**PATIENT**

Gucci Liberi

**SPECIES**

Canine

**BREED**

Pit Bull Mix

**SEX**

FS

**AGE**

11 yrs

**WEIGHT**

62 lbs.

**INTERPRETED BY**R. McKenzie Daniel,  
DVM, DABVP (Canine  
and Feline)**IMAGING  
PERFORMED BY**

Amy Mayhew LVT

**HOSPITAL NAME**

SVS Imaging MI

**REFERRING VET**Airport Veterinary  
Hospital**INVOICE**

15015

**DATE**

9/29/22

**PRESENTING CLINICAL SIGNS**

Not eating past 5 days. Vomiting. Severely lethargic.  
Abnormal PE/Chem/CBC/UA Results: Pancreatitis.

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN****Urinary System**

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 was noted.

The area of the iliac trifurcation and sublumbar space was free of pathology.

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 in length. The right kidney measured 7.1 cm in length.

**Adrenal Glands**

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.59 cm width at the caudal pole and 0.49 cm width at the cranial pole. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.42 cm width at the caudal pole and 0.62 cm width at the cranial pole.

**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.

**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.

**Gastrointestinal**

The stomach exhibited mild distention with retained mildly echogenic chyme and free fluid present in the fundus and gastric body. A strongly shadowing pyloric echo measuring approximately 2.0-3.0 cm in diameter was present.

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The small intestine exhibited segmental duodenojejunal plication with concurrent hyperechoic linear echo, along with segmental retained fluid consistent with an obstructive pattern. Focal to possible multifocal areas of intestinal intussusception were noted.

**SPECIES**

Canine

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**

Pit Bull Mix

***Free Abdomen*****SEX**

FS

Mild regional peri intestinal hyperechoic mesentery was present with intermittent small pockets of scant free fluid. No evidence of significant lymphadenopathy was noted.

**ULTRASONOGRAPHIC FINDINGS****AGE**

11 yrs

***Primary Findings***

- Anchored pyloric foreign body with concurrent duodenojejunal linear foreign body, secondary duodenojejunal plication, segmental obstructive pattern, and focal to possible multifocal areas of intestinal intussusception

**WEIGHT**

62 lbs.

***Secondary Findings***

- Mild regional peri intestinal hyperechoic reactive potentially inflamed mesentery, intermittent small pockets scant peri intestinal to peritoneal free fluid

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Exploratory laparotomy with expectation towards gastrotomy and likely multiple enterotomies with potential for intussusception reduction vs. the possibility of resection anastomosis depending upon gross inspection of small intestinal wall and determination of viability at the time of ultrasound is warranted.

**IMAGING PERFORMED BY**

Amy Mayhew LVT

Overall, the intestine maintained discernable wall layering, although probable associated inflammatory mural changes are likely. Potential for underlying neoplastic criteria cannot be definitively excluded yet considered a less likely differential diagnosis. The possibility of emerging intestinal perforation and very early peritonitis cannot be excluded. A very guarded prognosis, given this presentation and depending upon gross inspection of the intestinal tract.

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SVS Mobile Imaging MI 734-637-7711  
svsimagingmi@gmail.com



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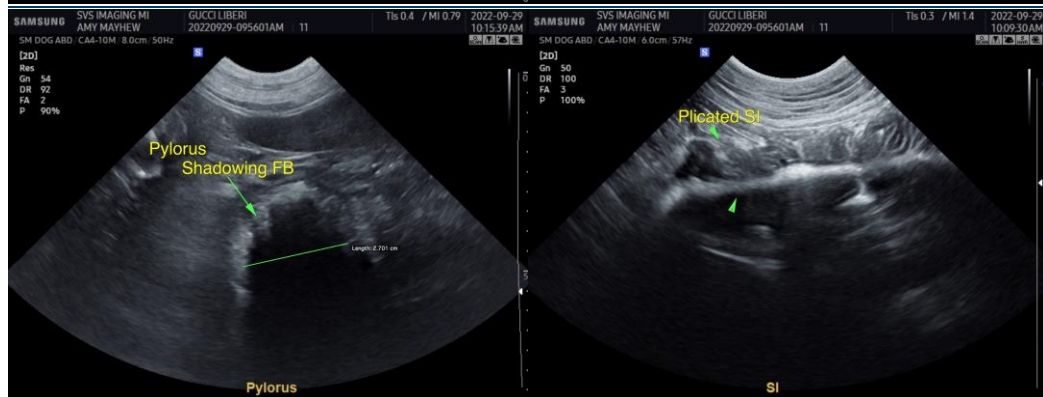
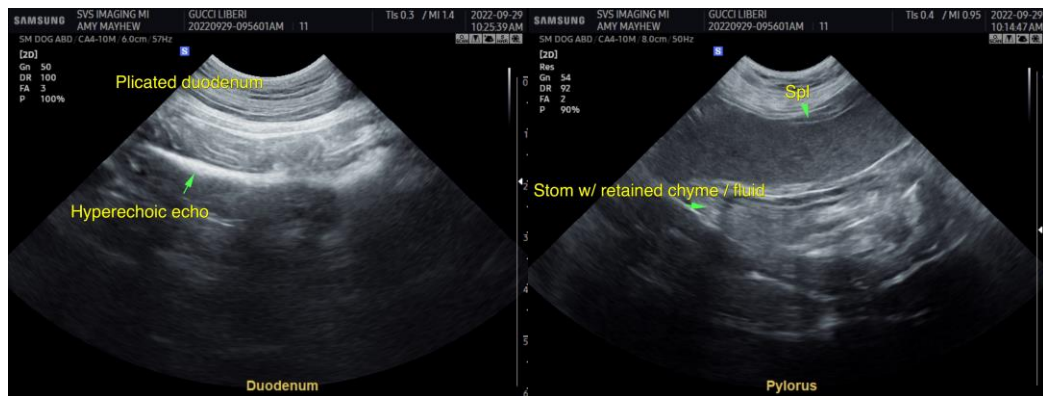
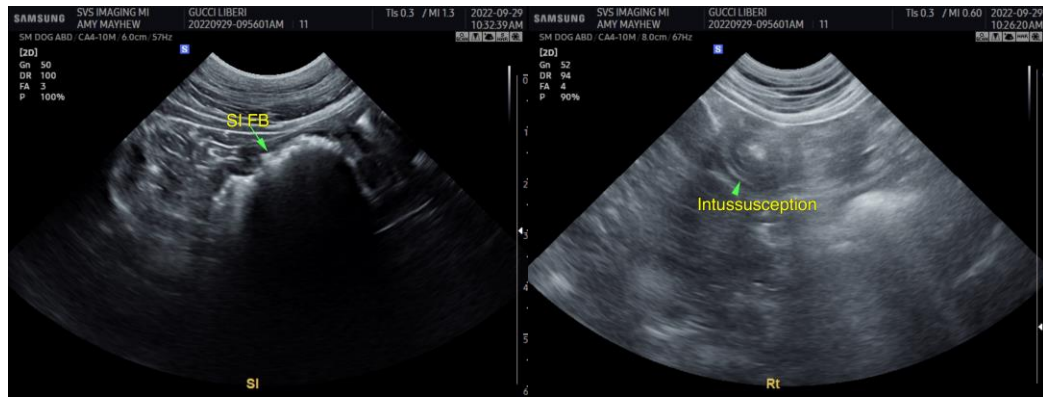
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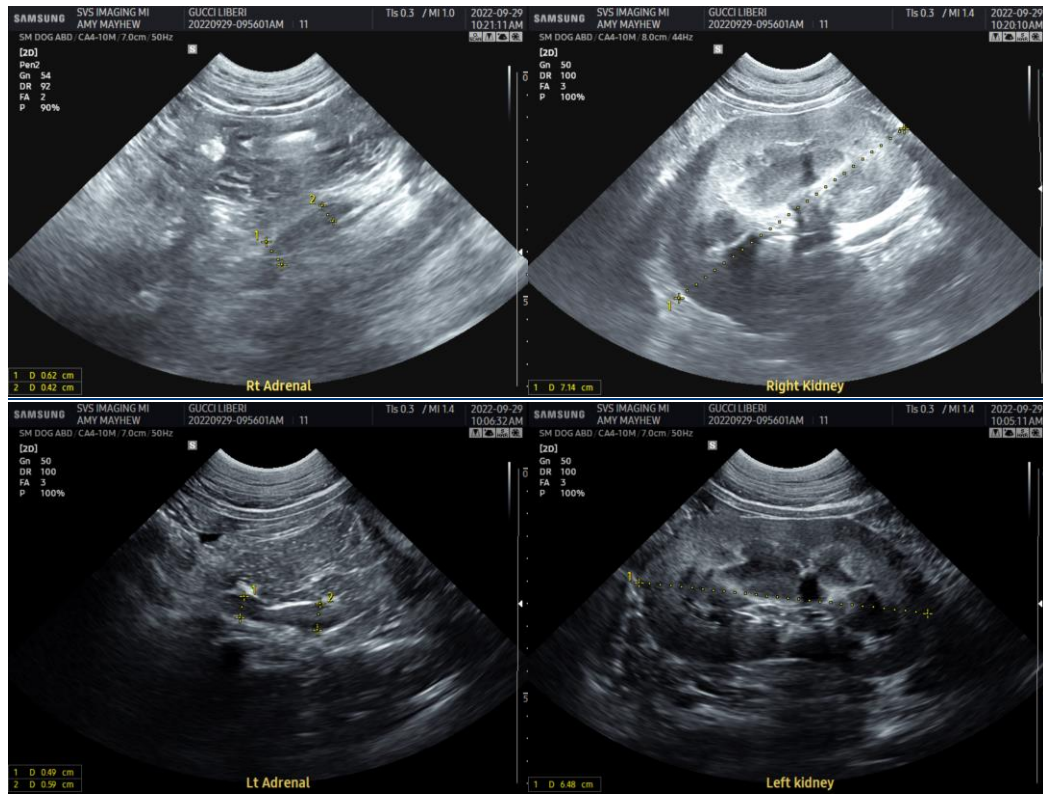
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**The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.**

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)**  
**info@SonoPath.com**