



**PATIENT**

Crème Crossan

**SPECIES**

Canine

**BREED**

Papillon

**SEX**

Female

**AGE**

8 years

**WEIGHT**

13.4 lbs

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Kelly Vazquez, CVT

**HOSPITAL NAME**

Westwood Regional  
VH

**REFERRING VET**

Dr. Cattiny

**INVOICE**

42067

**DATE**

10/24/22

**PRESENTING CLINICAL SIGNS**

History: Patient initially presented 3 days ago for 3 days of inappetence and lethargy. R/O GI FB obstruction. Barium series performed 10/21-10/23. Current tx: LRS IVFs, unasyn, cerenia, famotadine, and buprenex.

Abnormal PE/Chem/CBC/UA Results: Bloods from 10/19/2022: WBC 27.09, neutrophils 22.23, lipase 2,083.

**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 were noted.

The area of the iliac trifurcation was free of pathology.

The uterus was normal in size and exhibits evidence of mild, cystic endometrial hyperplasia, scant amount of anechoic uterine lumen fluid was present.

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 3.7 cm in length. The right kidney measured 3.9 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 0.47 cm width at the caudal pole and 0.4 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 0.46 cm width at the caudal pole and 0.49 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**

The liver presented mildly enlarged in size. The parenchyma of the liver was subjectively normal in echogenicity compared to the spleen and renal cortices. The liver parenchyma was uniform with a mildly coarse echotexture. The capsule of the liver was symmetrically rounded to mildly swollen in margination. The hepatic and portal vasculature were normal in appearance without signs of congestion.



<b>PATIENT</b>	The gallbladder was non-distended in size with primarily anechoic luminal content. The cystic and common bile ducts were normal.
Crème Crossan	
<b>SPECIES</b>	<b><i>Gastrointestinal</i></b>
Canine	The stomach presented intact, yet mildly prominent wall layering. The lumen of the stomach was empty with minor, retained anechoic fluid and luminal gas.
<b>BREED</b>	The small intestine presented intact wall layering with primarily empty, small intestinal lumen. Segmental, moderate, retained intestinal fluid exhibiting both oral and aboral fluid movement and associated moderate intestinal distension was noted in the subjective mid to cranial abdomen. There is a possible, but not definitive focal shadowing intestinal luminal echo versus potential shadowing fecal matter or retained colon barium was noted in the cranial abdomen. Minor, regional periintestinal, hyperechoic mesentery with focal, small pocket of scant peri-intestinal free fluid.
<b>SEX</b>	
Female	
<b>AGE</b>	<b><i>Pancreas</i></b>
8 years	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.
<b>WEIGHT</b>	<b><i>Free Abdomen</i></b>
13.4 lbs	No overt lymphadenopathy or peritoneal effusion was present.
<b>INTERPRETED BY</b>	
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	<b>ULTRASONOGRAPHIC FINDINGS</b>
<b>IMAGING PERFORMED BY</b>	<b><i>Primary Findings</i></b>
Kelly Vazquez, CVT	Acute gastroenteritis pattern with concurrent primarily empty intestine with segmental intestinal mechanical/metabolic ileus.
<b>HOSPITAL NAME</b>	Possible, but not definitive focal shadowing intestinal lumen echo versus colon echo, shadowing fecal matter, or retained barium.
Westwood Regional VH	Minor segmental peri-intestinal hyperechoic mesentery and scant peri-intestinal free fluid.
<b>REFERRING VET</b>	Suspect mild, cystic endometrial hyperplasia.
Dr. Cattiny	Mild hepatomegaly- subjectively benign.
<b>INVOICE</b>	<b><u>INTERPRETATION OF THE FINDINGS &amp; FURTHER RECOMMENDATIONS</u></b>
42067	A definitive area of overt mechanical intestinal obstruction or definitive foreign material was not obvious; however, given segmental intestinal ileus pattern as opposed to generalized intestinal ileus commonly seen with generalized enteritis or inflammation. There is some concern for potential small, potentially passing or passed intestinal versus colonic foreign matter or non-partially obstructive foreign body is warranted although not definitive. There is a potential for low-grade pancreatitis can also be present, yet sonographically normal. Resting cortisol level is recommended to rule out occult
<b>DATE</b>	
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Addison's disease can be considered although bilateral adrenal glands were sonographically unremarkable. Exploratory laparotomy with intestinal biopsies is considered essential along with ovariohysterectomy would be warranted if persistent or progressive clinical signs are noted despite supportive care.

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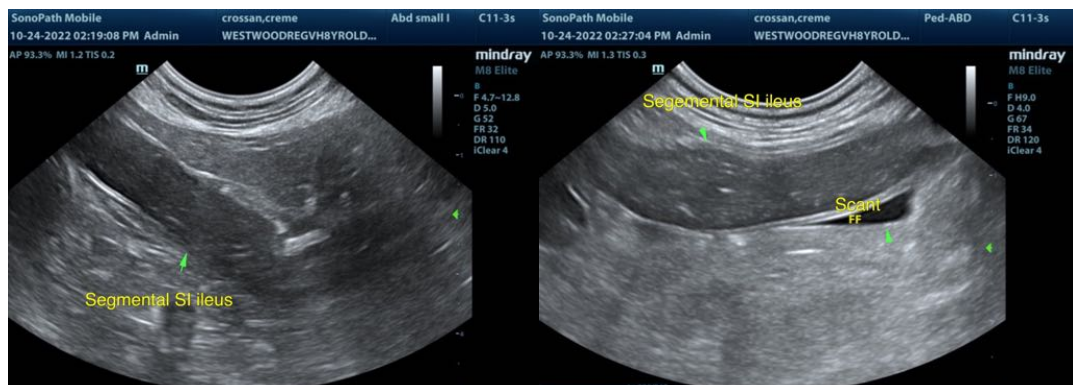
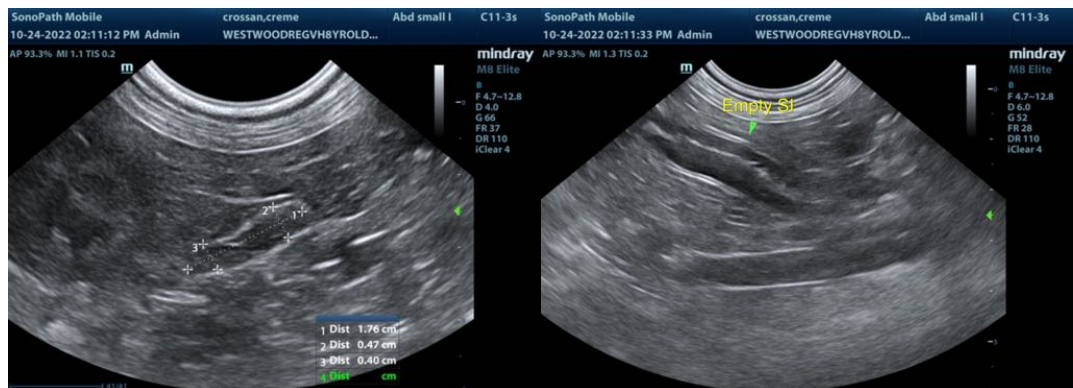
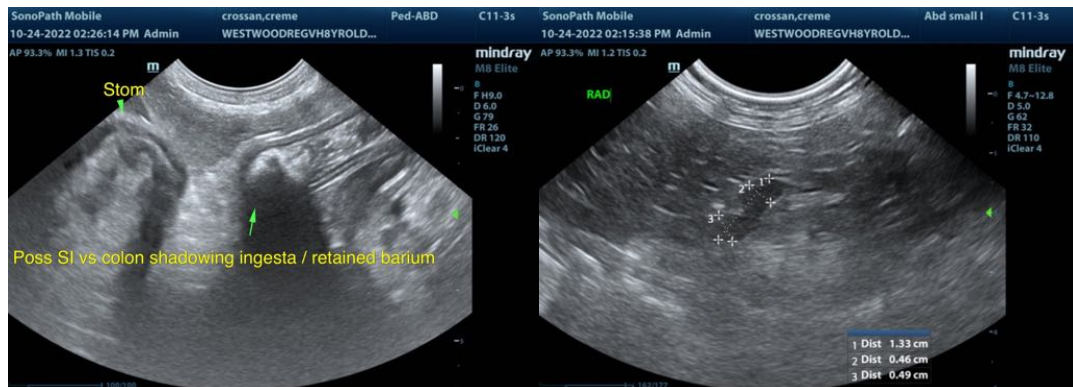
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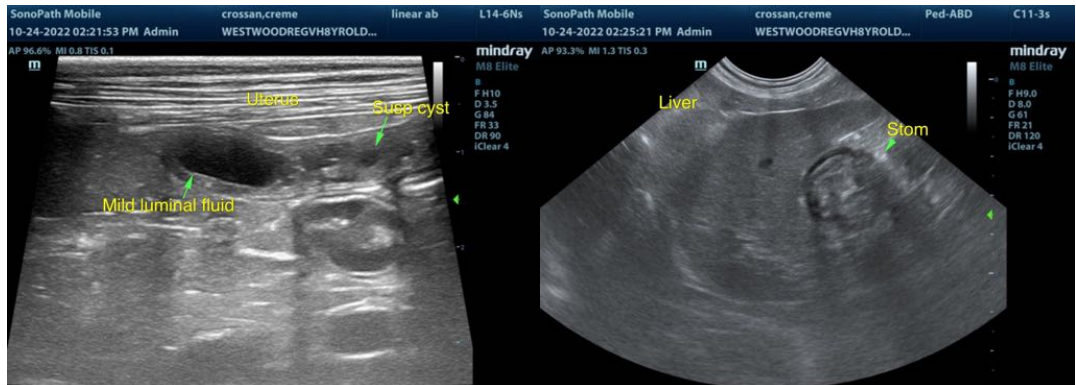
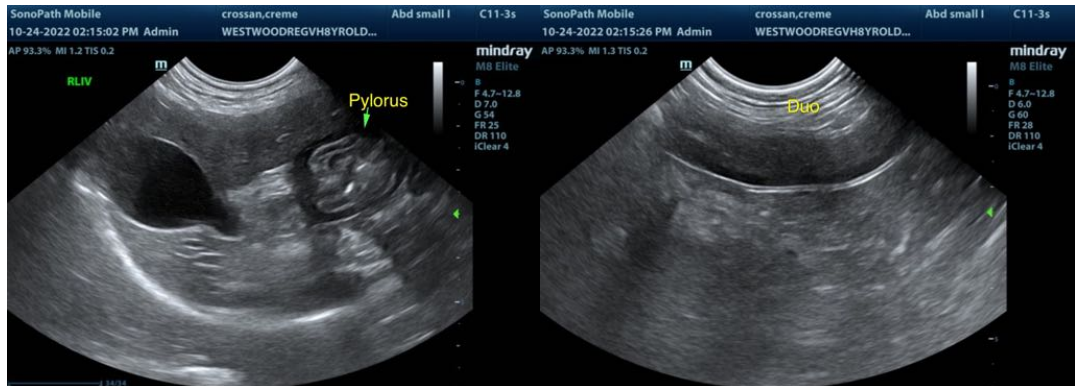
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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