



PATIENT

Zorro Petterson

SPECIES

Canine

BREED

Pit Bull Terrier

SEX

MI

AGE

1yr

WEIGHT

56.8lb

INTERPRETED BY

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

IMAGING PERFORMED BY

Kelly Vazquez

HOSPITAL NAME

Westwood Regional
Veterinary Hospital

REFERRING VET

Dr. Hartwick

INVOICE

11576ag

DATE

09/09/2022

PRESENTING CLINICAL SIGNS

Persistent projectile vomiting (brown liquid), hospitalized on 9/6 - on emergency, seizures x 3-4 days, weakness, non-ambulatory, laterally recumbent, not eating, head bobbing. 9/7 ate A/D, vomited pm, now sitting up, but unable to stand. 9/8 weak, but able to stand/wobbly - inappetent, vomiting. Being treated with KCL IVFs, Unasyn, Cerenia, ondansetron, and famotadine. Radiographs show decreased detail and enlarged liver.

Abnormal PE/Chem/CBC/UA Results: 9/6: BUN 120, creat. 2.1, phos. 7.9, Na 110, K+ 2.3, Cl. 67, WBC 26.84, neutrophilia, monocytosis. 9/8: BUN 32, creat. 0.9, phos. 3.5, Na+ 140, Cl. 100, K+ 2.7.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 3 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.

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 6.4 cm in length. The right kidney measured 6.3 cm in length.

The area of the aortic trifurcation was free of pathology.

The prostate and bilateral testicles were sonographically normal. The prostate measured 1.7 cm in diameter.

Adrenal Glands

The left adrenal gland was subnormal in size with normal position and shape. The left adrenal gland measured 0.40 cm width at the caudal pole and 0.45 cm width at the cranial pole. The right adrenal gland was indistinctly visualized without overt pathology.

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

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



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The stomach exhibited moderate distention with retained anechoic fluid. The lumen of the stomach was empty with no signs of ileus, obstruction or foreign material. The fluid dilation continued into the segmental small intestine extending caudally.

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The small intestine presented focal to multi-focal strongly shadowing luminal echoes exhibiting near field hyperechogenicity and distal acoustic shadowing, an example measured ~ 4 cm in diameter. Concurrent segments of empty small intestine likely distal to the strongly shadowing echoes were present. Subtle evidence of peri-intestinal mildly hyperechoic mesentery was noted.

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

Pancreas

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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.

Free Abdomen

AGE

1yr

No overt lymphadenopathy or peritoneal effusion was present.

Subtle evidence of peri-intestinal mildly hyperechoic mesentery was noted.

ULTRASONOGRAPHIC FINDINGS

WEIGHT

56.8lb

Primary

- Moderate gastric and segmental small bowel distention with retained fluid-consistent with obstructive pattern
- Focal to multi focal strongly shadowing small bowel luminal echoes-consistent with foreign matter
- Concurrent segments of empty small bowel
- Subjective borderline subnormal left adrenal gland-non-specific

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Exploratory laparotomy with gross inspection of the GI tract and enterotomy/ies is indicated. Intestinal biopsies may be considered to assess for underlying intestinal disease yet may be based on gross inspection of the GI tract. A resting cortisol level may be considered to rule out concurrent occult Addison's disease. Peri-operative antibiotics would be indicated if continued evidence of inflammation on CBC. No overt evidence of peritonitis.



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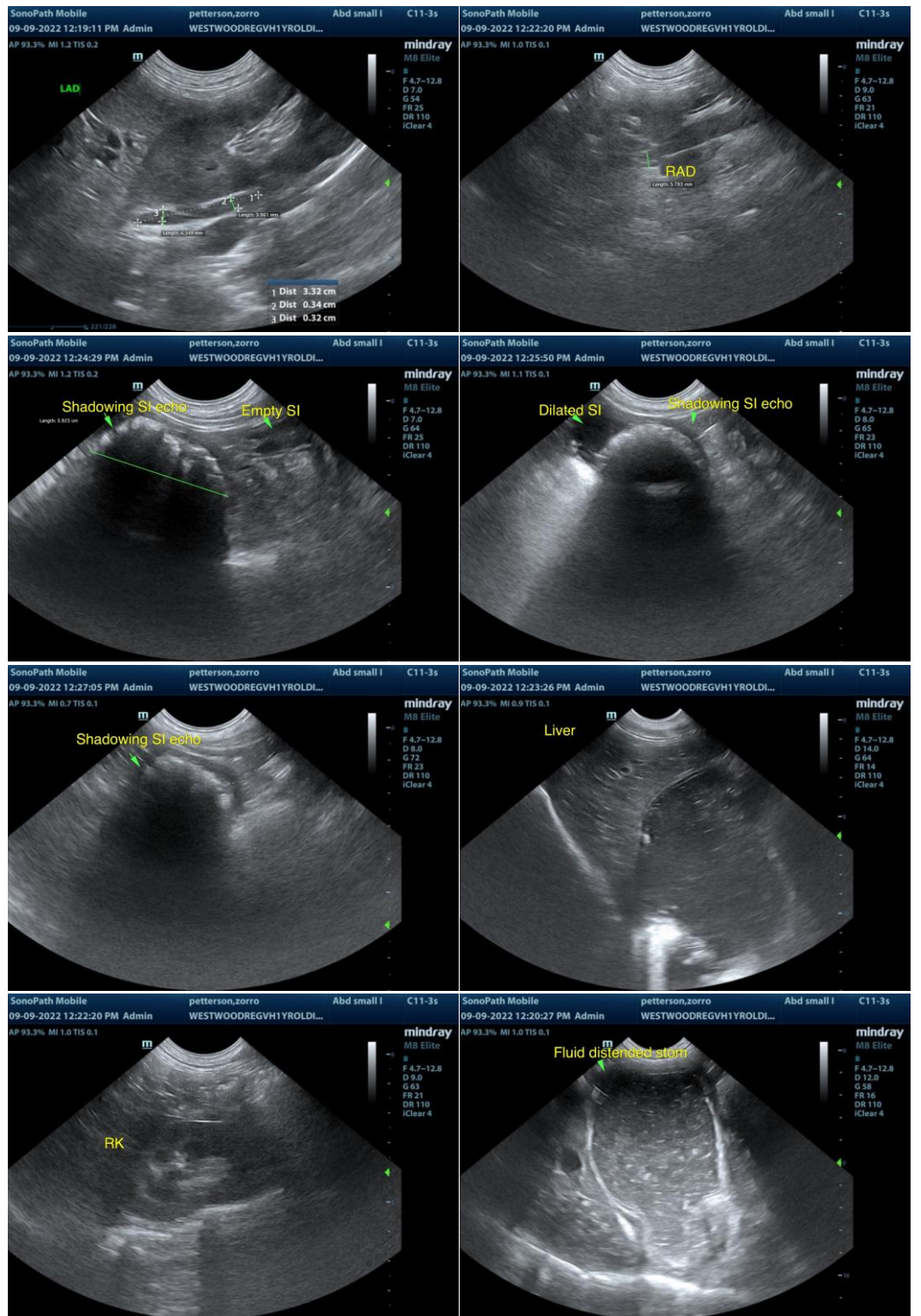
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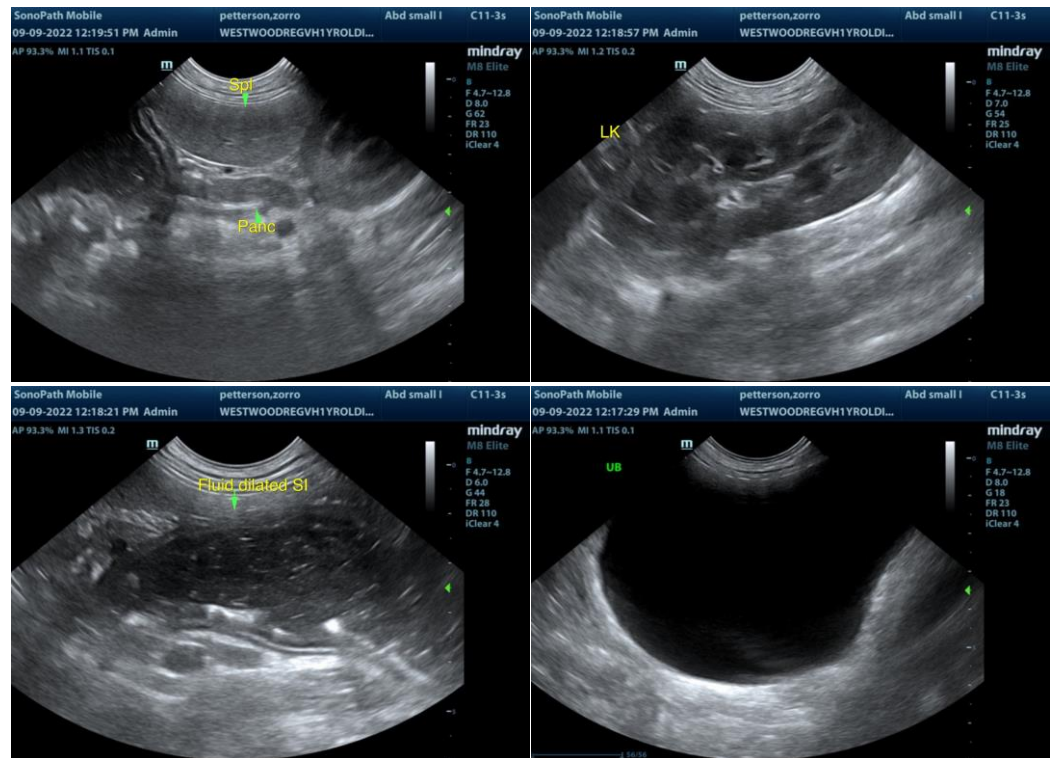
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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