



PATIENT PRESENTING CLINICAL SIGNS

Nova Summers-
Halliday

SPECIES

Canine

BREED

Chihuahua

SEX

Intact Female

AGE

2 Years

WEIGHT

3.2 kg

INTERPRETED BY

Beth Johnson, DVM
DACVIM

**IMAGING
PERFORMED BY**

Kelly Reschny

HOSPITAL NAME

Beatties PH of Stoney
Creek

REFERRING VET

Dr. Baskin

INVOICE

17659

DATE

10/11/22

History: GI/Abdominal Palpation: Nova's abdominal palpation is normal. This means the kidneys, intestines, liver and other abdominal organs that are palpable are normal (no masses, lumps, fluid, pain). NOT PAINFUL ON PALPATION Assesment: VOMITING, STILL EATING, NORMAL ENERGY AND EXAM, NO DIARRHEA KNOWN PROGNOSIS: (highlite one) Good Poor Guarded Comments?: DDX: GE, INTOLERANCE, INDISCRETION, FB, PANCREATITIS LESS LIKELY Tx Plan: RCOMMEND RECHECK RADS SINCE P PREVIOUSLY HAD FB NOTED, POTENTIAL FOR ULTRASOUND.....SB RADS APPEAR NORMAL WITH EMPTY STOMACH AND COLON WITH SEMIFORMED FECES, RECOMEND CERENIA AND FAMOTIDINE WITH GI DIET meds: metronidazole

Abnormal PE/Chem/CBC/UA Results: rads: There is no evidence of gastrointestinal mechanical ileus on the available study. The gastrointestinal tract is subjectively unremarkable on the available radiographs and may be normal. Gastroenteritis/pancreatitis however cannot be ruled out and may be considered if appropriate. The relative small size of the liver may be an incidental normal variant.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

Urinary bladder is moderately distended with anechoic contents. No masses, inflammatory changes, echogenic sediment or cystoliths are observed. The urinary bladder, trigone and visible pelvic urethra are normal in thickness with a smooth mucosal surface

Left kidney is normal is size (3.49 cm), shape and echogenicity. It has smooth peripheral margination. There is a normal 1:3 cortex to medulla ratio with appropriate corticomedullary distinction. There is no evidence of pyelectasia, or infarcts observed. Non-obstructive linear multifocal hyperechoic diverticular foci with acoustic shadowing are noted.

Right kidney is normal is size (2.5 cm), shape and echogenicity. It has smooth peripheral margination. There is a normal 1:3 cortex to medulla ratio with appropriate corticomedullary distinction. There is no evidence of pyelectasia, or infarcts observed. Non-obstructive linear multifocal hyperechoic diverticular foci with acoustic shadowing are noted.

Adrenal Glands

Left adrenal gland is normal in size (1.6 cm long x 0.57 cm at cranial pole and 0.43 cm at caudal pole), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.

Right adrenal gland is normal in size (1.3 cm long x 1.1 cm at cranial pole and 0.63 cm at caudal pole), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.

Spleen

Spleen is subjectively normal in size with a normal smooth capsular contour. Parenchyma is appropriately finely textured and homogenous with normal echogenicity relative to surrounding tissue (hyperechoic to liver). No focal nodules or masses are observed. Splenic vasculature appears normal.

Liver

Liver is subjectively mildly decreased in size with normal smooth curvilinear peripheral contour. Parenchyma is appropriately hypoechoic to the spleen in echogenicity and appropriately mildly coarse



PATIENT

and homogenous in echotexture. No focal lesions are observed. Visible vasculature and biliary tree appear normal without distension or congestion.

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Gallbladder is non-distended in size. The wall is smooth without visible thickening. Luminal contents are primarily anechoic. There is no evidence of cystic or common bile duct dilation.

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The stomach wall is normal in thickness (canine < 0.5 cm and feline < 0.4 cm) and layering. The lumen of the stomach is mildly distended with echogenic non-shadowing luminal contents and gas consistent with normal ingesta. There is no evidence of obstruction or foreign material noted.

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The visible small intestines are normal in wall thickness and layering (canine duodenum < 0.5 cm and feline duodenum < 0.4 cm; other < 0.3 cm). Small intestinal motility appears adequate (1-3 contractions per min). The lumen of the small intestine is empty with no evidence of obstruction, foreign material or infiltrative disease.

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The visible colon is normal in wall thickness (< 0.2 cm) and layering. Contents are consistent with normal formed feces and gas.

Pancreas

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Pancreatic parenchyma is appropriately isoechoic to surrounding tissue. Visible capsule is smooth and normal in contour. There is no visible pancreatic duct dilation. There is no evidence of active peripancreatic inflammation.

Free Abdomen

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There is no evidence of peritoneal effusion. There is no apparent lymphadenopathy.

Other

The uterus is visualized with no evident pathology.

ULTRASONOGRAPHIC FINDINGS

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Primary Findings

- Subjective mild microhepatica. Differentials for which include normal patient variant versus vascular anomaly, such as an extrahepatic portosystemic shunt versus end stage liver disease.

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Secondary Findings

- Nonobstructive nephrolithiasis bilaterally

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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In addition to an overall metabolic health screen with a CBC/chemistry panel, electrolytes and urinalysis, bile acids are recommended given this patients subjective microhepatica. If bile acids are increased, recheck abdominal ultrasound of the portohepatis with power doppler to help compare the portal vein to the vena cava and/or an abdominal CT scan could be considered for further evaluation of a possible vascular anomaly.

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In the meantime, supportive/symptomatic medical management of the gastrointestinal signs/mild gastroenteritis, dietary indiscretion, etc., with antiemetics, gastroprotectants, a bland easy to digest diet and empirical deworming with a 5 day course of Panacur is recommended.



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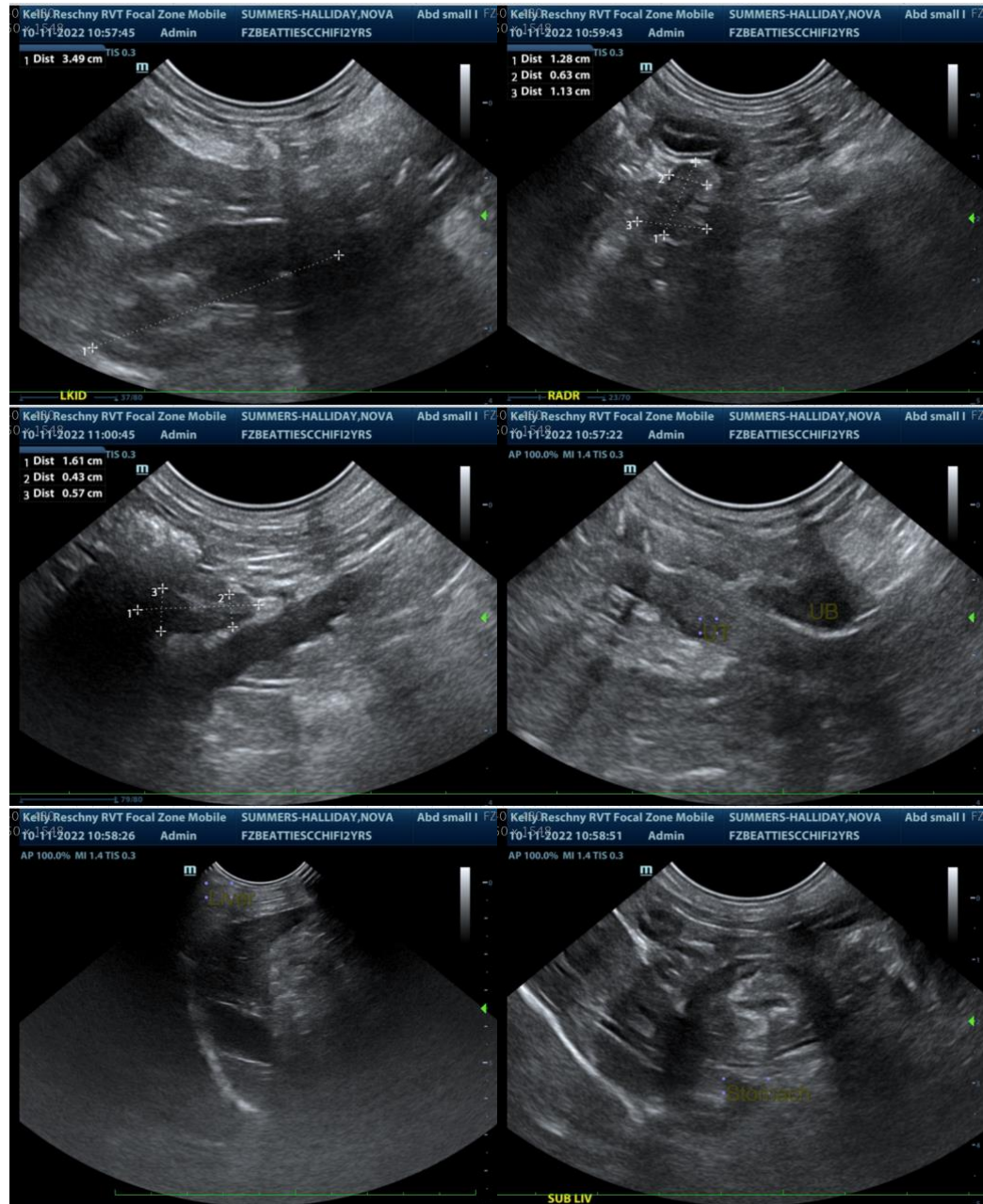
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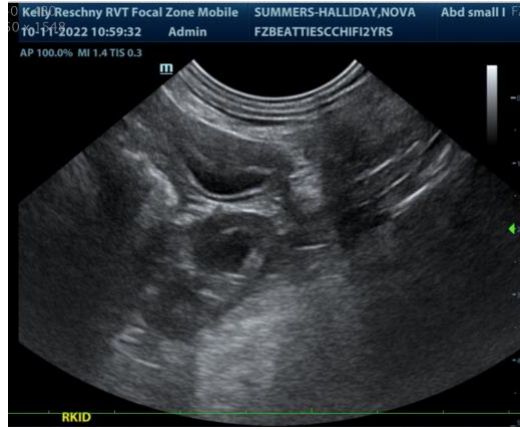
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Beth Johnson, DVM DACVIM

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