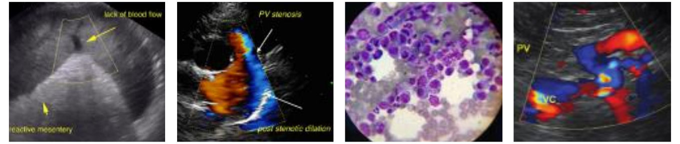


SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Rex Murphy

SPECIES

Canine

BREED

Doberman Pinscher

SEX

Neutered Male

AGE

8 Years

WEIGHT

25.7 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Kelly Vazquez

HOSPITAL NAME

Westwood Regional VH

REFERRING VET

Dr. Ressler

INVOICE

17028

DATE

8/24/22

PRESENTING CLINICAL SIGNS

History: Patient presents for vomiting, hypercalcemia, increased globulins, leukocytosis with neutrophilia and monocytosis. Current treatments: in-hosp IVFs, potonix, buprenex, unasyn, and metronidazole.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 5.0 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 normal, measuring 0.9 cm in diameter. Aortic trifurcation was normal.

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 5.7 cm in length. The right kidney measured 5.6 cm in length.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 2.0 cm in length x 0.82 cm width at the caudal pole.

The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 2.1 cm in length x 0.66 cm width at the caudal pole.

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.

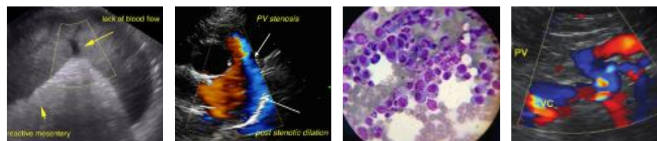
Liver

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.

Gastrointestinal

The stomach presented mild to moderate wall thickening secondary to echogenic mucosa hypertrophy. Intact wall layering was maintained and distinct. The gastric body wall measured –cm width. Mild gastric distension with mild to moderate retained anechoic fluid was present. No overt evidence of mechanical pyloric outflow obstruction or obstructive pyloric mural pathology.

The small intestine exhibited segmental mild ileus pattern with subjective mild inflammatory mural changes, exhibiting intact wall layering. A focal strongly shadowing intestinal luminal echo was present in the subjective mid abdomen, likely jejunal location, measuring potentially 3-4 cm in length and



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approximately 2.0 cm in diameter. Normal appearing small intestine was noted, exhibiting intact wall layering and maintained 1:3 muscularis to mucosa ratio without evidence of mechanical/metabolic ileus, suspected to be distal to the shadowing intestinal echo was present.

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

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.

Free Abdomen

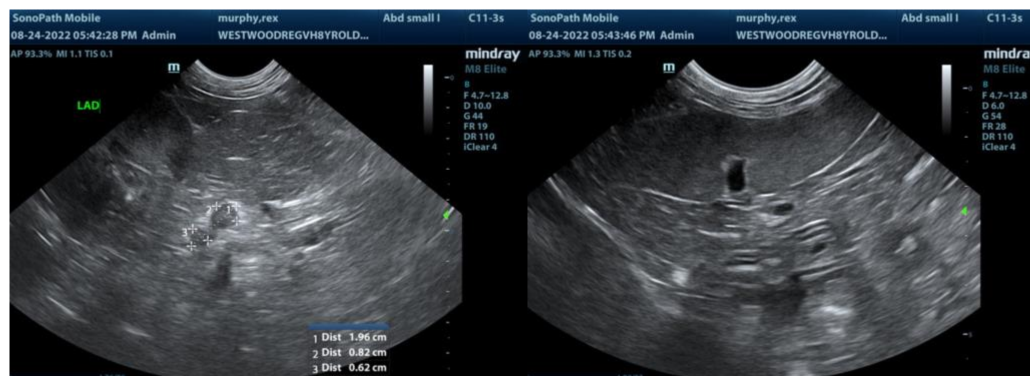
Mild regional periintestinal hyperechoic mesentery was noted, suggestive of reactive to possible mild inflammatory omental changes. No evidence of significant peritoneal free fluid or omental lymphadenopathy. Potential for very scant periintestinal free fluid around the shadowing intestinal luminal echo is possible.

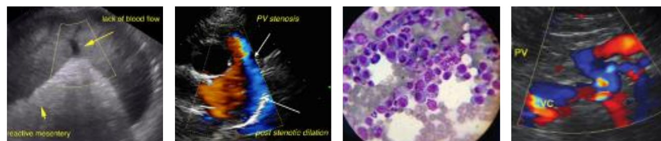
ULTRASONOGRAPHIC FINDINGS

- Mild hypomotile gastritis pattern
- Solitary, strongly shadowing small intestinal luminal echo with probable proximal enteritis pattern, exhibiting mild ileus, normal appearing small intestine likely distal
- Associated mild regional periintestinal reactive to possibly inflamed mesentery

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The small intestinal echo is sonographically consistent with foreign body with suspect, at least, partial obstructive pattern and secondary inflammatory changes proximal to the small intestinal echo. No overt evidence of obvious neoplastic criteria as a definitive cause of the hypercalcemia or increased globulins. Exploratory laparotomy with expectations toward enterotomy and with consideration for GI biopsies, depending upon the gross appearance of the small intestine is recommended. Three view chest radiographs are suggested prior to surgical considerations to rule out occult thoracic pathology. If surgery is postponed, sonographic reassessment of the shadowing echo, to make sure that it has not moved, is recommended prior to surgery.





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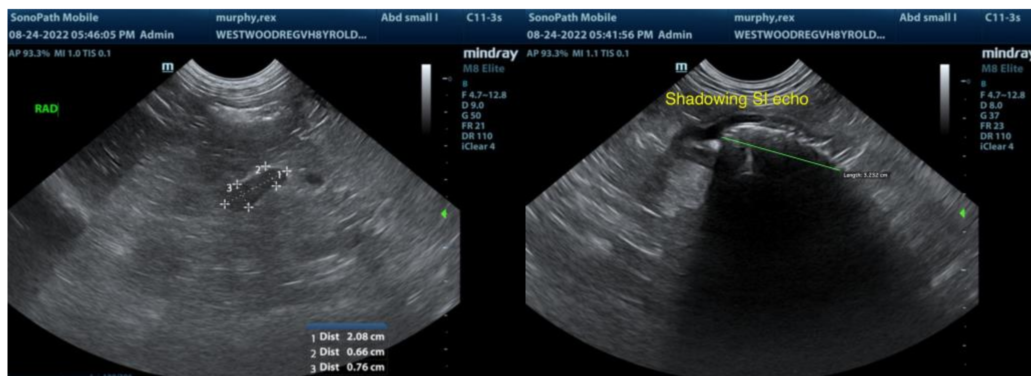

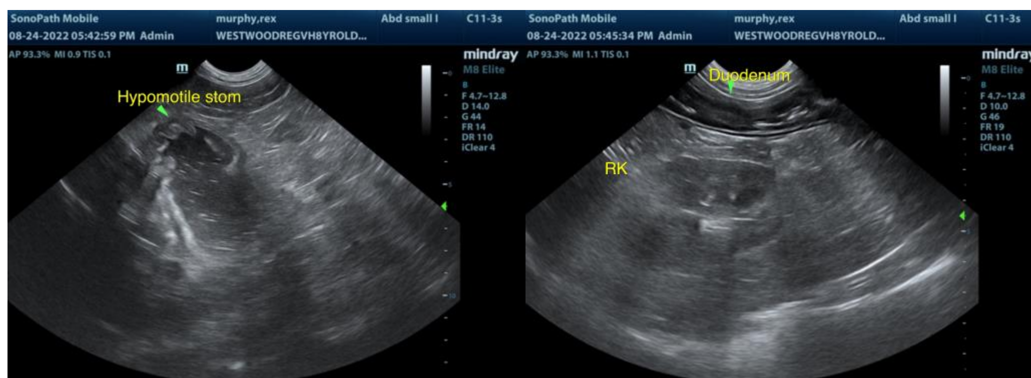

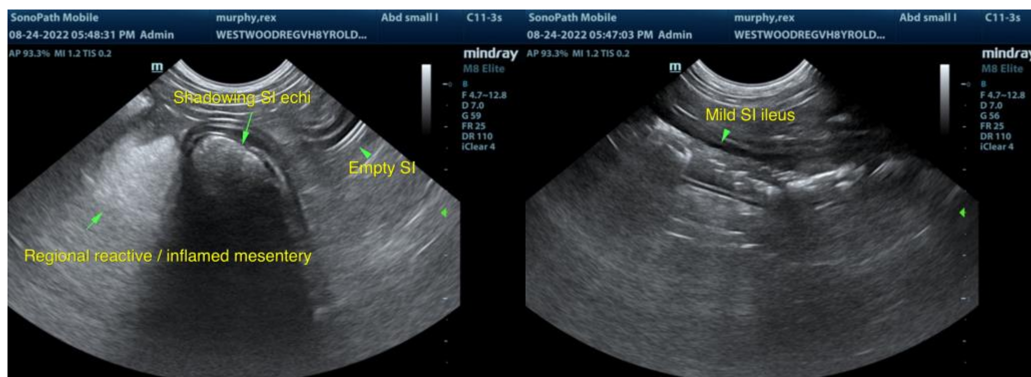

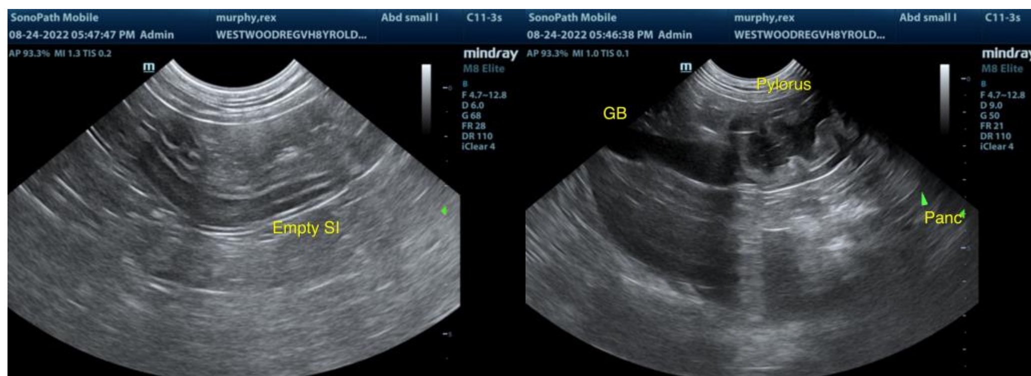

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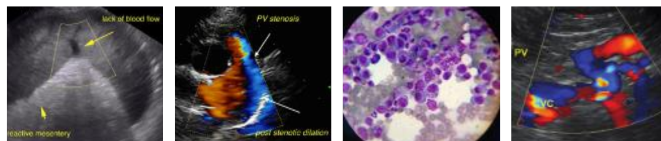

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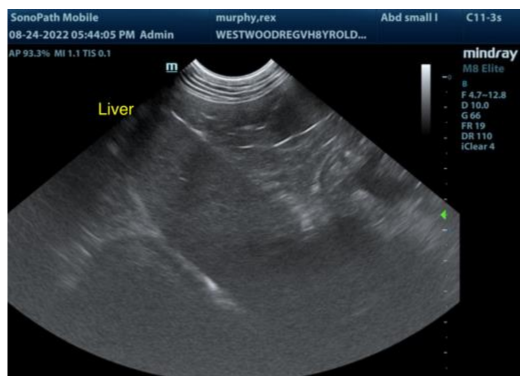

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

R. McKenzie Daniel, DVM, DABVP (Canine / Feline Practice)
info@SonoPath.com