

PATIENT

Sam Hunt

SPECIES

Canine

BREED

Yorkshire Terrier Mix

SEX

Female Spayed

AGE

1 year, 6 mos

WEIGHT

16.2 lbs

INTERPRETED BY

Jessica Midence, DVM,
DACVIM (SAIM)

IMAGING PERFORMED BY

Carly Pate

HOSPITAL NAME

VCA McKenzie AH

REFERRING VET

Dr. Arpaia

INVOICE

12507

DATE

3.23.23

PRESENTING CLINICAL SIGNS

History: P was seen yesterday for a suspected bee sting- swollen eye area after going on walk and putting head into bush. Adult lab-work ran, Diphenhydramine and Dexamethasone given, NeoPolyDex topically for eye irritation. P also had otitis externa, feet licking, perianal licking, suspected food related allergy- switched to hypoallergenic diet yesterday. Since then P has continued to be not herself, retching, dry heaving, ate breakfast well but since no appetite. P had bowel movement that was looser at the end. elevated ALT R/O oxidative injury from suspect allergic rxn yesterday?? vs. microvascular dysplasia, other hepatopathy neutrophilic leukocytosis R/O inflammatory response from suspected allergy rxn yesterday. Thoracic radiographs with consultation pending.

Abnormal PE/Chem/CBC/UA Results: 3/22 adult lab-work- Accuplex - Heartworm (Antigen) NEGATIVE Borrelia burgdorferi NEGATIVE Ehrlichia canis NEGATIVE Anaplasma phagocytophilum NEGATIVE; CBC - Wnl except WBC 20 (4-15.5) neutrophils 16800 (2060-10600); Chemistry profile - Adult chemistry+ SDMA: wnl except ALT 554 (12-118)

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder mucosa, trigone, and visible urethra are normal in thickness and there is no evidence of mucosal irregularities. The bladder lumen is mildly distended with anechoic urine and bladder thickness is considered normal for volume of urine.

The left kidney is normal in size, shape and architecture with smooth peripheral margins and measures 3.69 cm. There is normal corticomedullary distinction and normal echogenicity. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter.

The right kidney is normal in size, shape and architecture with smooth peripheral margins and measures 3.70 cm. There is normal corticomedullary. distinction and normal echogenicity. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter.

Adrenal Glands

The left adrenal gland is normal in size at cranial pole 0.44 cm / caudal pole 0.51 cm. The left adrenal gland has normal shape and it is normal in appearance and echogenicity.

The right adrenal gland is normal in size at cranial pole 0.30 cm / caudal pole 0.32 cm. The right adrenal gland has normal shape and it is normal in appearance and echogenicity.

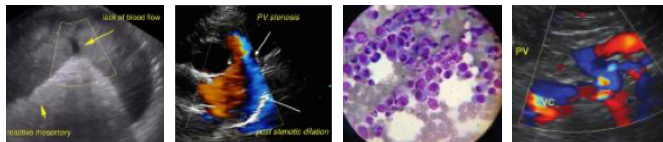
Spleen

The spleen is mildly plump (consistent with sedation) with a homogeneous echotexture, and parenchyma hyperechoic to liver and renal cortical parenchyma. The capsule is smooth with no irregularities. The splenic vasculature is normal without signs of congestion or thrombosis.

Liver

The liver is subjectively normal in size with normal contours, structure, with smooth peripheral margins. The echogenicity appears very mildly hypoechoic with normal portal markings. No overt evidence of inflammatory, infiltrative or regenerative pathology is evident. The visible portions of the vasculature and biliary tract appear normal. No pathological hepatic lymphadenopathy observed.

The gallbladder lumen is moderately distended with anechoic bile. The wall is a normal thickness and smooth. Luminal contents are anechoic. The cystic and common bile ducts are normal/not visible.



PATIENT

Sam Hunt

Gastrointestinal Tract

The gastric lumen is moderately distended with ingesta. The stomach wall is of normal wall thickness (0.28 cm) with some variability due to rugal folds. There is normal gastric wall layering. There are no masses or focal lesions observed and the pyloric outflow tract appears normal.

SPECIES

Canine

The visualized areas of duodenum, jejunum and ileum appear normal in thickness. The duodenum measures normal (0.44 cm) with mostly distinct wall layering, although the mucosal surface is indistinct. The duodenum is also mildly corrugated. The remainder of the small intestines are normal with normal wall layering. The lumen of the small intestine was empty with no signs of ileus, obstruction or foreign material. No focal lesions observed.

BREED

Yorkshire Terrier Mix

The sections of colon are visualized with formed fecal material and gas shadowing distally.

SEX

Female Spayed

Pancreas

The area of the pancreas is normal and isoechoic to surrounding mesentery. There is no evidence of nodules or cystic lesions. There is no evidence of regional mesenteric inflammation or fluid. The visible pancreatic duct was normal.

AGE

1 year, 6 mos

Peritoneum

Evaluation of the peritoneal cavity did not reveal any evidence of effusion, or subjective lymphadenomegaly. The omentum is of normal uniform echogenicity. The caudal vena cava contains echogenic/turbid blood flow that would be consistent with dehydration or the reported sedation.

WEIGHT

16.2 lbs

ULTRASONOGRAPHIC FINDINGS

Findings

- Mildly hypoechoic liver
- Duodenitis

INTERPRETED BY

Jessica Midence, DVM,
DACVIM (SAIM)

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The changes to the liver are mild and would be consistent with a reactive hepatopathy, such as from the reported suspected anaphylaxis or from gastroenteritis. The duodenum is also mildly irritated. Continue to treat for gastroenteritis with antiemetics, anti-diarrhea medication and consider a short, tapering course of steroids for a prolonged allergic reaction. Recheck liver values once the patient is fully recovered to confirm resolution.

IMAGING PERFORMED BY

Carly Pate

HOSPITAL NAME

VCA McKenzie AH

REFERRING VET

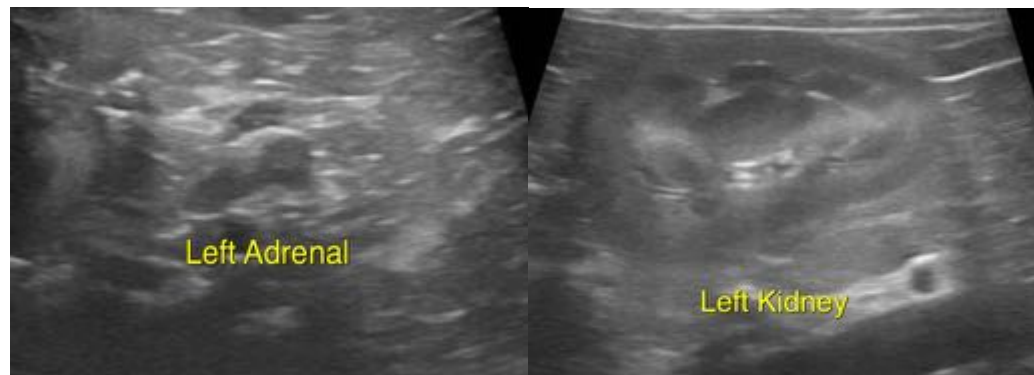
Dr. Arpaia

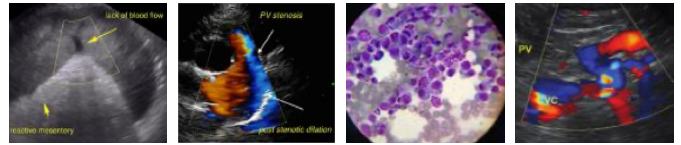
INVOICE

12507

DATE

3.23.23





PATIENT

Sam Hunt

SPECIES

Canine

BREED

Yorkshire Terrier Mix

SEX

Female Spayed

AGE

1 year, 6 mos

WEIGHT

16.2 lbs

INTERPRETED BY

Jessica Midence, DVM,
DACVIM (SAIM)

**IMAGING
PERFORMED BY**

Carly Pate

HOSPITAL NAME

VCA McKenzie AH

REFERRING VET

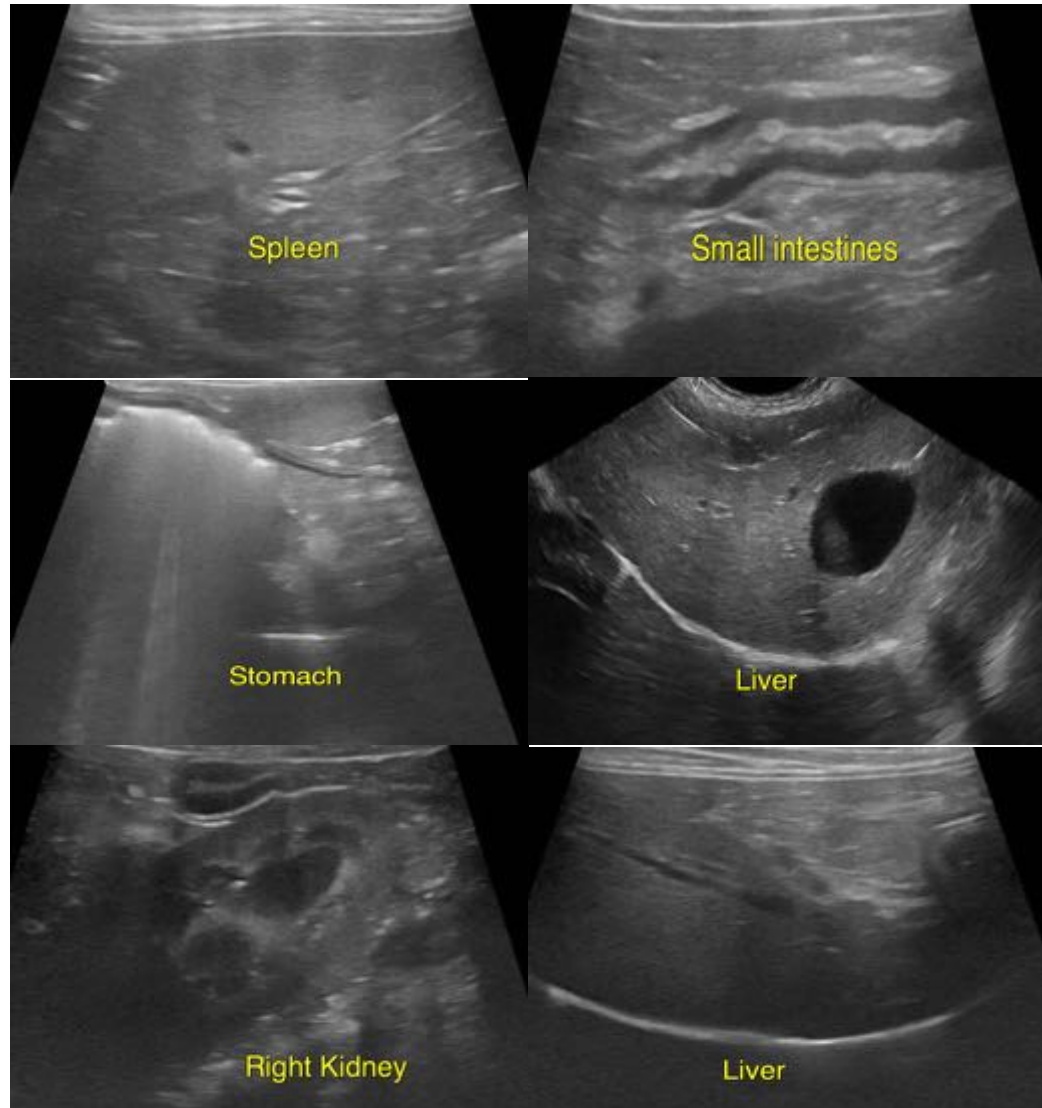
Dr. Arpaia

INVOICE

12507

DATE

3.23.23



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.

Jessica Midence, DVM, DACVIM (SAIM)
info@SonoPath.com