

PATIENT PRESENTING CLINICAL SIGNS

Bobo Asbrock History: 1 month ago – salivary gland abscess, not eating, 11# weight loss
Medication: Zofran, Amoxicillin, Pepcid, Metronidazole

SPECIES Unremarkable CBC, sodium/potassium ratio 35, ALT 336.

Canine

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

BREED *Urinary System*

Boxer

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.

SEX

Neutered Male

The residual prostate was symmetrically normal in size with uniform parenchyma and slight coarse echotexture. The prostate measured 1.5 cm diameter.

AGE

2 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 6.8 cm. The right kidney measured 6.0 cm.

WEIGHT

52 Pounds

The area of the aortic trifurcation was free of pathology.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.65 cm at the cranial pole and 0.59 cm at the caudal pole. No obvious pathology in the area of the right adrenal gland.

INTERPRETED BY

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

Spleen

The spleen exhibited potential mild subnormal size owing to volume contraction. It 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

Rebekah Jakum, CVT
ARDMS/RVT

Liver

HOSPITAL NAME

Leighton 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. Carpenter

Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. Mild to moderate gas distention and probable retained anechoic fluid present. Gastric body wall measured 0.30 cm.

INVOICE

24920

The small intestine presented intact yet subjective variably thickened wall layering with segmental significant intestinal distention containing retained echogenic digesta/chyme. A focal non-specific shadowing echo was noted within the intestinal lumen, measuring approximately 2.0 cm in diameter. Small intestinal wall within the area of intestinal distention measured up to 0.45 cm in width. Concurrent segments of empty small intestine were also present.

DATE

8.25.2021



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

Bobo Asbrock **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 Intermittent, mildly prominent to enlarged mid abdominal mesenteric nodes were present. The lymph node was essentially isoechoic to adjacent omentum without evidence of peripheral inflammation and maintaining a normal width: length ratio (<0.5). Example of lymph node measured 1.0 cm in width.

Boxer

SEX

Subtle evidence of peri intestinal reactive mesentery. No evidence of peritoneal free fluid or overt peritonitis.

Neutered Male

ULTRASONOGRAPHIC FINDINGS

AGE

- Mild gastric gas distention and probable retained fluid
- Segmental significant small intestinal distention with retained digesta/chyme and focal non-specific shadowing luminal echo.
- Concurrent segmental empty small intestine
- Associated intermittent mesenteric lymphadenopathy – likely lymphoid hyperplasia or minor reactive lymphadenitis

2 years

WEIGHT

52 Pounds

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

INTERPRETED BY

General considerations for the segmental small intestinal distention with retained digesta and chyme may include metabolic versus mechanical small intestinal ileus. However, the concurrent presence of empty segments of small intestine are strongly suspicious for mechanical small intestinal obstruction. Given these findings and patient’s clinical signs including weight loss, exploratory laparotomy is recommended for further assessment. Intestinal biopsies would be considered essential despite exploratory findings to assess for underlying small intestinal disease.

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

IMAGING PERFORMED BY

Rebekah Jakum, CVT
ARDMS/RVT

HOSPITAL NAME

Leighton AH

REFERRING VET

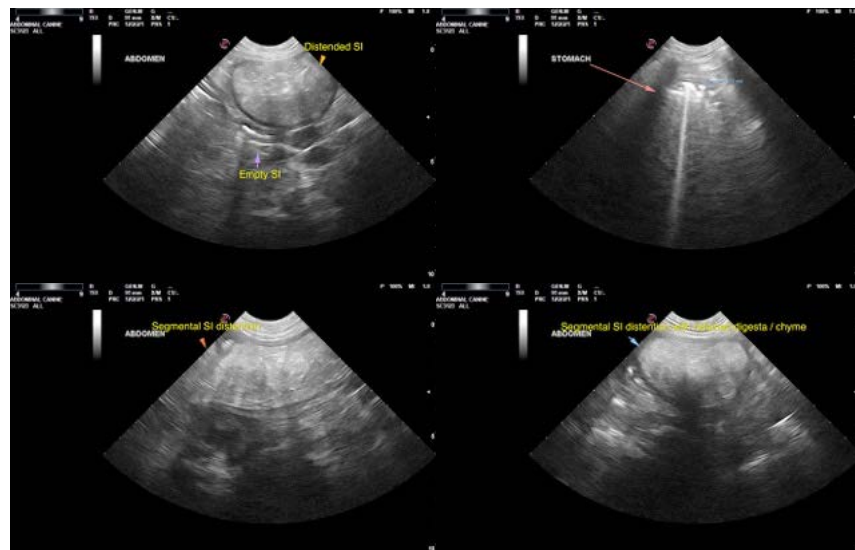
Dr. Carpenter

INVOICE

24920

DATE

8.25.2021





PATIENT

Bobo Asbrock

SPECIES

Canine

BREED

Boxer

SEX

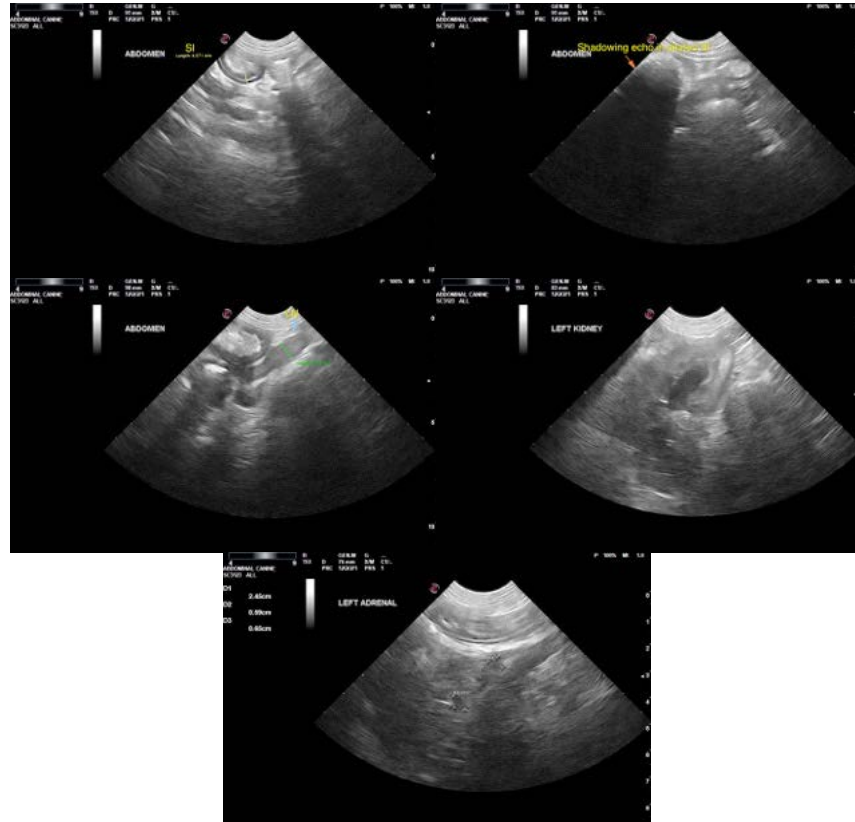
Neutered Male

AGE

2 years

WEIGHT

52 Pounds



INTERPRETED BY

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

**IMAGING
PERFORMED BY**

Rebekah Jakum, CVT
ARDMS/RVT

HOSPITAL NAME

Leighton AH

REFERRING VET

Dr. Carpenter

INVOICE

24920

DATE

8.25.2021

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)
mac.daniel@sonopath.com