



PATIENT PRESENTING CLINICAL SIGNS

Dak Coffey History: Vomiting, not eating, concern for GI obstruction
Medication: Cerenia

SPECIES

Canine

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

BREED

Urinary System

Mix

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 5.0 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 was noted.

SEX

Neutered Male

No overt pathology was noted in the are of the residual prostate or aortic trifurcation.

AGE

4 years

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 6.4 cm in length.

WEIGHT

72 Pounds

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 3.0 cm length x 0.58 width at the caudal pole. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 3.3 cm length x 0.41 cm width at the caudal pole.

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

HOSPITAL NAME

New Britain VC

Liver/ Gallbladder

REFERRING VET

Dr. Bandekar

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.

INVOICE

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Gastrointestinal

The stomach exhibited subjective intact yet mildly thickened wall layering. The ventral gastric body wall measured up to 1.0 cm wall width. The gastric lumen was primarily empty with mild luminal gas and without overt evidence of retained ingesta, fluid, or foreign material.

DATE

9.16.2021



PATIENT

Dak Coffey

The small intestine exhibited primarily intact wall layering and maintained a 1:3 muscularis/mucosa ratio. The small intestine was primarily empty with segments of likely small intestine exhibiting mildly prominent gas pattern. The jejunum wall measured 0.36 cm width.

SPECIES

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

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 were evident.

BREED

Mix

Free Abdomen

SEX

Neutered Male

Mid abdominal 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). An example of a lymph node size measured 0.74 cm width. No effusion was noted.

AGE

4 years

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Mildly thickened stomach with mild luminal gas - suspect gastritis
- Primarily empty small Intestine with segmental subjectively prominent gas pattern
- Mid abdominal mesenteric lymphadenopathy - subjectively benign, reactive hyperplasia or minor lymphadenitis likely

WEIGHT

72 Pounds

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No overt evidence of an obstructive gastrointestinal pattern was present in this study. Likewise, an obvious intestinal foreign body was not definitively evident. Given the segmental, subjectively prominent gas pattern within the likely small intestine, the possibility of a small nonobstructive foreign body cannot be definitively excluded.

IMAGING PERFORMED BY

Rebekah Jakum, CVT
ARDMS/RVT

Further assessment may include a barium study to assess intestinal motility. The potential for underlying inflammatory gastroenteropathy, dietary Intolerance / food hypersensitivity, nonobstructive stricture or similar owing to previous surgery is possible. No overt indication for immediate surgical intervention, yet further monitoring and gastrointestinal support is recommended.

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Although unlikely, a resting cortisol level to rule out occult Addisons Disease may be considered.

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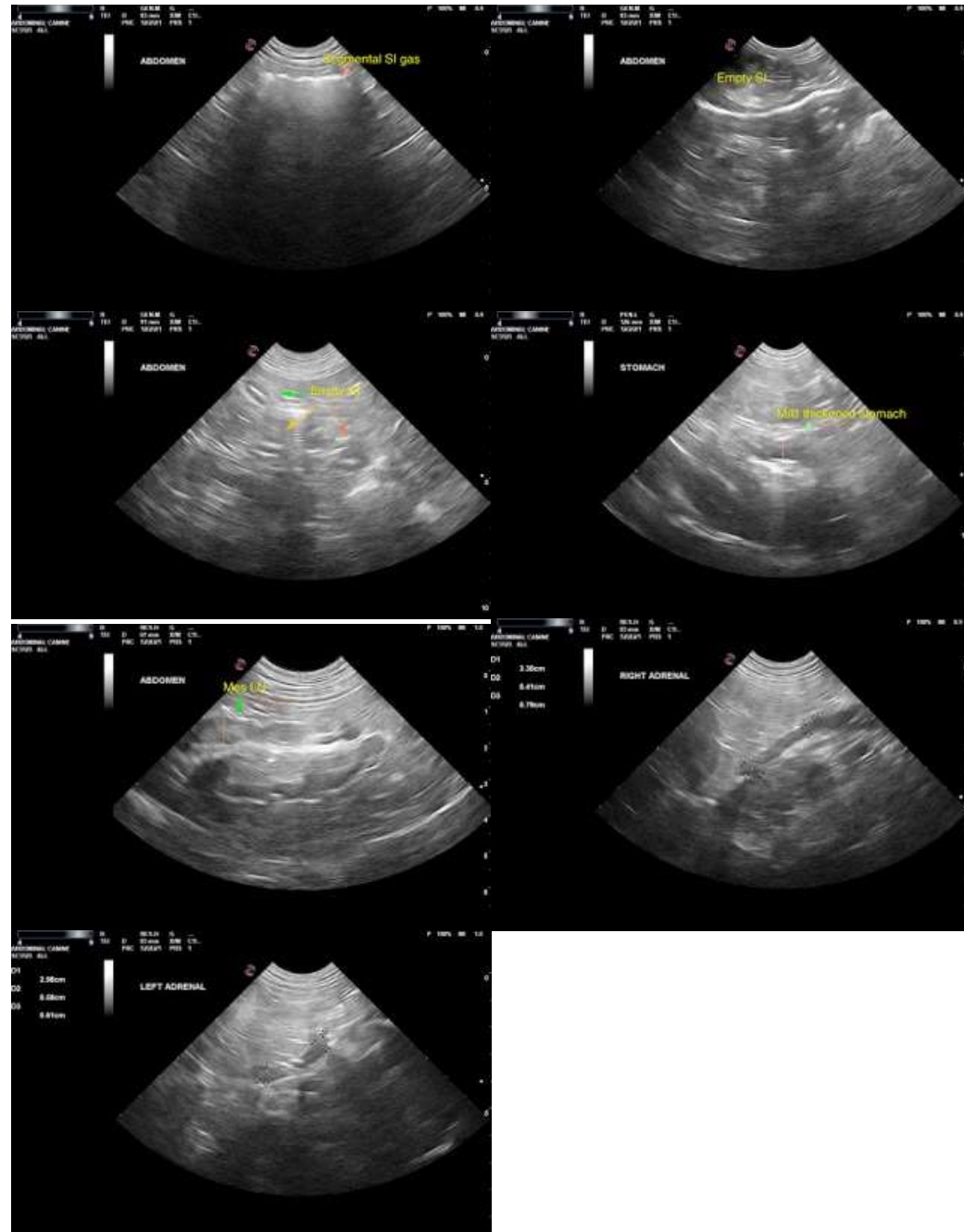
Dr. Bandekar

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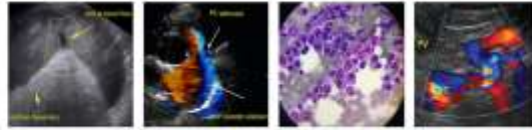
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.



PATIENT

Dak Coffey

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