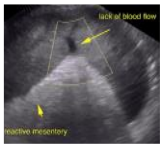
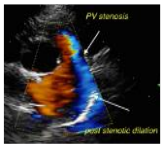
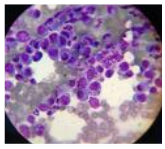
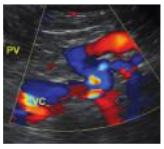
SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™





SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Raddo Duffield

SPECIES

Canine

BREED

Dachshund

SEX

NM

AGE

13 years

WEIGHT

15

INTERPRETED BY

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

IMAGING PERFORMED BY

Hope Brossman

HOSPITAL NAME

Animal Mansion Veterinary Hospital

REFERRING VET

Shelly Parker DVM

INVOICE

14879

DATE

8/22/23

PRESENTING CLINICAL SIGNS

Pet is extremely lethargic, DEP, has vomiting and loose stools

HCT 65.2, WBC 26.5 with neutrophilia and monocytosis, Na/K ratio 38, BUN 35, Normal creatinine, Amylase 448

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, and cystourethral junction 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 was noted.

There was no overt pathology in the area of the residual prostate.

No evidence of pathology in the area of the aortic trifurcation.

Normal size and margination were present in the kidneys. A normal 1:3 cortex / medulla ratio was maintained. The medulla and cortices were uniform in texture with some increased echogenicity and mild loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The left kidney measured 4.2 cm in length. The right kidney measured 5.1 cm in length.

Adrenal Glands

The left adrenal gland exhibited mildly prominent caudal left adrenal pole in light of body weight measuring 0.62 cm. The left adrenal gland maintained a symmetrical capsule contour with no left adrenal gland tumors. The left adrenal gland measured 0.62 cm width at the caudal pole. The right adrenal gland was not definitively visualized.

Spleen

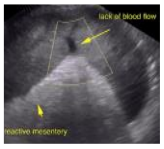
The spleen exhibited a finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. The capsule was smooth and regular without apparent expansion. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis. Acute to chronic inflammatory, neoplastic, or benign parenchyma changes were not noted.

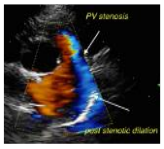
Liver/ Gallbladder

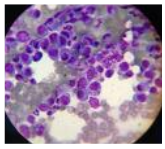
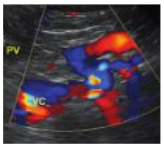
The liver was subjectively normal in size, structure, and contour. The liver parenchyma was uniform and hypoechoic to the spleen with a mild coarse echotexture. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended in size containing anechoic content with moderate, nonorganized, hyperechoic gallbladder sediment. The cystic and common bile ducts were normal.

Gastrointestinal

The stomach presented overtly normal intact wall layering with marked gastric distention containing retained anechoic fluid and nonshadowing chyme extending into the pyloric outflow. No obvious evidence of mechanical pyloric outflow obstruction or obstructive pyloric mural pathology was noted.





SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Raddo Duffield

SPECIES

Canine

BREED

Dachshund

SEX

NM

AGE

13 years

WEIGHT

15

INTERPRETED BY

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

IMAGING PERFORMED BY

Hope Brossman

HOSPITAL NAME

Animal Mansion Veterinary Hospital

REFERRING VET

Shelly Parker DVM

INVOICE

14879

DATE

8/22/23

The small intestine presented generalized intact wall layering with segmental to primarily generalized moderate intestinal distention with retained anechoic fluid and mild amounts of hyperechoic to swirling chyme. Possible although not definitive, indistinctly visualized shadowing echo vs. gas artifact measuring approximately 1.5-2.0 cm in diameter was noted in the focal intestine lumen. Concurrent segments of empty small intestine without evidence of mechanical / metabolic ileus were also visualized.

Normal visible colon wall layers were present with soft to possible non-formed fecal matter.

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

No overt or significant omental lymphadenopathy or evidence of peritoneal effusion was present. Regional peri intestinal hyperechoic omentum was noted, which may indicate reactive omental changes or staetitis with potential for emerging peritonitis.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Marked gastric distention with retained fluid / chyme
- Segmental to primarily generalized moderately dilated intestine with retained fluid / chyme, concurrent segmental empty small intestine
- Possible although not definitive indistinctly visualized to shadowing intestinal luminal echo vs. gas artifact
- Soft fecal matter in colon
- Regional peri intestinal hyperechoic omentum

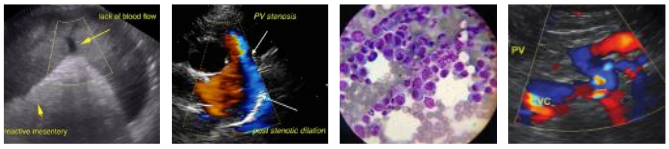
Secondary Findings

- Mild age-related renal changes
- Gallbladder sediment - not consistent with mucocele criteria

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Considerations for the marked gastric and segmental intestinal dilation with fluid / chyme may include metabolic / functional vs. mechanical ileus. However, concurrent segments of empty small intestine were visualized as opposed to definitive generalized hypomotile intestine. Given potential for indistinctly visualized shadowing intestinal echo, primary concern for nonobvious mechanical intestinal obstruction is warranted. The possibility of dietary indiscretion, acute inflammatory bowel episode, infectious disease, enterotoxic insult, and occult infiltrative intestinal neoplasia cannot be definitively excluded.

SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™



SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Raddo Duffield

SPECIES

Canine

BREED

Dachshund

SEX

NM

AGE

13 years

WEIGHT

15

INTERPRETED BY

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

IMAGING PERFORMED BY

Hope Brossman

HOSPITAL NAME

Animal Mansion Veterinary Hospital

REFERRING VET

Shelly Parker DVM

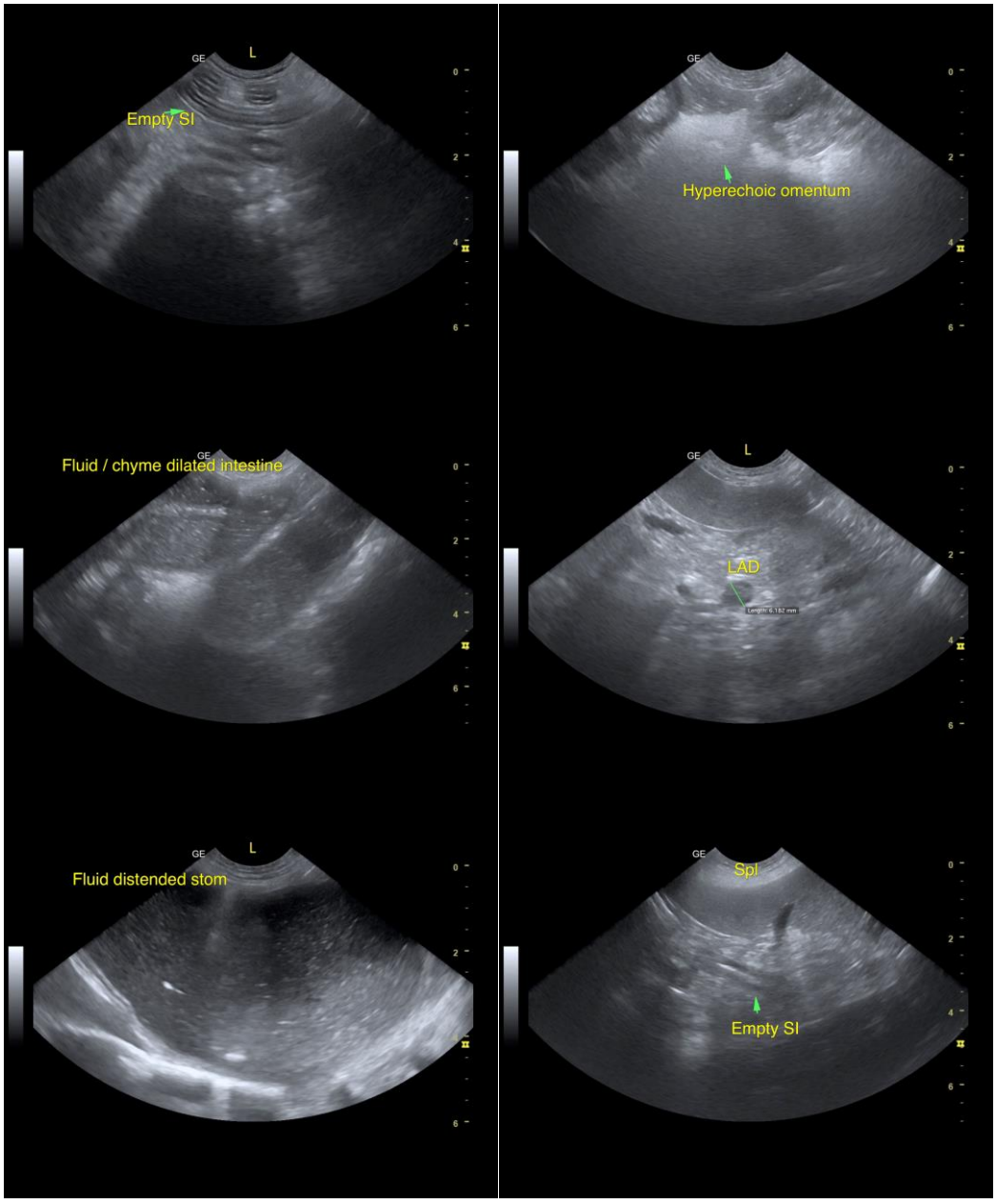
INVOICE

14879

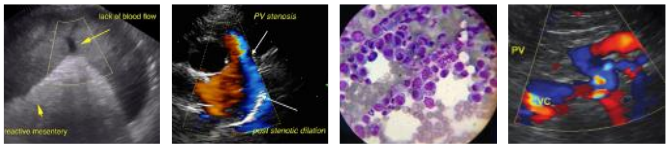
DATE

8/22/23

Given the timeframe from the submission of the ultrasound study, a sonographic reassessment of the gastrointestinal tract for evidence of persistent / progressive gastrointestinal fluid dilation is recommended, assuming adequate hydration and empirical supportive care. Pending additional reassessment, yet based on gastrointestinal sonographic presentation, exploratory laparotomy with gross inspection of the intestinal tract and with gastrointestinal biopsies considered essential is recommended.



SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™



SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Raddo Duffield

SPECIES

Canine

BREED

Dachshund

SEX

NM

AGE

13 years

WEIGHT

15

INTERPRETED BY

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

IMAGING PERFORMED BY

Hope Brossman

HOSPITAL NAME

Animal Mansion Veterinary Hospital

REFERRING VET

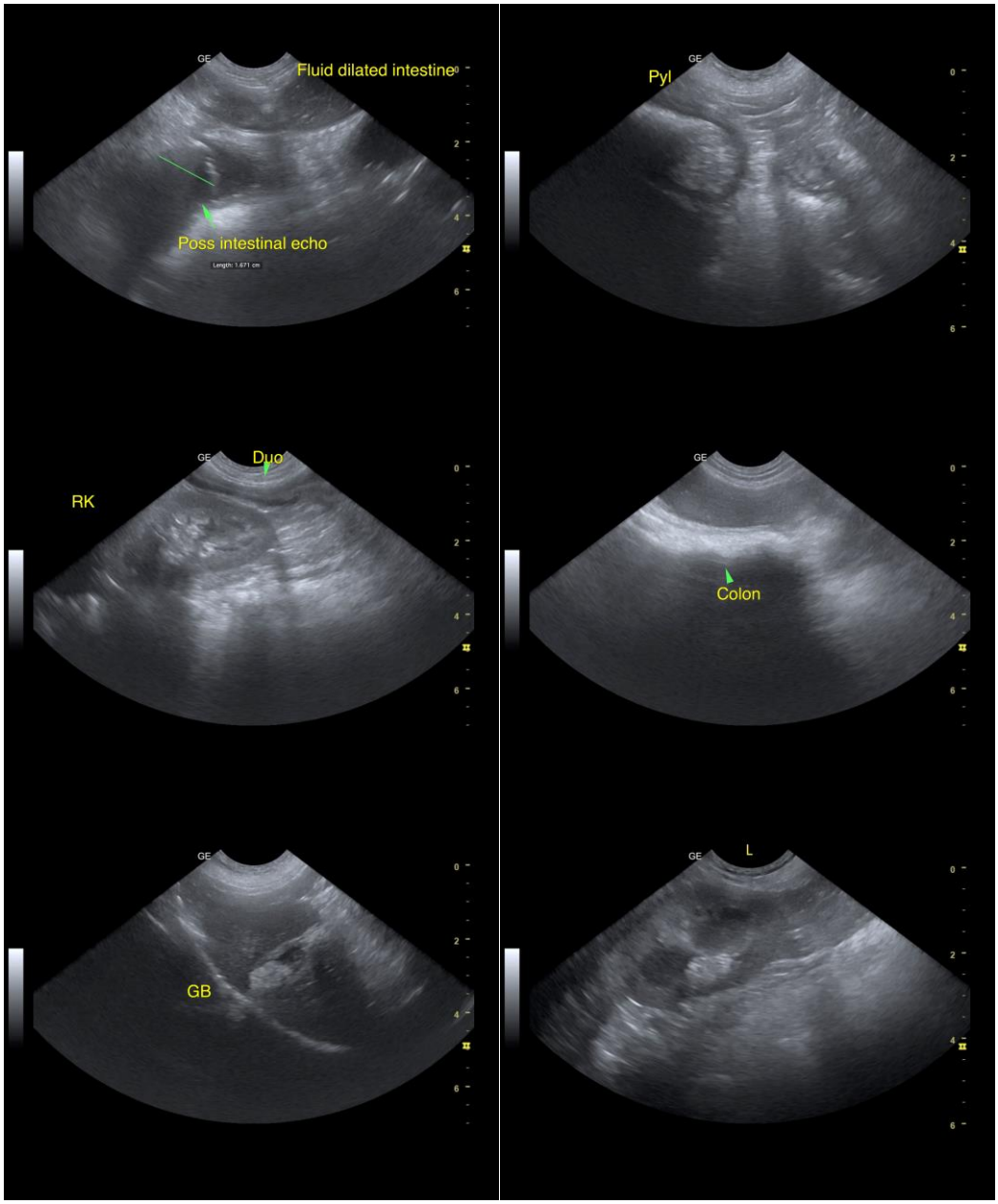
Shelly Parker DVM

INVOICE

14879

DATE

8/22/23



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