



<b>PATIENT</b>	<b>PRESENTING CLINICAL SIGNS</b>
Dottie Quinn	Severe vomiting for 2 days and anorexia for 2 days. Tense and guarded abdomen. Has free range of property.
<b>SPECIES</b>	Abnormal PE/Chem/CBC/UA Results: please see attached radiographs.
Canine	<b>ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN</b>
	<i>Urinary System</i>
<b>BREED</b>	The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2.0 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 were noted.
JRT X	
<b>SEX</b>	No evidence of pathology in the area of the aortic trifurcation.
FS	Normal size and margination was 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 4.4 cm in length. The right kidney measured 4.5 cm in length.
<b>AGE</b>	
5 Years	<i>Adrenal Glands</i>
<b>WEIGHT</b>	The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 1.4 cm length x 0.40 cm 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 1.8 cm length x 0.50 cm width at the caudal pole.
12.10 kg	
<b>INTERPRETED BY</b>	<i>Spleen</i>
R. McKenzie Daniel, DVM, DABVP	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.
<b>IMAGING PERFORMED BY</b>	<i>Liver</i>
Crystal Hill	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.
<b>HOSPITAL NAME</b>	
Hawkins Animal Hospital	
<b>REFERRING VET</b>	<i>Gastrointestinal</i>
Rutledge	The stomach presented wall thickening secondary to echogenic mucosa hypertrophy. Intact wall layering was maintained and distinct. Mild gastric distension with minor primarily anechoic fluid was present. No evidence of retained ingesta or overt gastric foreign material.
<b>INVOICE</b>	
47403	The small intestine exhibited segmental mild to moderate ileus pattern with a focal luminal shadowing echo in the subjective mid abdominal intestine measuring 1.5 - 1.6 cm. Concurrent segments of empty normal appearing small intestine was present.
<b>DATE</b>	Normal visible colon wall layers were present with apparent formed feces in lumen.
9-17-21	<i>Pancreas</i>



**PATIENT**

Dottie Quinn

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*

No overt lymphadenopathy, peritonitis, or peritoneal effusion was present.

**BREED**

JRT X

**ULTRASONOGRAPHIC FINDINGS**

- Gastritis with mild retained gastric fluid.
- Segmental small intestinal ileus to obstructive pattern with focal shadowing intestinal luminal echo - consistent with segmental potentially partial small intestinal obstructive pattern owing to small intestinal foreign body.
- Concurrent segments of empty small intestine.

**SEX**

FS

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

**AGE**

5 Years

Exploratory laparotomy with gross inspection of the intestinal tract and expectation towards enterotomy recommended. Intestinal biopsies at the time of surgery may be considered, depending on the gross appearance of the small intestine and despite exploratory findings to assess for underlying intestinal disease.

**WEIGHT**

12.10 kg

**INTERPRETED BY**

R. McKenzie Daniel,  
DVM, DABVP

**IMAGING PERFORMED BY**

Crystal Hill

**HOSPITAL NAME**

Hawkins Animal  
Hospital

**REFERRING VET**

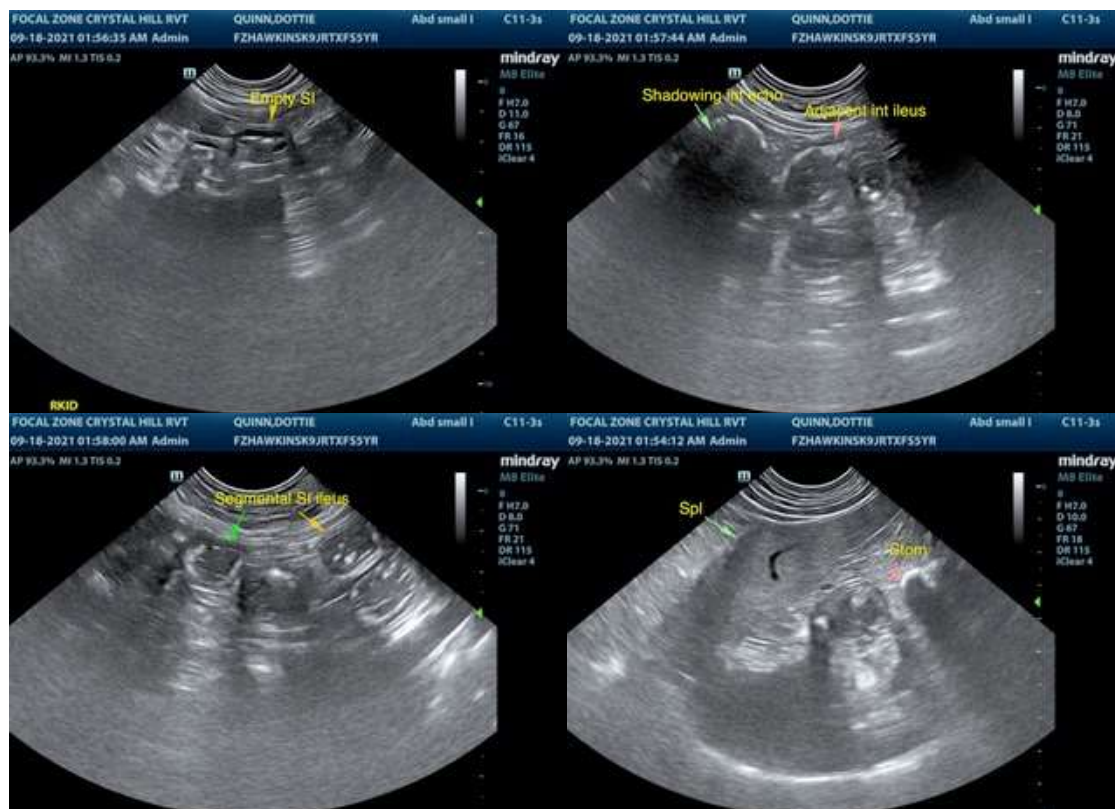
Rutledge

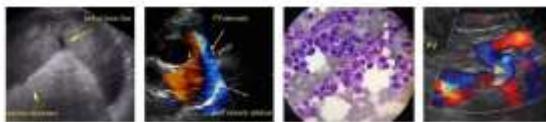
**INVOICE**

47403

**DATE**

9-17-21





**PATIENT**

Dottie Quinn

**SPECIES**

Canine

**BREED**

JRT X

**SEX**

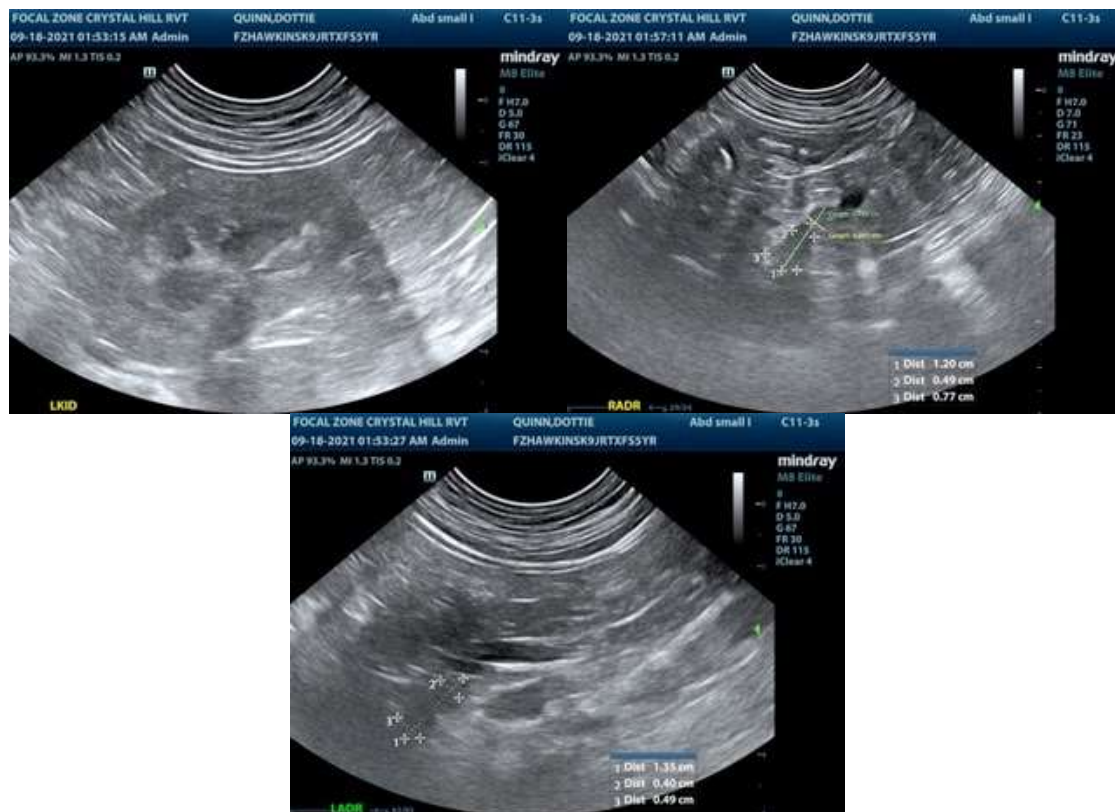
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**AGE**

5 Years

**WEIGHT**

12.10 kg



**INTERPRETED BY**

R. McKenzie Daniel,  
DVM, DABVP

**IMAGING  
PERFORMED BY**

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**REFERRING VET**

Rutledge

**INVOICE**

47403

**DATE**

9-17-21

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.

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

info@SonoPath.com