

PATIENT PRESENTING CLINICAL SIGNS

Niko Peters Several day duration vomiting, decreased appetite, 5# weight loss, concern for abdominal mass or gastric foreign material on radiographs. Medication: metronidazole Na:K 41.

SPECIES ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Canine **Urinary System**

BREED

Golden Retriever Mix

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 3 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.

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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 7.3 cm in length. The right kidney measured 7.2 cm in length.

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The area of the aortic trifurcation was free of pathology.

The area of the residual prostate appeared normal and free of pathology.

WEIGHT

72.7

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.68 cm width at the caudal pole and 3.2 cm width at the cranial pole. The right adrenal gland was indistinctly visualized without overt pathology subjectively measuring 0.76 cm width at the caudal pole.

INTERPRETED BY

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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

Rebekah Jakum, CVT
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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 with thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.

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Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained mild to moderate luminal gas in the area of the fundus and gastric body extending into the antrum. The pylorus contained mild retained echogenic fluid. No overt evidence of ileus, obstruction or foreign material.

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The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. Mild to moderate generalized duodenal ileus exhibiting subjective oral/aboral duodenal fluid movement was present. The

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jejunum and ileum to the level of the colon were overall empty with subjective mild prominent jejunal gas pattern. The duodenum wall measured 0.55 cm width. The jejunum wall measured 0.45 cm width.

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

SPECIES

Canine

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.

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Free Abdomen

No omental masses, overt lymphadenopathy or peritoneal effusion was present.

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ULTRASONOGRAPHIC FINDINGS

- Mild to possible moderate gastric gas with mild retained echogenic pyloric fluid.
- Duodenal ileus pattern with subjective oral/aboral duodenal fluid movement.
- Overall empty jejunum/ileum with subjective segmental increased jejunal gas pattern.

AGE

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

WEIGHT

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The retained pyloric fluid and duodenal ileus pattern in addition to segmental increased jejunal gas pattern are non-specific with potential for metabolic/functional pyloric and duodenal stasis owing to underlying GI disease. However, given the segmental intestinal fluid retention with concurrent primarily empty small intestine the potential for non-visualized small to partially obstructive intestinal foreign body cannot be excluded. No evidence of intra-abdominal masses.

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A GI panel to include PLI/TLI/Cobalamin/Folate is recommended. Although considered unlikely considering normal adrenal presentation, a resting cortisol level to rule out occult Addison's disease is recommended.

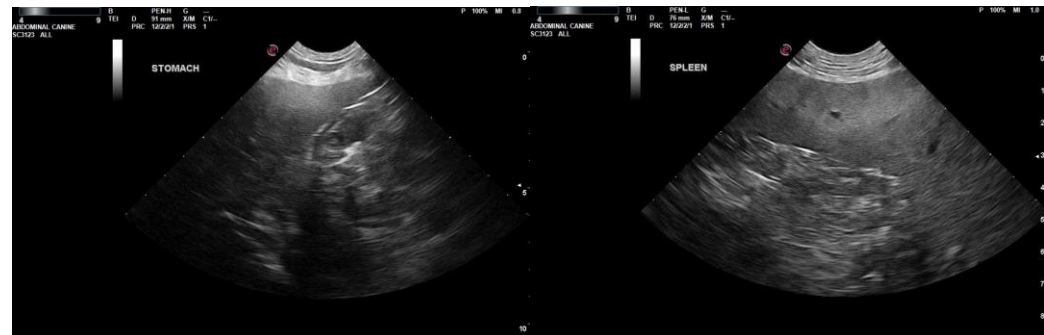
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Empirically, 24 hour hospitalization, as needed supportive care, IVF and sonographically GI reassessment could be considered. However, given the patient's current clinical signs, inappetence and weight loss, exploratory laparotomy with gross inspection of the GI tract with GI biopsies considered essential should be a strong consideration in this case.

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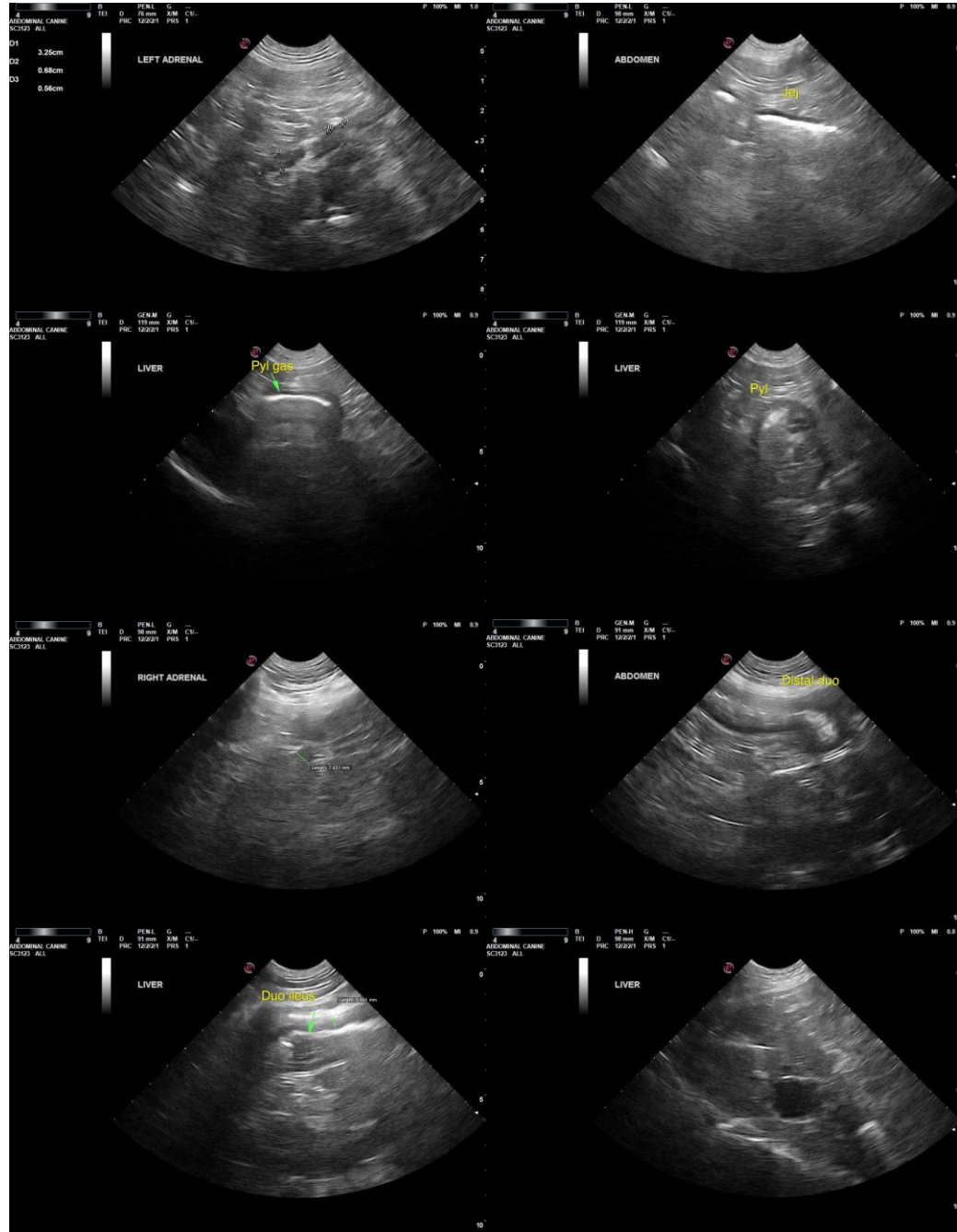
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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