



PATIENT PRESENTING CLINICAL SIGNS

Falcor Shankweiler Lethargic, decreased appetite, nausea, mild abdominal discomfort. Medication: Cerenia, omeprazole, Entyce CBC stress leukogram Na:K 47

SPECIES ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Canine **Urinary System**

BREED 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.

Lab Mix

SEX 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 6.7 cm in length. The right kidney measured 6.7 cm in length.

MN

AGE The area of the aortic trifurcation was free of pathology.

2017 The area of the residual prostate appeared normal and free of pathology.

WEIGHT Adrenal Glands

71.7 The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.64 cm width at the caudal pole and 2.4 cm length. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.63 cm width at the caudal pole and 2.8 cm length.

INTERPRETED BY

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

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
ARDMS/RVT

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 was mild to moderately distended with gas and mild retained fluid. Potential for non-specific shadowing ingesta or lumen echo could be obscured by gas possibly within the area of the pylorus. Definitive evidence of mechanical pyloric outflow obstruction was not visualized.

INVOICE

14549ag

The small intestine presented intact wall layering with segmental mildly prominent duodenojejunal mucosa. Generalized mild fluid distended duodenum with concurrent segmental mild jejunal ileus was present. Empty segments of small intestine were also visualized to the level of the colon.

DATE
08/09/2023



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

Falcor Shankweiler

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.

SPECIES

Canine

Free Abdomen

BREED

No omental masses or peritoneal effusion was present.

Lab Mix

Intermittent mildly prominent to enlarged mesenteric nodes were present. The lymph nodes were essentially isoechoic to adjacent omentum without evidence of peripheral inflammation and maintaining a normal width: length ratio (<0.5). This finding is not consistent with inflammatory or neoplastic criteria.

SEX

MN

ULTRASONOGRAPHIC FINDINGS

AGE

2017

- Mild to moderate gastric distention with gas and retained fluid, subjective non-specific potentially shadowing retained gastric ingesta.
- Non-specific enteritis pattern with duodenal and segmental jejunal ileus with segmental empty small intestine
- Intermittent mild benign/reactive mesenteric lymph nodes.

WEIGHT

71.7

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

INTERPRETED BY

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

Primary concern for non-obvious gastric foreign body and potential segmental partial intestinal obstructive pattern in conjunction with patient history and clinical signs/abdominal pain is likely indicated. Primary GI disease i.e., non-specific gastroenteritis, IBD, infectious disease, occult infiltrative neoplasia (less likely) with metabolic/functional gastric and segmental intestinal stasis could also be possible.

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Exploratory laparotomy with gross inspection of the GI tract and GI biopsies considered essential despite exploratory findings is warranted. Hospitalization with 24 hour IVF and GI support, documented 12 hour NPO with sonographic reassessment would be a more conservative approach.

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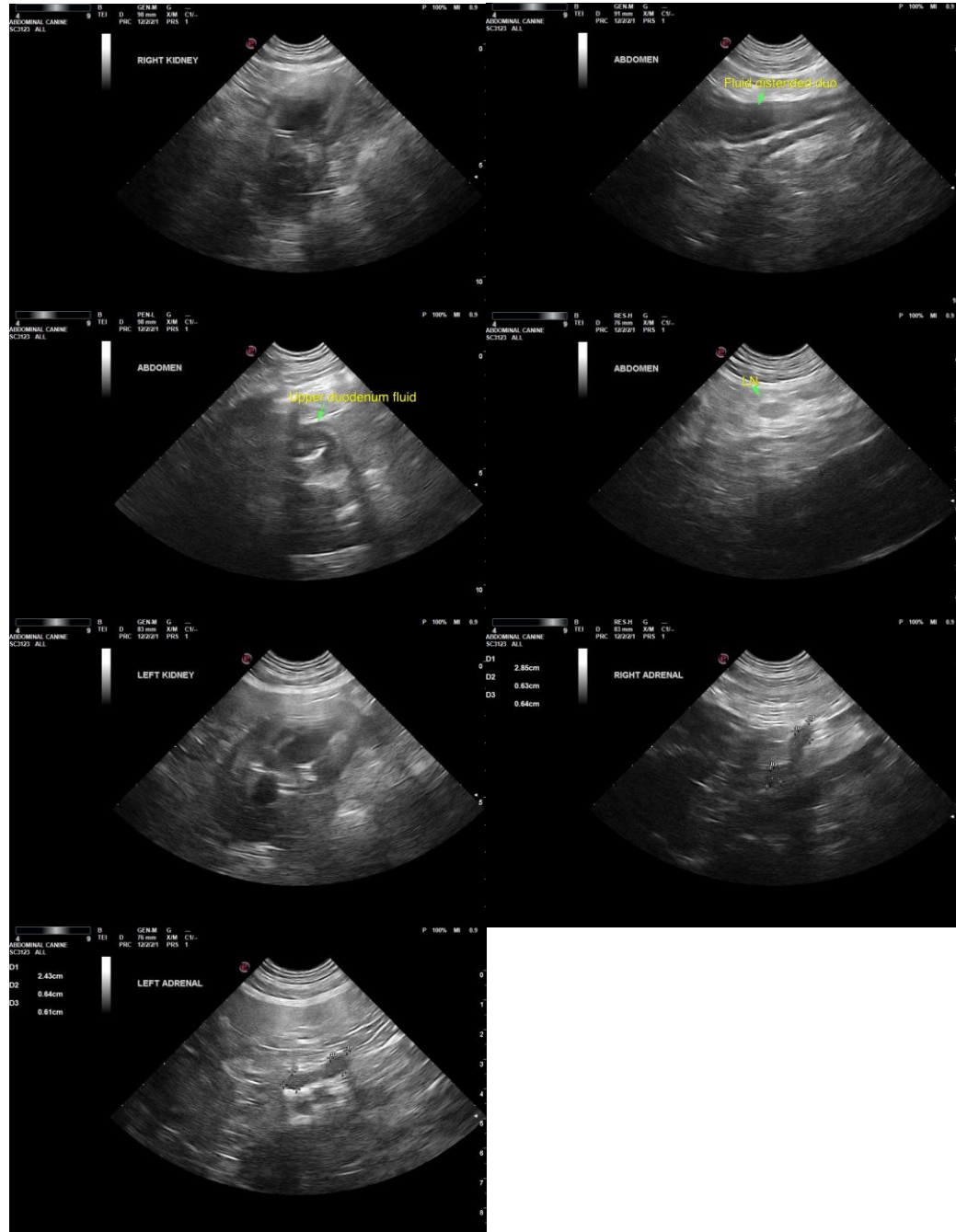
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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info@sonopath.com



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