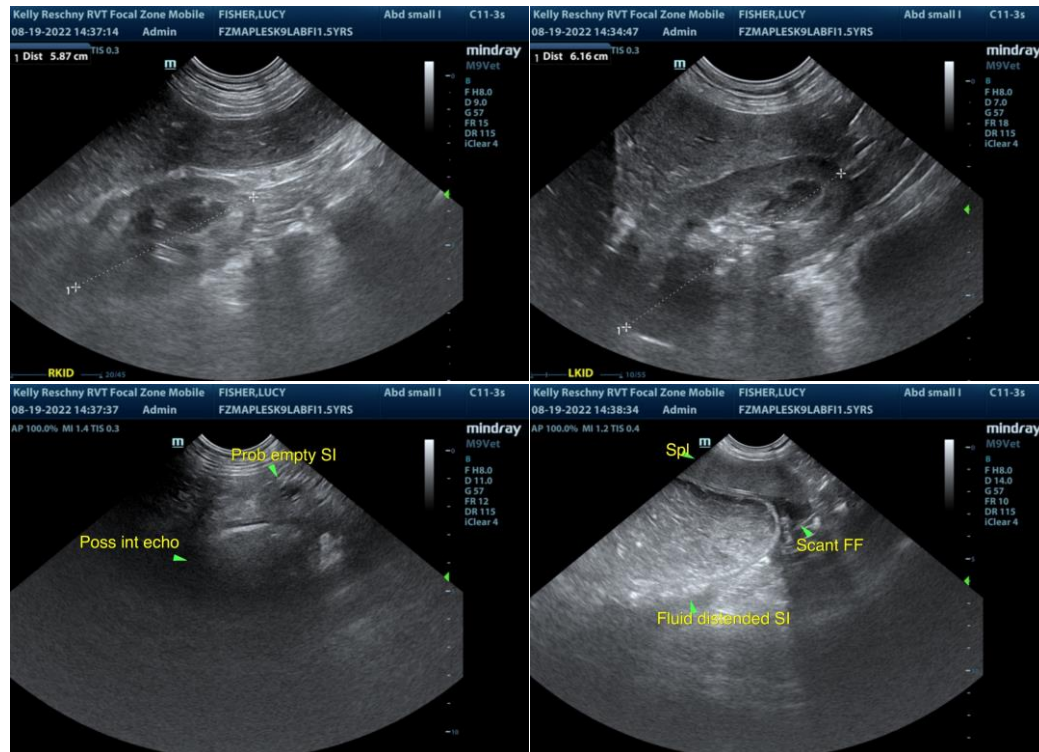
Dr. Kazienko

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PATIENT

Lucy Fisher

SPECIES

Canine

BREED

Lab

SEX

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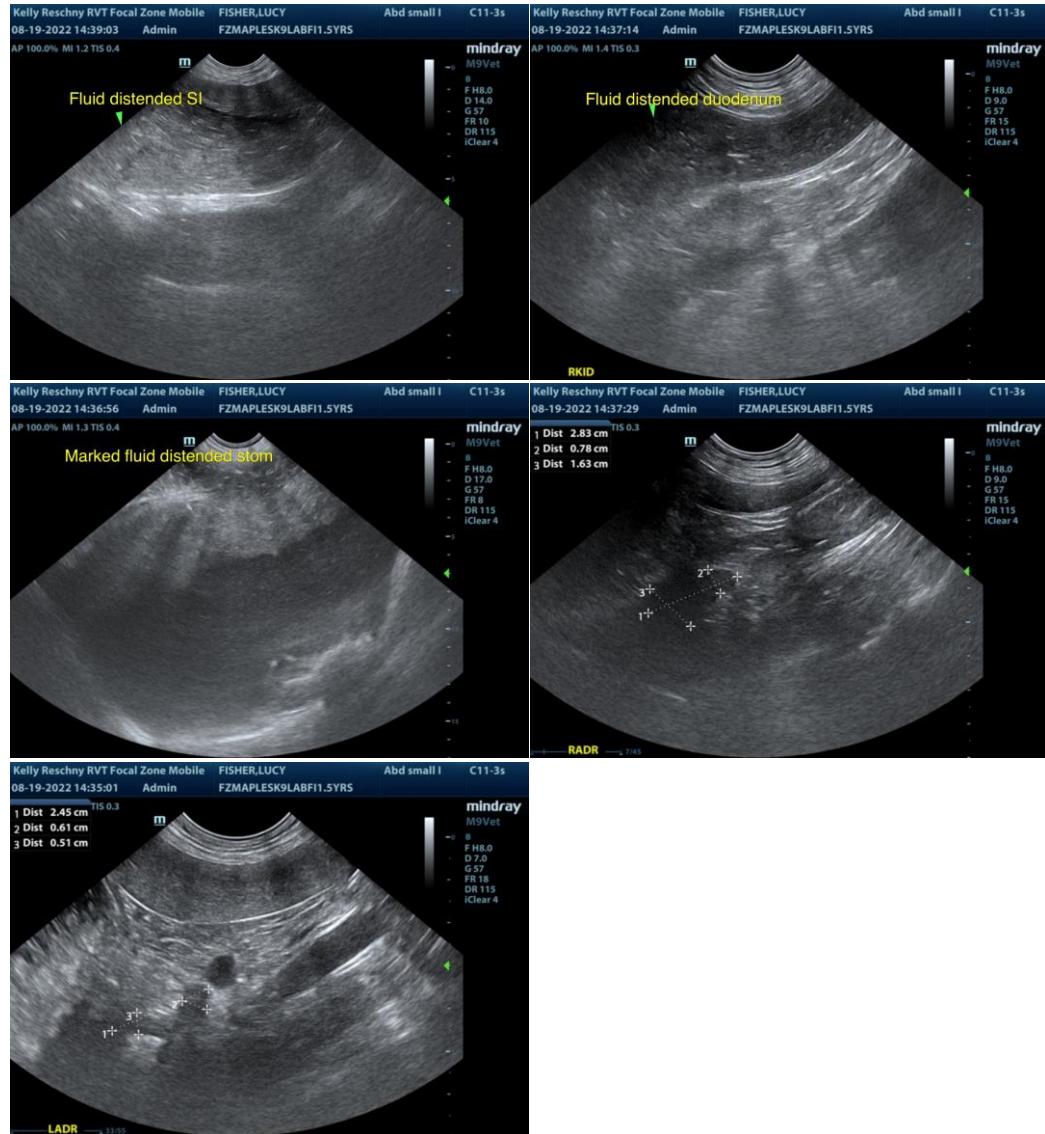
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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

info@SonoPath.com