



PATIENT PRESENTING CLINICAL SIGNS

Betty Vanderbank History: panting excessively, quieter than usual, previously was vomiting/diarrhea but has since resolved meds: just finished sulcrate, metro, gabapentin

SPECIES Abnormal PE/Chem/CBC/UA Results: WBC 10.3 w/mild eosinophilia, AMYL 1697, abnl CPL, SDMA 21

Canine

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

BREED *Urinary System*

Rottie 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.

SEX

FS

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 8.5 cm in length. The right kidney measured 7.0 cm in length.

AGE

7yr

The area of the aortic trifurcation was free of pathology.

WEIGHT

111lb

The area of the iliac trifurcation was free of pathology including no evidence of medial, iliac or sublumbar lymphadenopathy.

Adrenal Glands

INTERPRETED BY

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

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 1.0 cm width at the caudal pole and 2.8 cm length. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.62 cm width at the caudal pole and 2.8 cm length.

IMAGING PERFORMED BY

Kelly Reschny

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.

HOSPITAL NAME

Dog and Cat Clini of
Niagara

Liver

The liver exhibited potential for minor enlargement with normal 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.

REFERRING VET

Dr. Snieder

INVOICE

11330ag

The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.

Gastrointestinal

DATE

08/09/2022

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained minor retained nonshadowing ingesta/chyme with no signs of ileus, obstruction or foreign material.



PATIENT
Betty Vanderbank

The small intestine presented primarily intact yet prominent to mildly thickened wall layering. Mid abdominal intestinal mural masses exhibiting moderate to variable mural hypertrophy and decreased mural echogenicity suspected to be involving the jejunum or potential ileum were present, an example measuring 5-6 cm length x 4 cm width. Segmentally thickened intestinal wall with concurrent suspected paralytic ileus was present and appeared to be separate from the mural mass. No obvious evidence of obstructive foreign material was observed. Regional peri intestinal nonuniform hyperechoic mesentery was noted with small pocket of scant peri intestinal free fluid. Intact jejunum wall measured 0.52 cm in width.

SPECIES

Canine

BREED

Rottie

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

Pancreas

SEX

FS

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

AGE

7yr

Regional peri intestinal nonuniform hyperechoic mesentery was noted with small pocket of scant peri intestinal free fluid No overt lymphadenopathy was present.

ULTRASONOGRAPHIC FINDINGS

WEIGHT

111lb

- Enteropathy exhibiting multiple mural masses (estimate 2-3) with segmental suspected paralytic to partially obstructive ileus
- Associated peri intestinal hyperechoic mesentery and scant peri intestinal free fluid

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

INTERPRETED BY

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

Although sampling or biopsy is required for further assessment, the intestinal mural masses are suggestive of neoplastic criteria. Non neoplastic etiologies are possible yet thought less likely. Biopsy with histopathology is required for definitive diagnosis. Three view chest radiographs suggested if not done to assess for thoracic pathology. Referral for further assessment with surgical or oncology consultation is likely in this patient's best interest.

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SPECIES

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BREED

Rottie

SEX

FS

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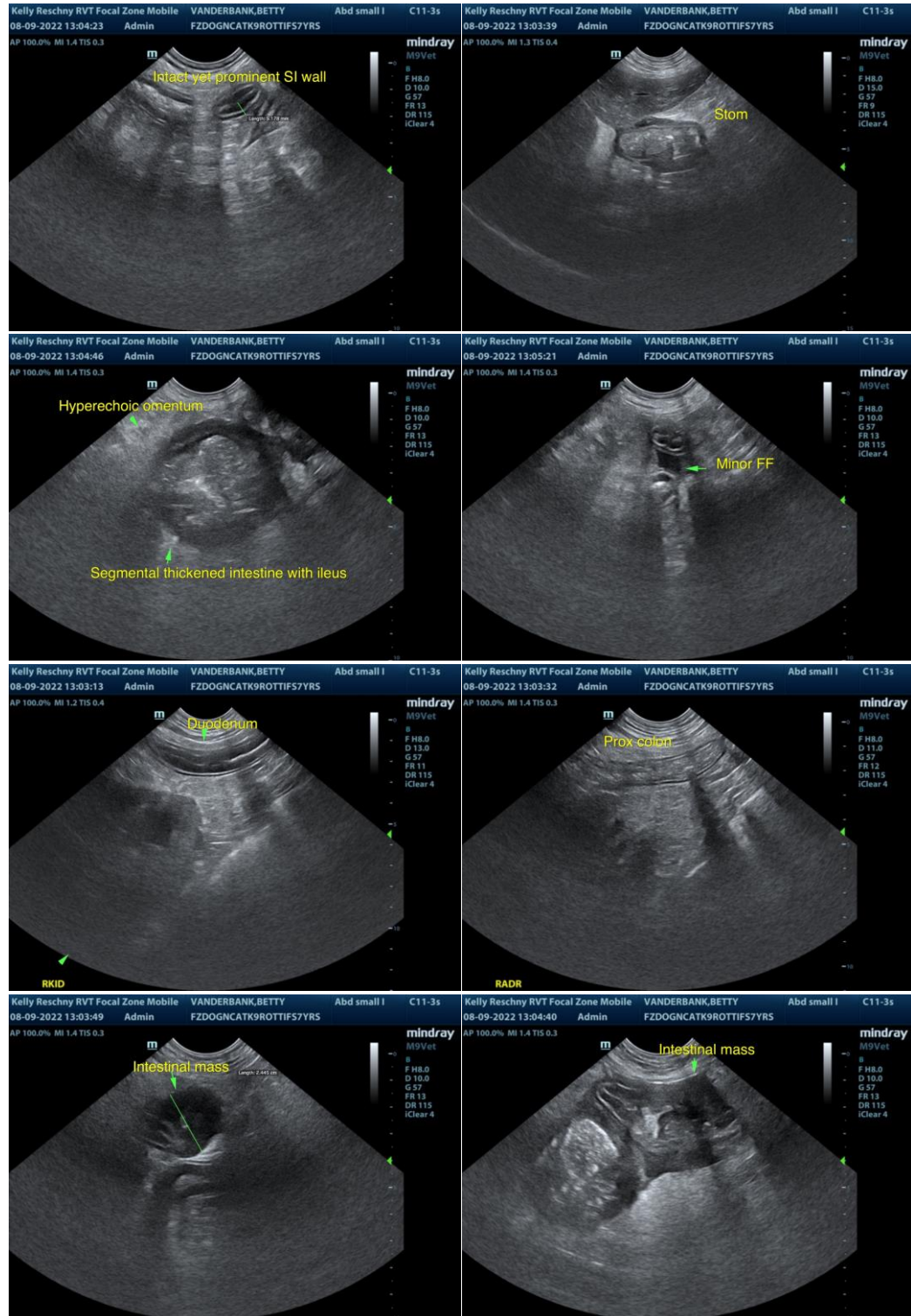
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PATIENT
Betty Vanderbank

SPECIES
Canine

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Rottie

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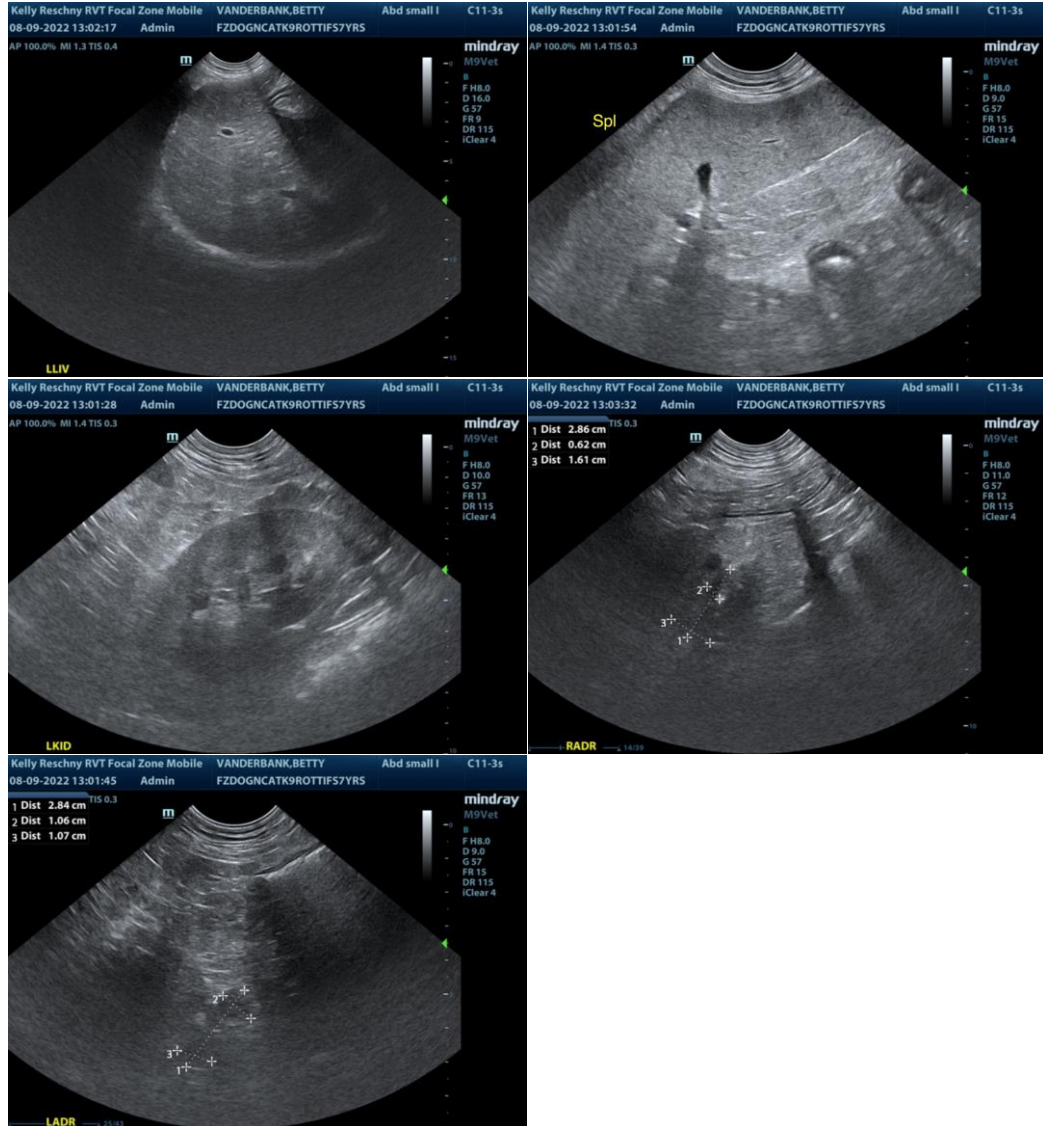
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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