



PATIENT

Emily Sue Tennyson

SPECIES

Canine

BREED

Miniature
Dachshund

SEX

SF

AGE

11 years

WEIGHT

8.5 lbs.

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

Jasmine Palacios

HOSPITAL NAME

Rivers Edge PMC

REFERRING VET

Dr. Travis Gibson

INVOICE

15822

DATE

1/13/23

PRESENTING CLINICAL SIGNS

Patient presented yesterday for vomiting and lethargy. Patient vomited breakfast and water, but had since stopped. Patient appeared mild discomfortable upon abdominal palpation, but still BAR. P prescribed Gabapentin 100mg/mL - 0.5ml TID. This morning, O reports that p vomited liquid at 4:30a. P couldnt keep water or meds down. P fasted overnight. No BM last night.

Abnormal PE/Chem/CBC/UA Results: See attached labs: CBC- Elevated RBC9.89 M/uL, HGB 21.4g/dL, , neutrophilia 13.06 K/uL, lymphopenia 0.99 K/uL Chem- elevated ALT 170 U/L, GGT 14 U/L, Amylase >2500 U/L, Lipase 5147 U/L, hypochloremia 107 mmol/L See attached rads: Roughly 3- 1cm radiopaque objects appearing to be located in the small intestines. Potential for fabric vs ingesta in gastric stomach.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

A small, solitary, nonobstructive cystic calculus in the area of the urinary bladder neck was present, measuring 0.39 cm. The bladder was otherwise normal. The urethra exhibited normal structure and tone to a depth of 2.0 cm.

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 was maintained. The medulla and cortices were uniform in texture with some increased echogenicity and mild to moderate loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. Focal, nonobstructive, minor medullary renolithiasis was noted. The left kidney measured 4.0 cm in length. The right kidney measured 4.4 cm in length.

Adrenal Glands

The bilateral adrenal glands were mildly prominent in size. Mild parenchyma heterogeneity and mild capsule asymmetry was present without suspicion for overt neoplasia. The left adrenal gland measured 1.5 cm length x 0.64 cm width at the caudal pole. The right adrenal gland measured 1.9 cm length x 0.63 cm width at the caudal pole. No adrenal tumors were noted.

Spleen

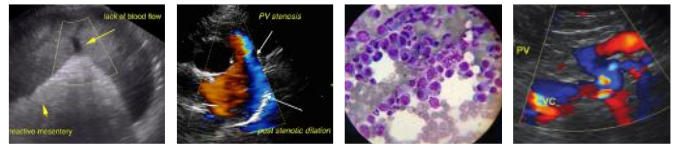
The spleen exhibited primarily finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. A nondisruptive, hyperechoic nodule was present in the cranial medial spleen, measuring 0.64 cm in diameter. The capsule was smooth and regular without apparent expansion. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis. Acute to chronic inflammatory or neoplastic changes were not noted. The echogenic nodules tend to trend benign and are most consistent with benign hyperplasia or myelolipomas.

Liver/ Gallbladder

The liver presented subjective mild enlarged in size. The parenchyma of the liver was subjectively normal in echogenicity compared to the spleen and renal cortices. The liver parenchyma was uniform with a



PATIENT	mildly coarse echotexture. The capsule of the liver was symmetrically rounded to mildly swollen in margination. The hepatic and portal vasculature were normal in appearance without signs of congestion.
Emily Sue Tennyson	
SPECIES	The gallbladder was non-distended in size containing primarily anechoic content with mild, congealed yet nonorganized, echogenic gallbladder debris. No evidence of gallbladder or peripheral gallbladder inflammation was noted. The cystic and common bile ducts were normal.
Canine	
BREED	Gastrointestinal
Miniature Dachshund	The stomach presented mild to moderate wall thickening secondary to echogenic mucosa hypertrophy. Intact wall layering was maintained and distinct. The stomach contained a mild amount of retained variably echogenic fluid and luminal gas. No overt evidence of strongly shadowing gastric luminal echoes, as well as no evidence of mechanical pyloric outflow obstruction.
SEX	The intestinal walls demonstrated intact wall layering and maintained 1:3 muscularis/ mucosa ratio. The mucosa exhibited mild decreased echogenicity with occasional mucosal speckling. Minor segmental nonobstructive intestinal ileus pattern with focal small hyperechoic shadowing nonobstructive luminal echoes were noted. The echoes appeared to be subjectively in the distal small intestine potentially just proximal to the ileum or ileocolic junction.
SF	The diffuse colon contained strongly shadowing subjective mild irregular fecal matter to echoes most notable in the proximal and transverse colon. Overtly normal colon walls were present.
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INTERPRETED BY	Pancreas
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	The pancreas was normal in size and contour with isoechoic to heterogeneous parenchyma compared to adjacent omentum. No signs of active inflammation or neoplasia.
IMAGING PERFORMED BY	Free Abdomen
Jasmine Palacios	Potential scant pocket of peri intestinal / pericolic free fluid, although not definitive, was noted. No evidence of overt or significant omental lymphadenopathy. Mild generalized increased omental echogenicity was present.
HOSPITAL NAME	ULTRASONOGRAPHIC FINDINGS
Rivers Edge PMC	Primary Findings
REFERRING VET	<ul style="list-style-type: none"> • Solitary nonobstructive cystic calculus • Bilateral chronic renal changes with nonobstructive minor medullary renolithiasis • Mildly prominent nonhomogeneous adrenal glands - nonspecific, suspect age variant, potential for minor adenomatous change, no evidence of adrenal neoplastic criteria • Benign low-grade hepatopathy with mild gallbladder debris (non-mucocele) • Acute gastroenteritis pattern with mild gastric hypomotility, intermittent focally shadowing nonobstructive intestinal echoes • Strongly shadowing proximal to transverse colon fecal matter • Heterogeneous pancreas - not sonographically consistent with significant or active pancreatitis, potential low-grade pancreatitis or secondary reactive pancreatic changes possible
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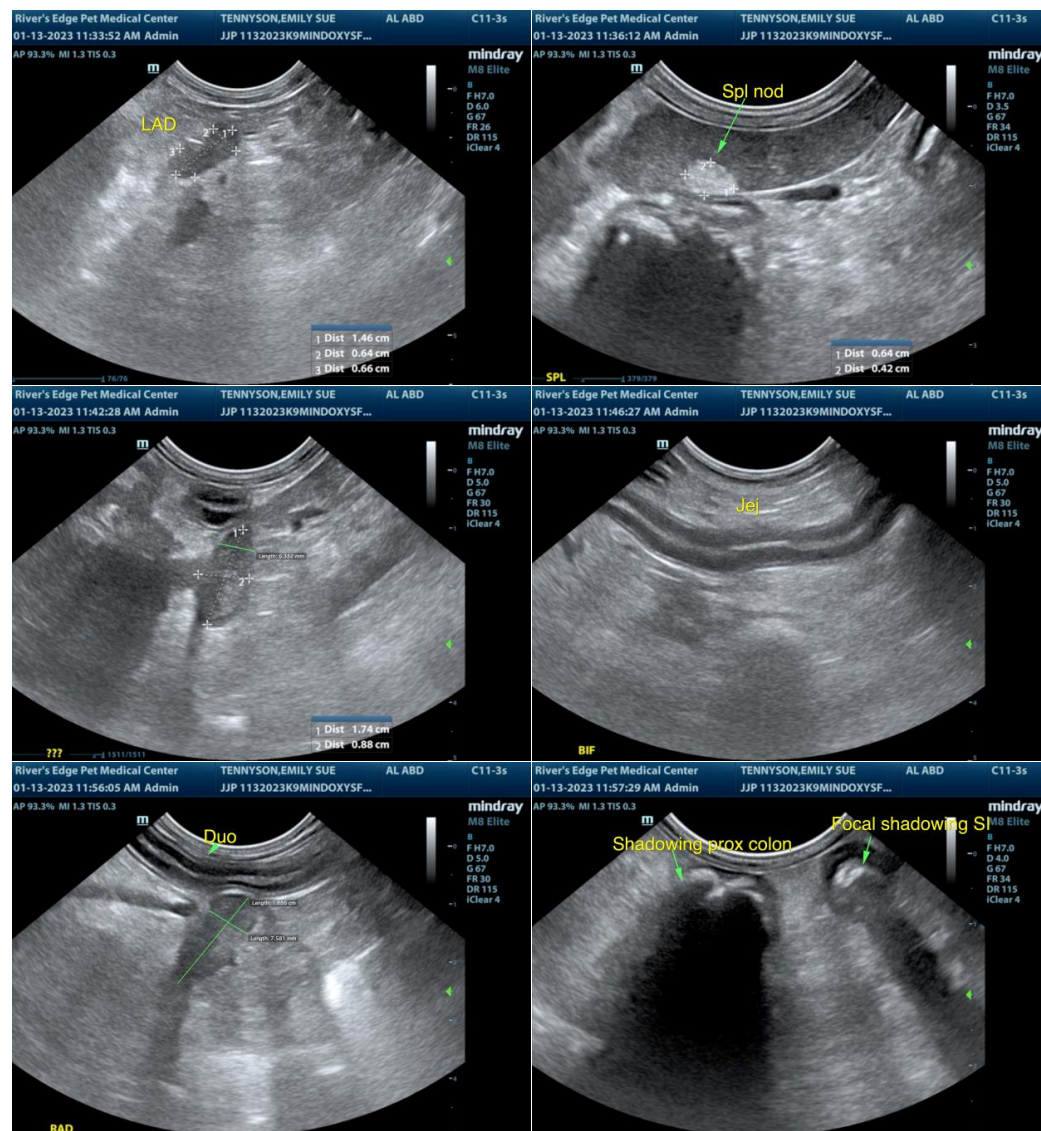
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Secondary Findings

- Benign splenic nodule - consistent with myelolipoma

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Suspicion of passed foreign material primarily residing in the proximal and transverse colon is warranted in this patient. No overt evidence of a gastrointestinal obstructive pattern, although potential minor amounts of residual passing foreign material is possible. Without a definitive gastrointestinal obstructive pattern, continued supportive care with monitoring of fecal output and gastrointestinal response over the next 24 hours would be reasonable. Recheck sonogram is suggested if persistent / progressive GI signs or for a reassessment of strongly shadowing fecal matter, if no defecation.





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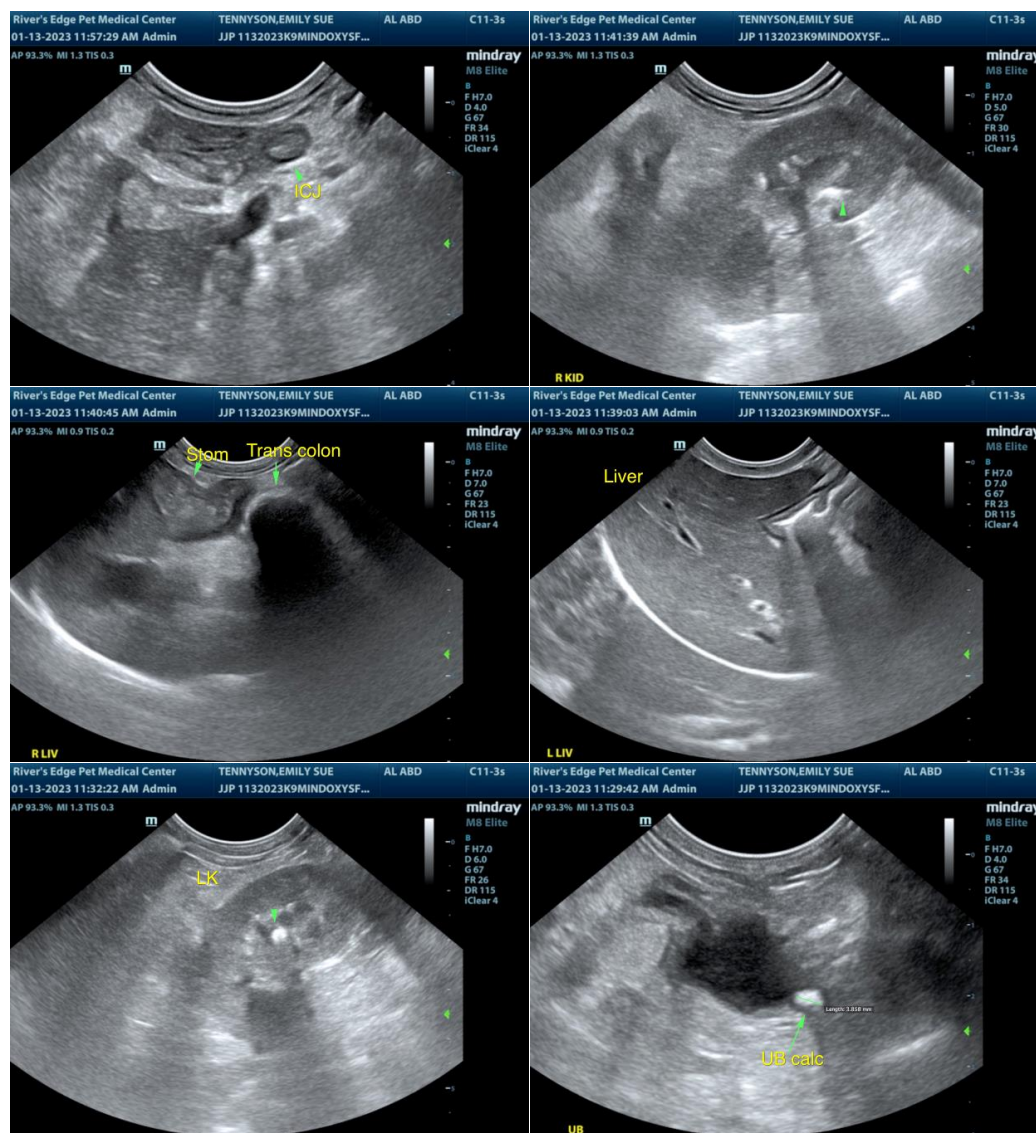
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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