



**PATIENT**

Kimber Robinson

**SPECIES**

Canine

**BREED**

Whippet

**SEX**

Female

**AGE**

1 year

**WEIGHT**

30.8 lbs.

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Dr. Rodriguez

**HOSPITAL NAME**

Foxfield VS

**REFERRING VET**

Dr. Rodriguez

**INVOICE**

15795

**DATE**

1/11/23

**PRESENTING CLINICAL SIGNS**

In heat currently. Vomiting since sunday. Diarrhea  
Abnormal PE/Chem/CBC/UA Results: Pending

**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 was noted.

The uterus was normal to mildly prominent in appearance, consistent with patient cycle. No evidence of pyometra criteria. No overt pathology was noted in the area of the left or right ovaries.

The area of the aortic trifurcation was free of pathology.

Normal size and margination were 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 4.6 cm in length. The right kidney measured 5.1 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 2.7 cm length x 0.55 cm width at the caudal pole. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 2.2 cm length x 0.55 cm width at the caudal 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/ Gallbladder**

The liver was subjectively normal in size, structure, and contour. The liver parenchyma was uniform and hypoechoic to the spleen with a mild coarse echotexture. The hepatic and portal vasculature were normal in appearance without signs of congestion. Normal hepatic vascular volume was noted. The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.

**Gastrointestinal**

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach was empty with no signs of ileus, obstruction, or foreign material.



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The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. The lumen of the small intestine was empty with no signs of ileus, obstruction, or foreign material.

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The colon walls presented mildly intact yet prominent wall layering with mildly thickened to echogenic submucosa. Non-formed to liquid fecal matter was present in the colon lumen with lumen dilation.

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## Pancreas

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 were evident.

## SEX

Female

## Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present. Rapid view of the heart revealed no evidence of pericardial masses or effusion in the visible window. No overt evidence of left or right heart chamber enlargement was noted.

## AGE

1 year

## ULTRASONOGRAPHIC FINDINGS

- Mild gastroenterocolitis pattern

## WEIGHT

30.8 lbs.

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

## INTERPRETED BY

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

No evidence of significant visceral, specifically gastroenterocolic or pancreatic, pathology. No indication for surgical intervention without evidence of a gastrointestinal obstructive pattern. Supportive therapy for gastroenterocolitis should prove beneficial. If persistent or recurrent GI signs, a GI panel, and resting cortisol level to assess for occult disease as contributing factors may be considered.

## IMAGING PERFORMED BY

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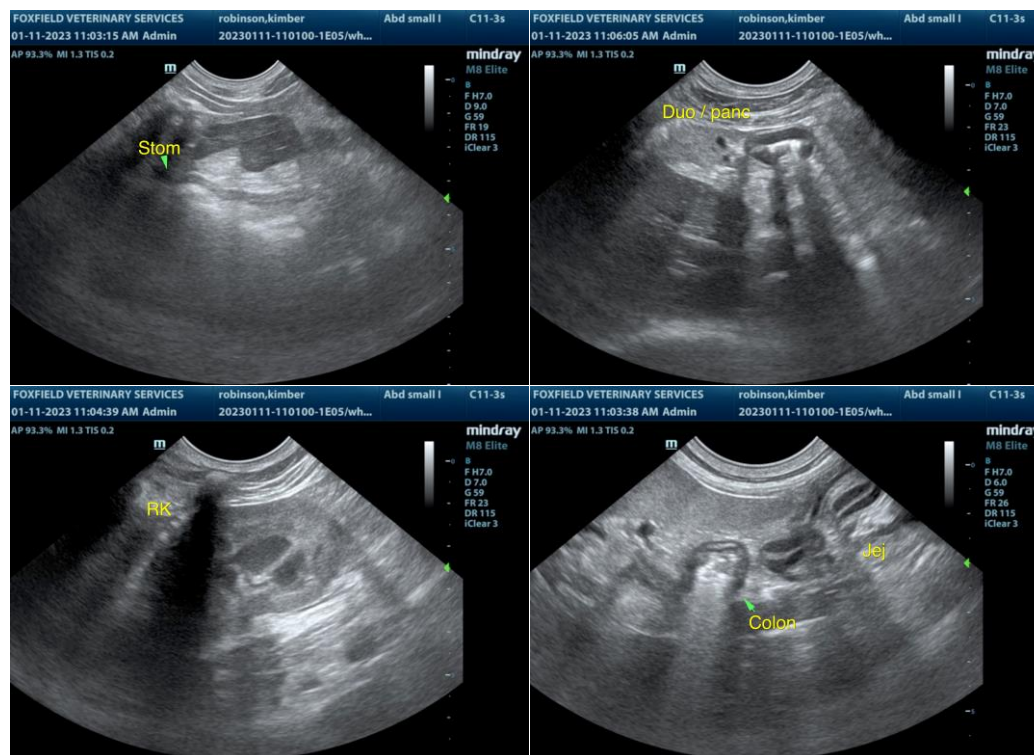
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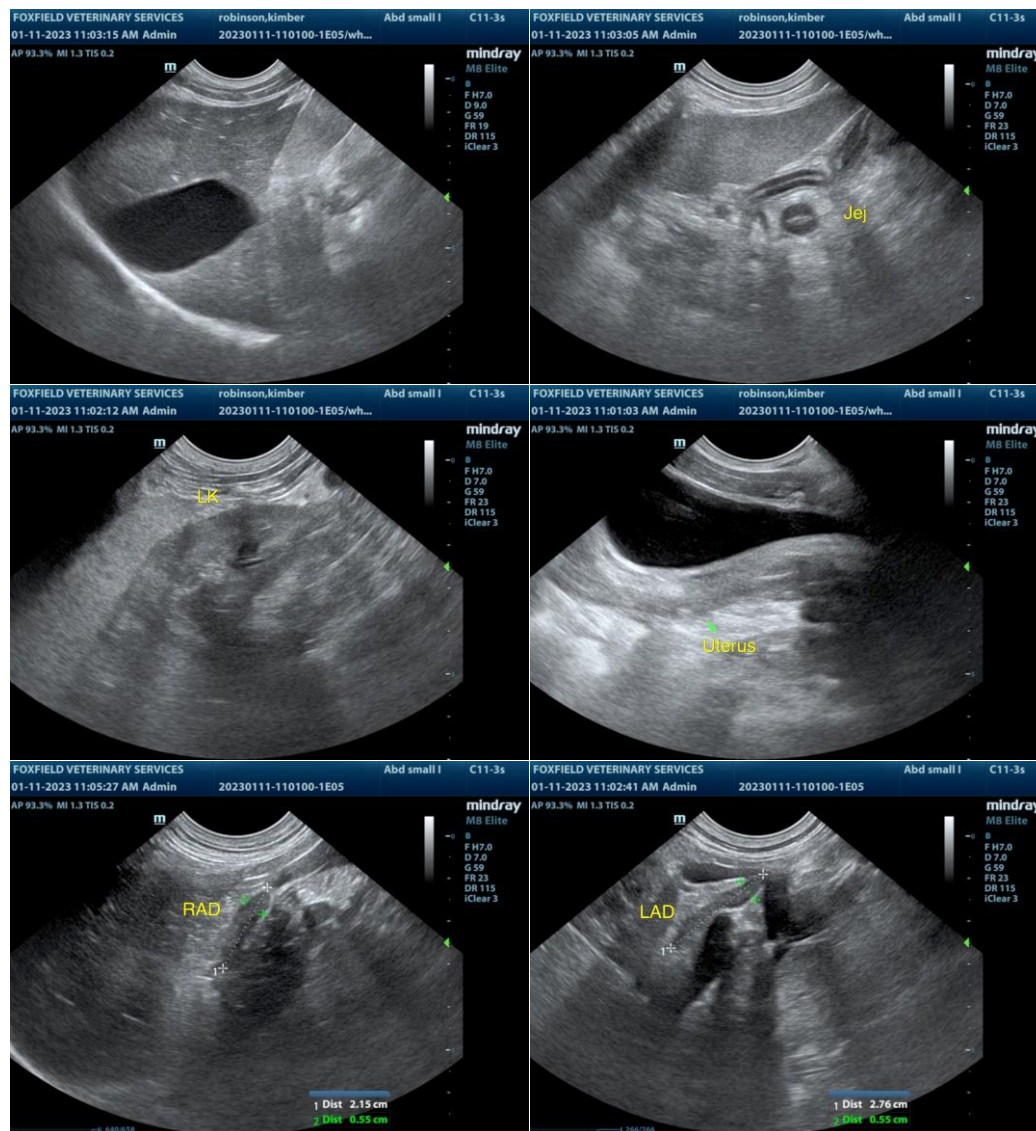
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

R. McKenzie Daniel, DVM, DABVP (Canine / Feline Practice)  
info@SonoPath.com