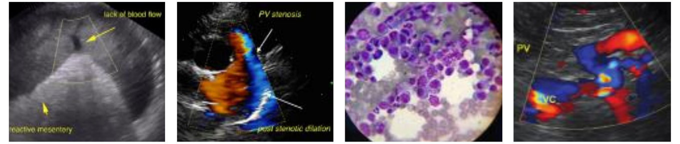

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1-800-838-4268 info@sonopath.com

PATIENT

Ginger Stafl

SPECIES

Canine

BREED

Poodle Mix

SEX

FS

AGE

2 years

WEIGHT

23 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Patty Mayfield DVM

HOSPITAL NAME

Emergency Veterinary Hospital

REFERRING VET

Patty Mayfield DVM

INVOICE

15990

DATE

1/28/23

PRESENTING CLINICAL SIGNS

Patient presented for acute onset of non-specific pain, shaking in the hind limbs, tail tucked, possible pain associated with ROM of the tail. Patient continues to eat normally, no CSVD. Client is uncertain of any known trauma, however patient was frantic, barking and jumping for several hours last night, due to being kept outside whilst children were playing in the house. A glass Christmas ornament that had been shattered was found 3 days ago and client is concerned Ginger may have ingested some fragments, although it was not witnessed. patient was sedated with dexdomitor/torb to faciliate abdominal radiographs, AUS, sedated rectal exam, orthopedic exam and aural/oral exam. Following diagnostics, working diagnosis is Limber Tail Syndrome (or other soft tissue injury). Treating with Carprofen, Methocarbamol and exercise restriction. Ears cleansed and Claro infused AU

Abnormal PE/Chem/CBC/UA Results: PE: Non-specific pain associated with the base of the tail; reduced ROM of the tail and patient is holding it tucked against the body. Patient sits and is very guarded in the caudal abdomen, could be referred LS/SI pain. Occasional, mild urinary incontinence (appears to be anxiety-based). Mild brown waxy debris AU. Patient resented rectal exam, but no abnormalities. 3-VIEW ABDOMINAL RADS: -- Unremarkable, no indication of gastric or intestinal FB or obstruction. 2-VIEW PELVIC/DISTAL STIFLE RADS: -- Unremarkable, no indication of OA, trauma, CCL rupture, etc CHEM-17: -- WNL EAR CYTOLOGY: -- consistent with otitis externa (cocci, malassezia)

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 3.0 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 area of the aortic trifurcation was free of pathology.

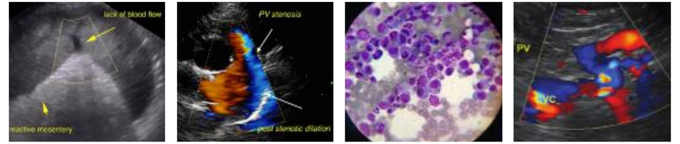
Normal size and margination were present in the kidneys. A normal 1:3 cortex / medulla ratio and normal corticomedullary definition were maintained. The echogenicity of the cortex was similar to or slightly less than normal liver parenchyma while the medulla echogenicity was hypoechoic to the cortex with no evidence of pelvic dilation. The left kidney measured 6.4 cm in length. The right kidney measured 6.6 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 2.5 cm length x 0.42 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 2.1 cm length x 0.63 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



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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. 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.

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.

Normal visible colon wall layers were present with apparent formed feces in lumen.

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.

Free Abdomen

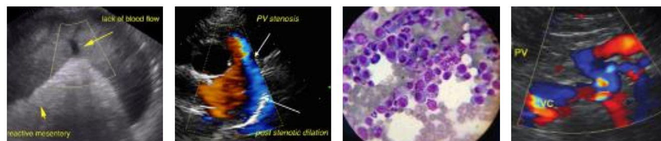
No evidence of omental masses or peritoneal effusion was noted. Intermittent, benign, mildly prominent mesenteric lymph nodes, not consistent with inflammatory or neoplastic criteria and considered incidental, were present. The lymph nodes were essentially isoechoic to adjacent omentum without evidence of peripheral inflammation and maintaining a normal width: length ratio (<0.5). An example of a lymph node measured 1.7 cm x 0.8 cm.

ULTRASONOGRAPHIC FINDINGS

- Sonographically normal abdomen

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No sonographic evidence of visceral pathology including no evidence of gastrointestinal mechancal / metabolic ileus, gastrointestinal foreign material, or evidence of peritonitis.



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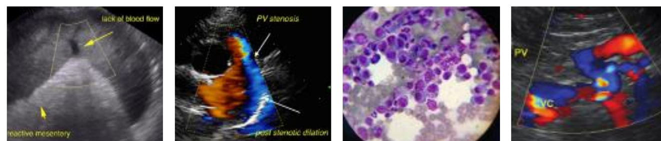

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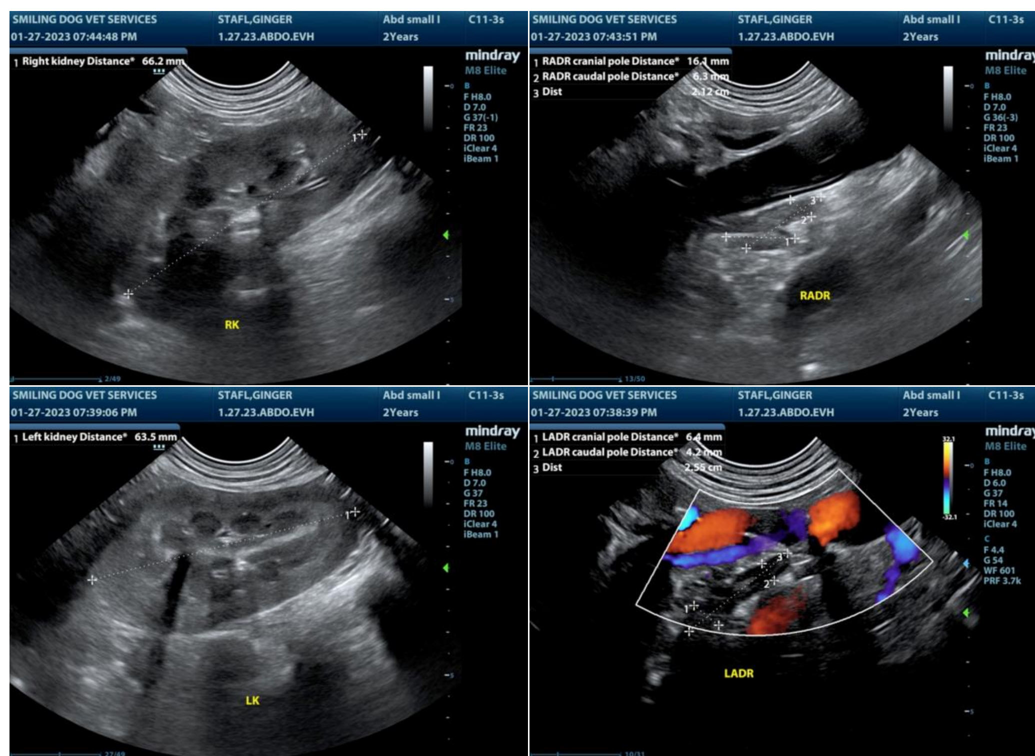

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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