



PATIENT PRESENTING CLINICAL SIGNS

Hunter Brown

Concern for foreign body. Not eating well. Has vomited-bile and foam Cerenia, metronidazole. Less active. Some soft stools. Rads showed very gassy colon. No known dietary indiscretion and not a known sock eater. Lives behind a school so could have something thrown over fence.

SPECIES

Canine

Abnormal PE/Chem/CBC/UA Results: Please see attached rads. Low T4, Elevated RBCs.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

BREED

Rottweiler

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2 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

MN

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 6.9 cm in length. The right kidney measured 6.1 cm in length.

AGE

3yr

The area of the aortic trifurcation was free of pathology.

WEIGHT

33.7kg

No overt pathology in the area of the residual prostate.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.48 cm width at the caudal pole and 2.4 cm width at the cranial pole. The right adrenal gland was not definitively visualized owing to patient size and confirmation.

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

Crystall Hill

HOSPITAL NAME

Southside Animal
Clinic

Liver

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. Bernyk

Gastrointestinal

INVOICE

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The stomach presented mild to moderate wall thickening secondary to echogenic mucosa hypertrophy. Intact wall layering was maintained and distinct. The gastric body wall measured 0.63 cm width. Mild gastric distension with retained primarily anechoic fluid and minor hyperechoic ingesta was present.

DATE

09/13/2022

The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. The lumen of the small intestine was empty with no signs of ileus, obstruction or foreign material. The small intestinal wall measured 0.40 cm in width.



PATIENT

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The colon walls presented intact yet mild prominent wall layering with mild thickened to echogenic submucosa. The descending colon wall measured 0.37 cm in width. Nonformed to liquid fecal matter was present in the colon lumen with lumen dilation.

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.

BREED

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Free Abdomen

Focal, mildly prominent to enlarged mesenteric node was present. The lymph node was essentially isoechoic to adjacent omentum without evidence of peripheral inflammation and maintaining a normal width: length ratio (<0.5). The lymph node measured 2.8 cm x 0.8 cm.

SEX

MN

No peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

AGE

3yr

- Gastritis pattern with mild gastric stasis, mild non-specific hyperechoic gastric ingesta
- Sonographically unremarkable small bowel, no evidence of small intestinal ileus
- Mild colitis
- Intermittent benign/reactive mesenteric lymph nodes-probable mild hyperplasia or lymphadenitis secondary to inflammatory bowel episode

WEIGHT

33.7kg

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No obvious evidence of GI foreign material or obstructive pattern was visualized. The possibility of a minor amount of non-obstructive gastric foreign material cannot be excluded yet no overt indication for immediate surgical intervention given this presentation. Dietary indiscretion / food hypersensitivity, occult parasitism, inflammatory bowel disease without evidence of mural changes, infectious disease, low grade to mild pancreatitis or other are possible. A GI panel to include PLI/TLI/Cobalamin/Folate, fresh fecal analysis to assess for parasitic ova / Giardia and resting cortisol to rule out occult Addison's Disease is warranted although considered unlikely.

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Empirically, GI support with assessment of clinical response and recheck sonogram if persistent/GI signs or lethargy would be reasonable.

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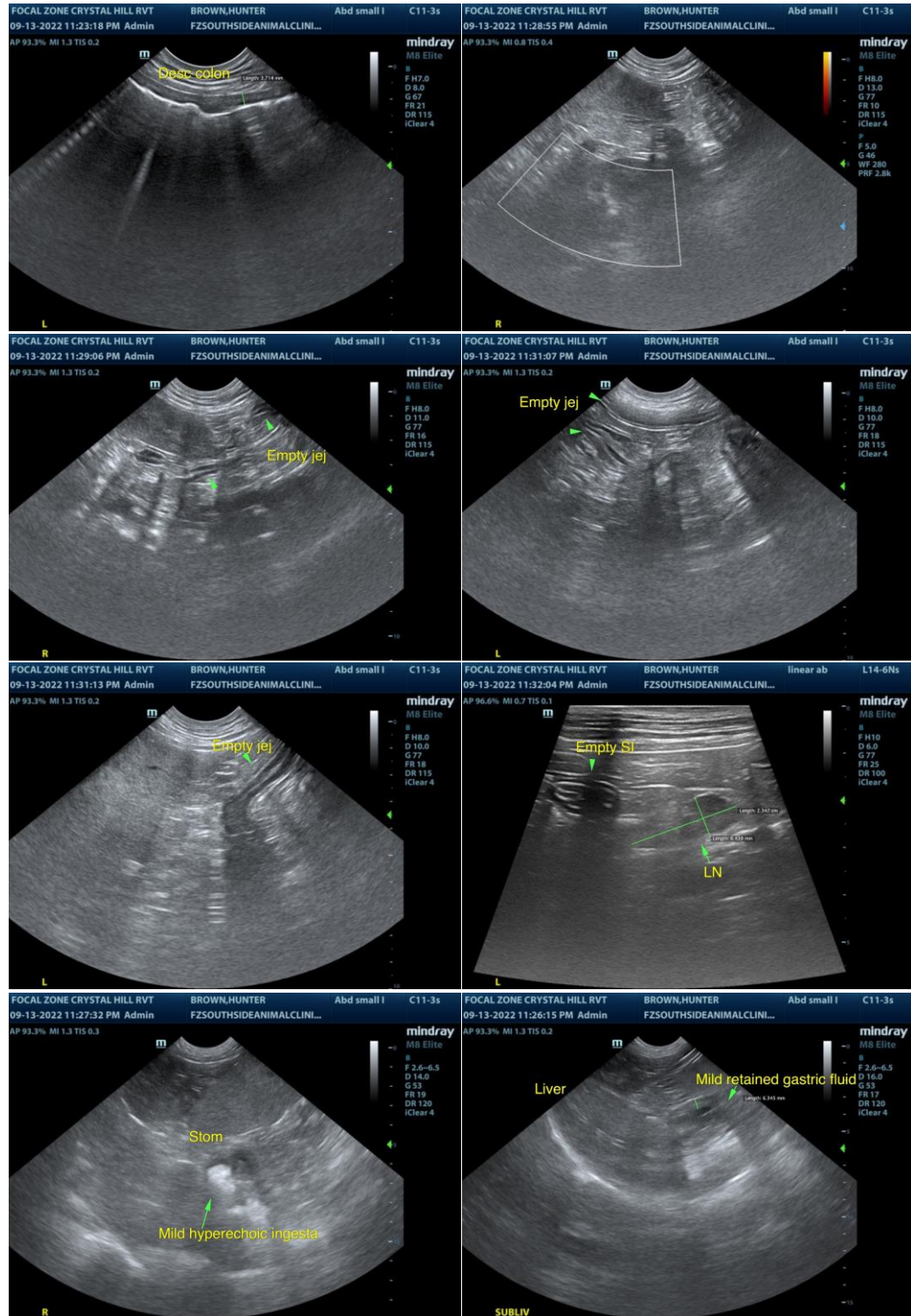
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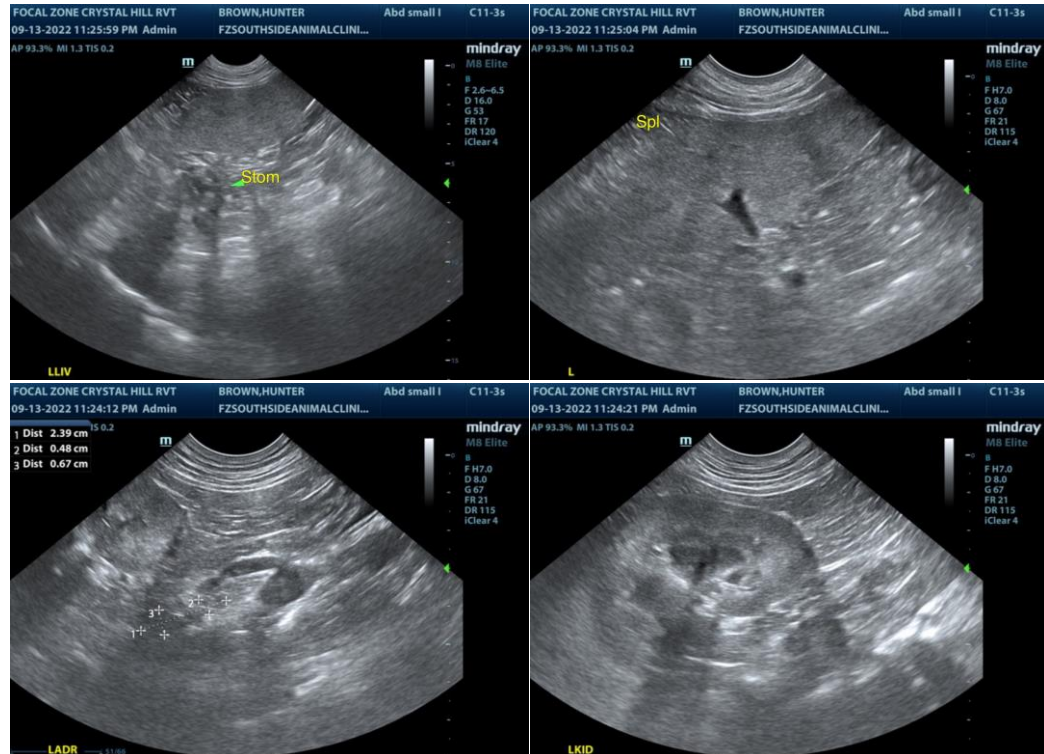
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

R. McKenzie Daniel, DVM, DABVP (Canine / Feline Practice)

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