



PATIENT	PRESENTING CLINICAL SIGNS
Cooper Yorke	History: Continued regurg. post R & A on Monday. Lethargic. Meds: Reglan, Cerenia, Pantoprazole, Unasyn, Buprenex, Ondansetron (propofol for scan)
SPECIES	ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN
Canine	Urinary System
BREED	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 were noted. Minor dilation of the prostatic urethra was noted without evidence of urethral obstruction.
Fila Brasileiro	
SEX	The area of the residual prostate appeared normal and free of pathology.
Neutered Male	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 in length. The right kidney measured 7.0 cm in length.
AGE	Adrenal Glands
3 Years	The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 2.6 cm length x 0.48 cm width at the caudal pole.
WEIGHT	The right adrenal gland was not definitively visualized.
55.8 Pounds	
INTERPRETED BY	Spleen
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	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	Liver
Shari Reffi, CVT	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	Gastrointestinal
Newton Vet	The stomach presented overtly normal wall layering with a normal wall layer ratio. The stomach contained a moderate amount of retained variably echogenic fluid. Within the gastric lumen, a nonspecific shadowing echo was present in the gastric body, measuring approximately 4.0 cm in diameter with possible concurrent shadowing echo vs gas in the area of the pyloric outflow, potentially measuring 3.0 cm in diameter.
REFERRING VET	
Dr. Barron	
INVOICE	
23747	
DATE	The small intestine exhibited variable to moderate, upper to mid intestinal distention with retained echogenic fluid, which exhibited oral/aboral movement. Within segments of fluid dilated intestine, focal areas of mildly shadowing nonspecific ingesta were visualized, extending caudally to a solitary
8/3/23	



PATIENT

Cooper Yorke

mid abdominal intestine intussusception. Concurrent segments of normal appearing intact empty small intestine were noted, likely distal to the fluid dilated intestine and intussusception were visualized.

SPECIES

Canine

Normal visible colon wall layers were present. The colon contained semi formed to soft 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 was evident.

BREED

Fila Brasileiro

Free Abdomen

SEX

Neutered Male

Intermittent, mildly prominent to enlarged mesenteric and medial iliac lymph nodes were present. The lymph nodes were essentially isoechoic to adjacent omentum without evidence of peripheral inflammation or neoplastic criteria and maintaining a normal width: length ratio (<0.5). Secondary lymphoid hyperplasia or reactive lymphadenitis is likely. Primarily periintestinal to generalized hyperechoic omentum and scant to mild volume peritoneal free fluid were present.

AGE

3 Years

ULTRASONOGRAPHIC FINDINGS

- Retained gastric fluid with nonspecific shadowing gastric lumen echo/ingesta.
- Segmental moderate to variable fluid dilated intestine, consistent with obstructive pattern with segmental mid abdominal intestine intussusception, concurrent empty small intestine- possible stricture.
- Regional, primarily periintestinal to generalized peritonitis.

WEIGHT

55.8 Pounds

INTERPRETED BY

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

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Potential for residual foreign material within the stomach or small intestine or additional recently ingested foreign material could be possible. Regardless, the segmental intestinal obstructive pattern with concurrent intussusception warrants exploratory laparotomy with gross inspection of the gastrointestinal tract, potential for gastrotomy, enterotomy, resection anastomosis of the intussusception and with intestinal biopsies recommended, if not previously done, to assess for underlying disease. Possible guarded prognosis, pending gross inspection of the intestinal tract and with potential for peritonitis. Overt evidence of intestinal perforation was not obvious yet cannot be definitively excluded.

IMAGING PERFORMED BY

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HOSPITAL NAME

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PATIENT

Cooper Yorke

SPECIES

Canine

BREED

Fila Brasileiro

SEX

Neutered Male

AGE

3 Years

WEIGHT

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HOSPITAL NAME

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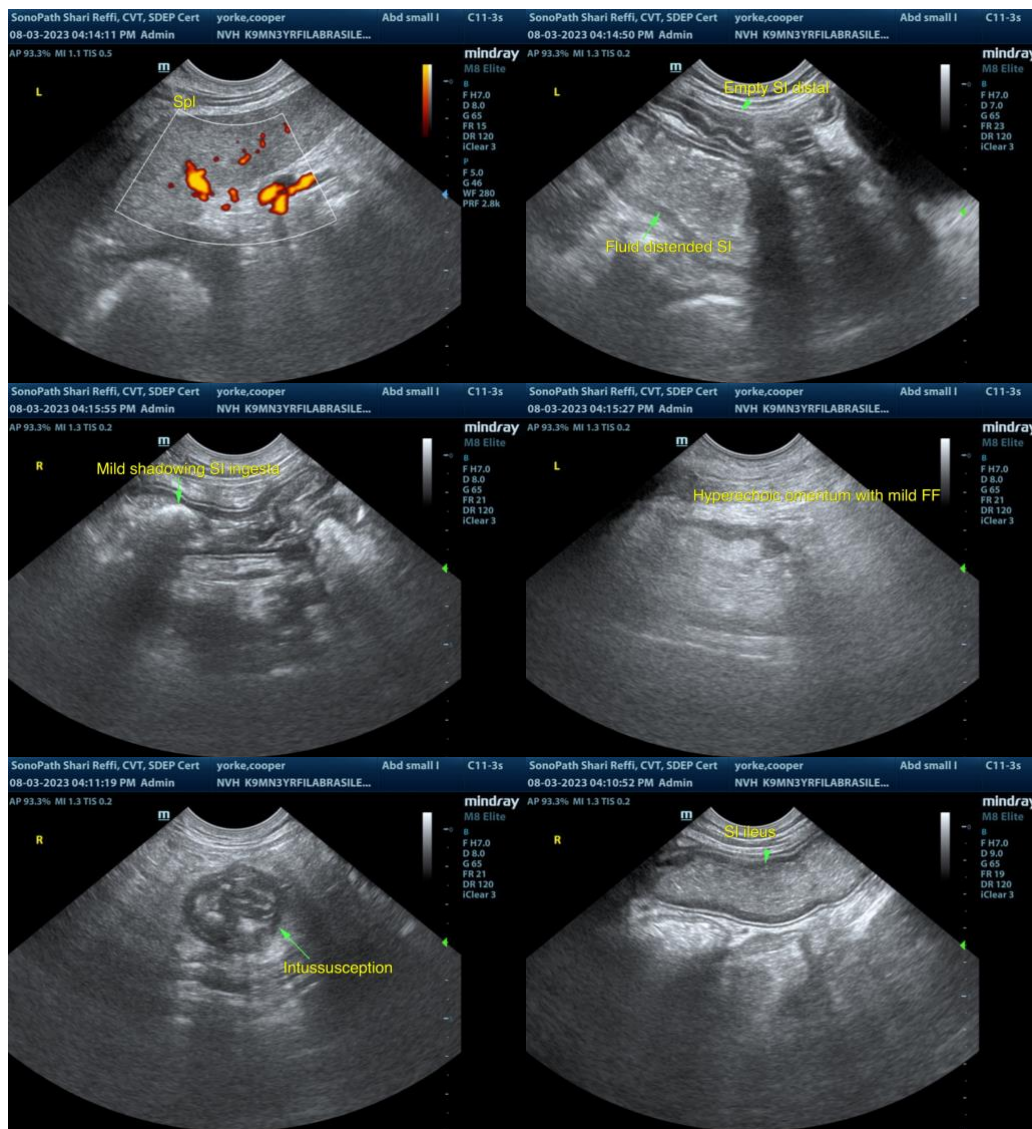
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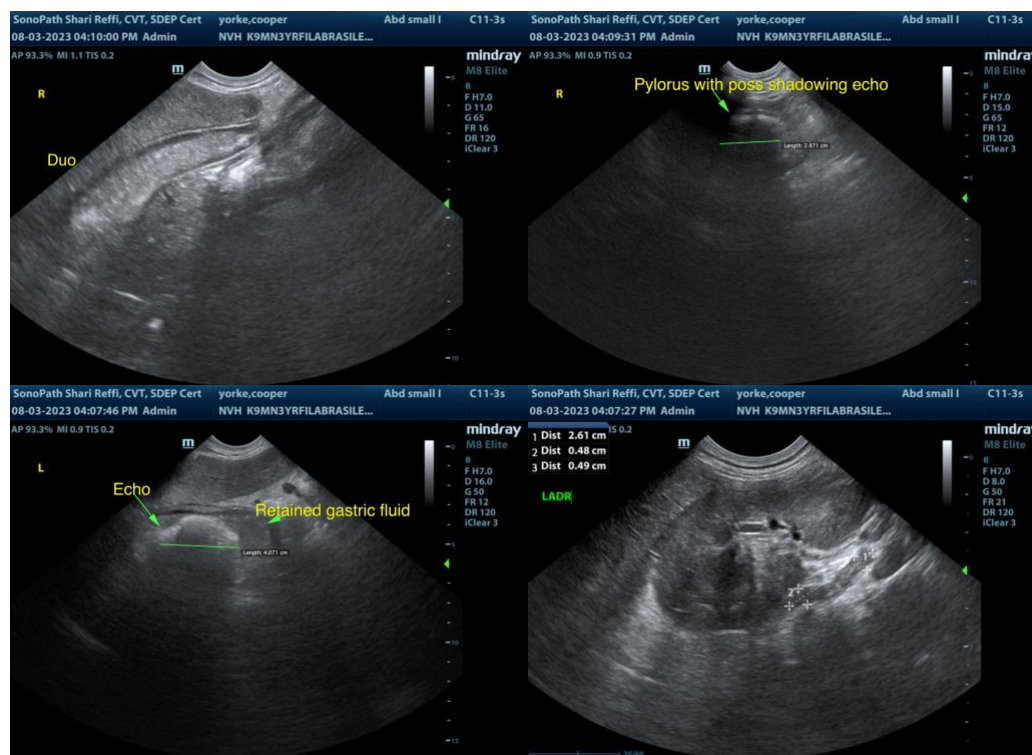
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)

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