



**PATIENT PRESENTING CLINICAL SIGNS**

Baxter Fedikow profuse vomiting starting yesterday, unable to keep food/water down, anorexia now, concern for possible foreign body. Was given gastrografin for rad series yesterday.

**SPECIES ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

Canine **Urinary System**

**BREED** 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.

Doodle

**SEX**

The residual prostate was symmetrically normal in size with uniform parenchyma and slight coarse echotexture. The prostate measured 1.0 cm diameter.

Neutered Male

**AGE**

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 6.5 cm. The right kidney measured 6.7 cm.

18 Months

The area of the aortic trifurcation was free of pathology.

**WEIGHT**

**Adrenal Glands**

28 kg

The adrenal glands were uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 2.3 cm length x 0.59 cm at the caudal pole. The right adrenal gland measured 2.4 cm length x 0.79 cm at the caudal pole.

**INTERPRETED BY**

**Spleen**

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

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**

**Liver**

Kelly Reschny

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.

**HOSPITAL NAME**

Grand River VH

**Gastrointestinal**

**REFERRING VET**

Dr. Day

The stomach presented intact wall layering with a normal wall layer ratio. The stomach was empty with mild luminal gas and without evidence of retained fluid, ingesta, or overt gastric foreign material. Gastric body wall measured 0.45 cm.

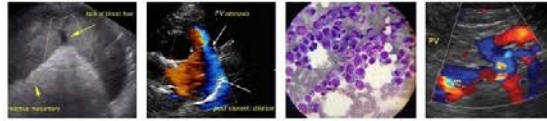
**INVOICE**

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The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. The small intestine was primarily empty without evidence of fluid dilation or ileus. A segment of small intestine subjectively within the mid abdomen exhibited mild ileus, exhibited by retained anechoic fluid, non-shadowing chyme, as well as focal, non-specific hyperechoic linear echo measuring approximately 2.5-3.0 cm in length and 0.25 cm in width. Subjectively, this linear echo did not appear to be overtly obstructive, yet potential for partial obstruction may be possible. Alternatively, this hyperechoic linear echo (given its size) may be

**DATE**

9/22/21



**PATIENT**

Baxter Fedikow

passing. An obvious area of overt or definitive mechanical obstruction was not present, however the segmental intestinal ileus pattern may potentially suggest partial obstruction.

**SPECIES**

Canine

The colon exhibited segmental to generalized mild to moderate distention containing soft, non-shadowing feces.

**BREED**

Doodle

**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.

**SEX**

Neutered Male

**Free Abdomen**

Several mildly prominent to enlarged mid abdominal mesenteric nodes were present. Example measured 4.0 cm x 0.97 cm. The lymph node was essentially isoechoic to adjacent omentum without evidence of peripheral inflammation and maintaining a normal width: length ratio (<0.5).

**AGE**

18 Months

The omentum was of uniform echogenicity. No evidence of peritoneal effusion or peritonitis.

**WEIGHT**

28 kg

**ULTRASONOGRAPHIC FINDINGS**

- Empty stomach
- Segmental small intestinal ileus pattern exhibited by mild retained anechoic fluid, non-shadowing chyme, and focal non-specific hyperechoic linear echo.
- Colonic distention with soft, non-shadowing feces
- Associated intermittent mesenteric lymphadenopathy – probable lymphoid hyperplasia or minor reactive lymphadenitis.

**INTERPRETED BY**

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

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Given these findings and in correlation with contrast study, hospitalization with 24 hour IV fluid and gastrointestinal support therapy with sonographic recheck of the mid abdominal small intestine would be appropriate. However, given the patient's current clinical signs in addition to sonographic findings, exploratory laparotomy for further clarification would be a more aggressive yet warranted approach. Intestinal biopsies would be considered essential at the time of surgery (if elected) to assess for underlying gastrointestinal disease and despite exploratory findings. Dietary indiscretion, acute inflammatory bowel episode, gastroenterotoxic insult, occult parasitism also possible.

**IMAGING PERFORMED BY**

Kelly Reschny

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**PATIENT**

Baxter Fedikow

**SPECIES**

Canine

**BREED**

Doodle

**SEX**

Neutered Male

**AGE**

18 Months

**WEIGHT**

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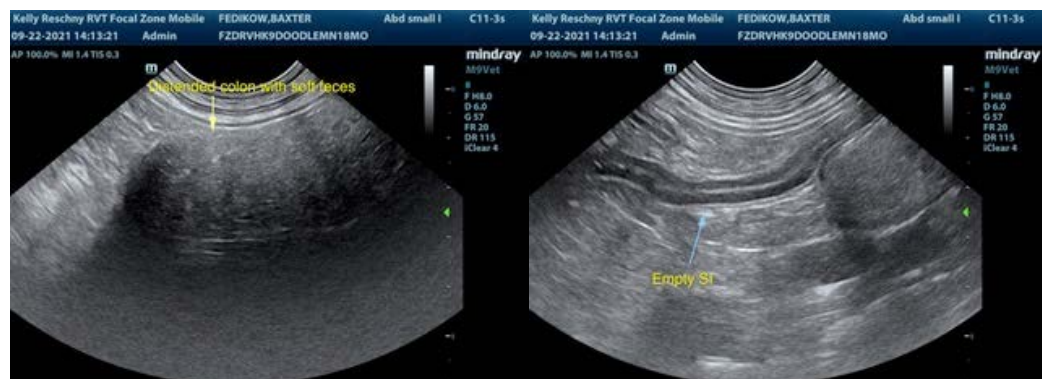
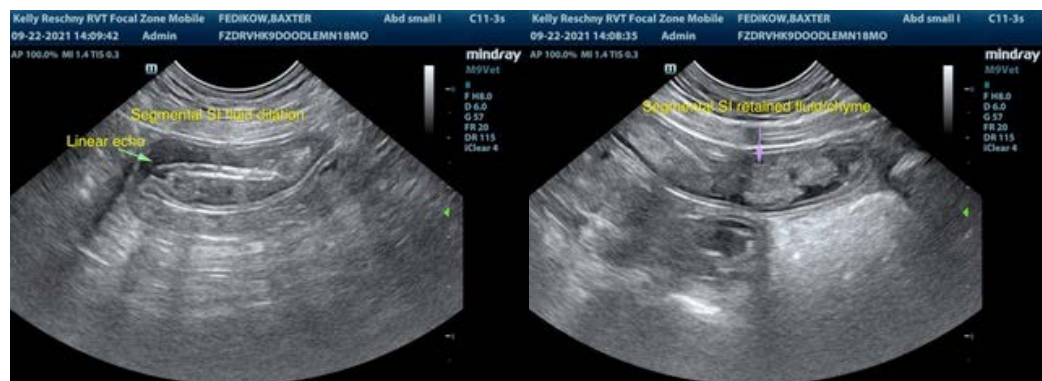
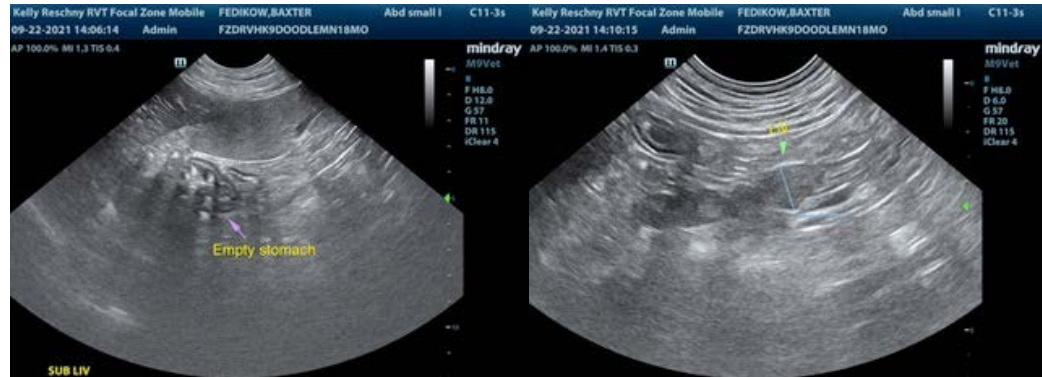
Dr. Day

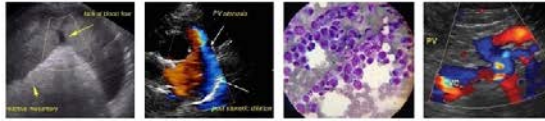
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**PATIENT**

Baxter Fedikow

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.

**SPECIES**

Canine

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.

**BREED**

Doodle

R. McKenzie Daniel, DVM, DABVP (Canine / Feline Practice)  
info@SonoPath.com

**SEX**

Neutered Male

**AGE**

18 Months

**WEIGHT**

28 kg

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