

**PATIENT**

Clover Donnellon

SPECIES

Canine

BREED

Labradoodle

SEX

Spayed Female

AGE

7 Years

WEIGHT

65 Pounds

INTERPRETED BYLisa Carioto, DVM,
DVSc, Diplomate
ACVIM**IMAGING PERFORMED BY**

Amy Mayhew, LVT

HOSPITAL NAME

SVS Imaging MI

REFERRING VET

Rochester VH

INVOICE

37978

DATE

5/25/22

PRESENTING CLINICAL SIGNS

History of vomiting for 1 month. Recent diagnosis of megaesophagus and aspiration pneumonia. Screening abdomen.

Abnormal PE/Chem/CBC/UA Results: See attached records and BW.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**Urinary System**

The urinary bladder is well distended with anechoic contents. The wall is smooth and regular. No abnormalities are present with the trigone or proximal urethra. A trivial amount of free floating sediment is present, however, there is no evidence of cystoliths, polyps or a mass.

Uterine stump

No abnormalities visualized

Kidneys

The **left** kidney measures 6.90 cm. The capsule is smooth and its overall architecture, including the definition of the cortico-medullary junction, are preserved. Very mild mineralization of the diverticulae and pelvis are present, without evidence of nephroliths or pyelectasia. The surrounding mesentery is not hyperechoic.

The **right** kidney measures 7.30 cm. Findings are similar to the left kidney.

Aortic bifurcation/trifurcation

No abnormalities observed.

Adrenal Glands

The **left** adrenal gland measures 0.49 cm at the cranial pole, 0.55 cm at the caudal pole. No abnormalities are noted with the gland's overall architecture, echogenicity or echotexture. The phrenico-abdominal vein and surrounding vasculature and mesentery are unremarkable.

The **right** adrenal gland measures 0.65 cm at the cranial pole, 0.54 cm at the caudal pole. No abnormalities are noted with the gland's overall architecture, echogenicity or echotexture. The phrenico-abdominal vein and surrounding vasculature and mesentery are unremarkable.

Spleen

The spleen is within normal limits in size, architecture, echotexture, and echogenicity. The capsule is smooth. A small, very mildly hypoechoic (almost isoechoic) well defined nodule is observed in the body. It measures 0.88 cm in diameter x 1.02 cm in length. No abnormalities are observed with its vasculature, i.e. congestion and thrombi are not identified.

Liver

There are no obvious signs of hepatomegaly. The liver's borders are smooth and sharp. It has a mildly coarse, granular echotexture, and is within normal limits in echogenicity. Focal lesions are not noted. No abnormalities are observed with the hepatic vessels visualized.

The gallbladder (GB) is mildly to moderately distended with a moderate amount of free floating and gravity dependent echogenic material. The GB wall is within normal limits in thickness and echogenicity. The portions of the cystic and/or common bile ducts observed are not dilated or tortuous, i.e. there are no signs of an obstruction. The parenchyma surrounding the GB is not hyperechoic.

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Gastrointestinal

A large amount of fluid and ingesta are present within the lumen of the stomach. The gastric wall is within normal limits in thickness and the wall layers are well defined. Subjectively, peristalsis may be mildly decreased.

The lower esophageal sphincter is not visualized due to the ingesta within the stomach.

The small intestinal wall thickness, including the duodenum, is within normal limits and the definition of the wall layers is preserved. Gas, fluid and ingesta are present within the lumen of the small intestines, however, abnormally dilated loops of bowel are not observed.

The colonic wall is not thickened and mural detail is considered normal. Formed stools are present within the colon.

Pancreas

No overt abnormalities are observed with the contours, echogenicity or echotexture of the either limb. There is no evidence of hyperechogenicity of the surrounding mesentery. There are no signs of active pancreatitis or neoplasia.

Other**Lymph nodes**

No abnormalities are observed

Abdominal effusion is not visualized.

ULTRASONOGRAPHIC FINDINGS

- **Gastrointestinal tract:** A delay in gastric emptying may be present if Clover was fasted. Abnormal gas patterns suggestive of a foreign body, mass or obstruction are not visualized, with the caveat that subtle abnormalities may be overlooked due to gastric contents. The lower esophageal sphincter was not visualized. There are no obvious signs of a mass, foreign body, infiltrative disease or an obstruction in the gastrointestinal tract.
- **Spleen:** The appearance of the splenic nodule is suggestive of nodular or lymphoid hyperplasia. Extramedullary hematopoiesis is also possible. Neoplasia is considered highly unlikely.
- **Gallbladder sludge,** which is most likely clinically insignificant. However, gastroesophageal reflux disease (GERD), may occur in some patients. Obtaining a history regarding signs of GERD from the client is suggested. There are no signs of an obstruction.
- The **hepatic** echotexture may be due to a reactive hepatopathy. There are no signs of neoplasia.
- **Renal changes** are attributed to very mild age-related degeneration.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

A cause to explain the megaesophagus is not identified on Clover's abdominal ultrasound.

Focal myasthenia gravis may be present, however, it may be worthwhile excluding hypoadrenocorticism, i.e. a baseline cortisol concentration is suggested.

Mild non-regenerative anemia and mild leukocytosis due to monocytosis and neutrophilia may be a result of secondary aspiration pneumonia.

IMAGING PERFORMED BY

SVS Mobile Imaging MI 734-637-7711
svsimagingmi@gmail.com



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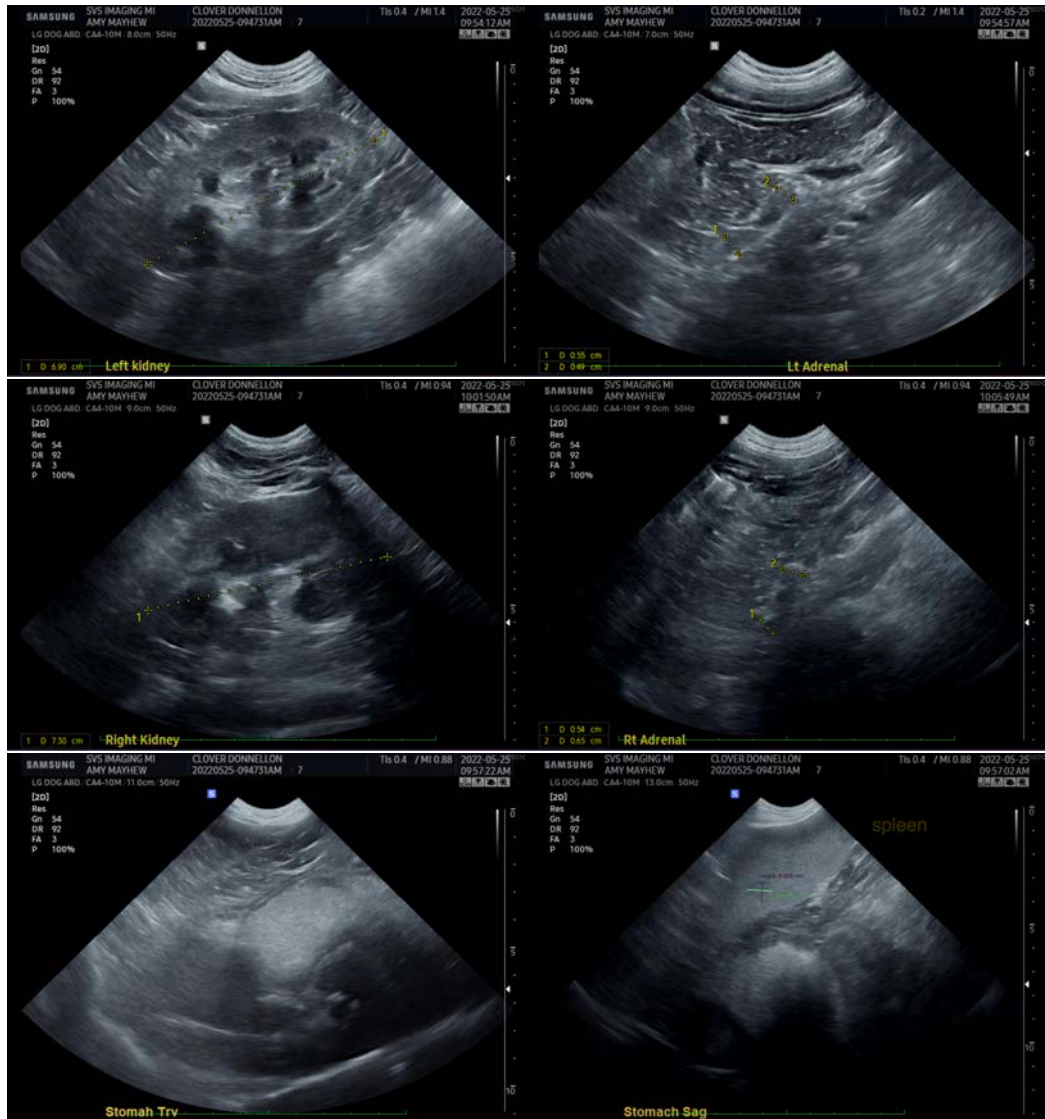
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IMAGING PERFORMED BY

SVS Mobile Imaging MI 734 - 637 - 7711
svsimagingmi@gmail.com



EDUCATIONAL TELECONSULTATION SERVICES™
1-800-838-4268 info@sonopath.com SonoPath.com

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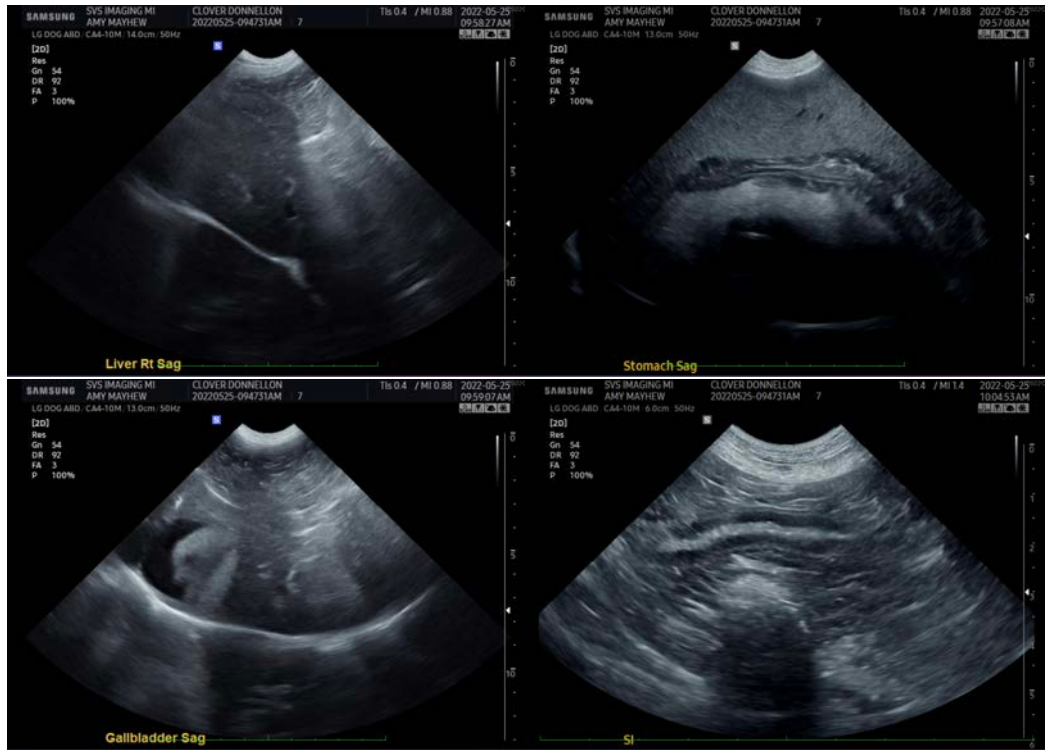
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Lisa Carioto, DVM, DVSc, Diplomate ACVIM

Lisa.Carioto@sonopath.com