



PATIENT

Dora McLaughlin

PRESENTING CLINICAL SIGNS

Ate woodchips, fb? aspiration into lungs suspected vomiting

SPECIES

Canine

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

BREED

Havanese

Urinary bladder is moderately distended with anechoic contents. It has normal uniform wall thickness (< 0.2 cm). No masses or cystoliths are observed.

SEX

Spayed Female

Left kidney is normal in size (3.65 cm), shape and echogenicity. It has smooth peripheral margination and appropriate corticomedullary distinction. There is no pyelectasia noted. No mineral is observed.

Right kidney is normal in size (3.35 cm), shape and echogenicity. It has smooth peripheral margination and appropriate corticomedullary distinction. There is no pyelectasia noted. No mineral is observed.

AGE

5 years

Adrenal Glands

WEIGHT

10 lbs

Left adrenal gland is normal in size (1.51 cm long x 0.52 cm at cranial pole and 0.4 cm at caudal pole), shape and contour. Corticomedullary structure is unremarkable.

Right adrenal gland is subjectively mildly decreased in size (1.94 cm x 0.76 cm at cranial pole and 0.69 cm at caudal pole), shape and contour. Corticomedullary structure is unremarkable.

INTERPRETED BY

Beth Johnson, DVM
DACVIM

Spleen

Spleen is subjectively normal in size with normal smooth margins. Parenchyma is normal in echogenicity and echotexture. No focal nodules or masses are observed. Splenic vasculature appears normal.

IMAGING PERFORMED BY

Jenn

Liver

Liver is subjectively normal in size. Margins are sharp and smooth. It has normal homogenous echotexture and normal echogenicity. No focal lesions are observed. Visible vasculature appears normal. Gallbladder is mildly distended with anechoic contents. The wall is smooth without visible thickening. There is no evidence of common bile duct dilation.

HOSPITAL NAME

Rockaway AH

REFERRING VET

Dr. Maniar

Gastrointestinal

The visible gastric wall is normal in thickness (canine < 0.5 cm and feline < 0.4 cm). The stomach is empty.

INVOICE

96063

The small intestines are normal in wall thickness and layering. Small intestinal motility appears adequate (1-3 contractions per min). There are no luminal contents noted within small intestines.

DATE

2/15/22

Colon is normal in wall thickness (< 0.2 cm) and layering.



PATIENT

Pancreas

Dora McLaughlin

Pancreas has normal homogenous echotexture and is normal in echogenicity and smooth margination. There is no evidence of peripancreatic inflammation.

SPECIES

Canine

Free Abdomen

Lymph nodes are normal with no observed enlargement.

BREED

Havanese

ULTRASONOGRAPHIC FINDINGS

SEX

Spayed Female

Primary Findings

Mild subjective microhepatica. Differentials include normal anatomic variant versus chronic hepatitis versus vascular anomaly such as a portosystemic shunt not visible in these images.

AGE

5 years

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Recommendations for this patient include CBC, chemistry panel and urinalysis if not recently evaluated followed by medical management of presumed gastroenteritis secondary to dietary indiscretion with antiemetics and a bland, easy to digest diet +/- gastroprotectants. There is no evidence of an obstructive pattern or plication or foreign material in these images. However, if clinical signs persist and/or progress beyond medical management recheck imaging is recommended to further investigate possible obstruction.

WEIGHT

10 lbs

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Given the mild microhepatica, especially if serum chemistry panel reveals increased liver enzymes and/or any concern for decreased liver function, bile acids are recommended to further assess liver function.

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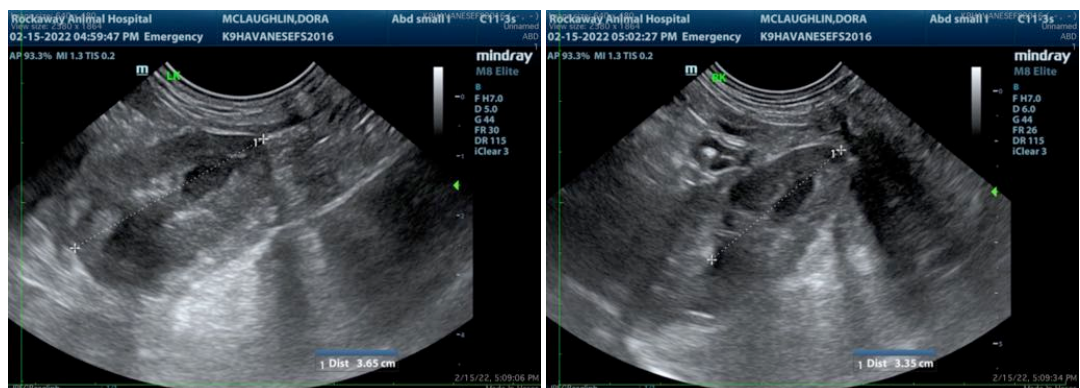
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HOSPITAL NAME

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REFERRING VET

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DATE

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PATIENT

Dora McLaughlin

SPECIES

Canine

BREED

Havanese

SEX

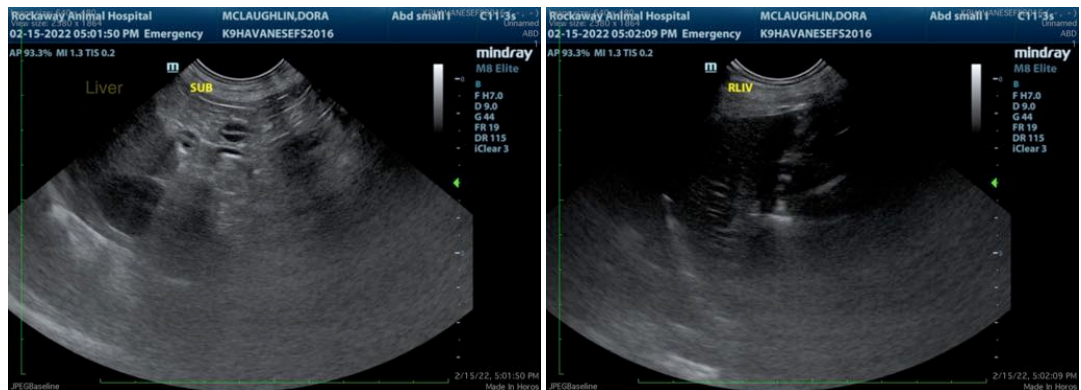
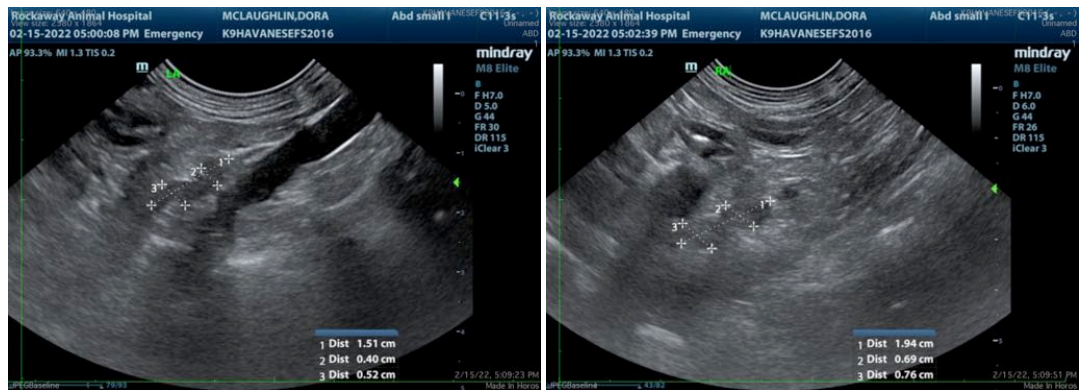
Spayed Female

AGE

5 years

WEIGHT

10 lbs



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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.

IMAGING PERFORMED BY

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