



PATIENT

Hershey Laughman

SPECIES

Canine

BREED

DSH

SEX

Neutered Male

AGE

11

WEIGHT

6.3 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Laura de Cordon

HOSPITAL NAME

Mason Dixon Animal
Emergency Hospital

REFERRING VET

Dr. Brewer

INVOICE

44587

DATE

1/29/23

PRESENTING CLINICAL SIGNS

Profuse vomiting, continued retching Moderate azotemia ALT Elevation Hypothermia (resolving)
Abdominal pain

Abnormal PE/Chem/CBC/UA Results: CHEM12/LYTES: BUN 59.4 CREA 2.1 PHOS 9.6 TP 9.6 ALB 4.2 GLOB 5.4 GLU 321 (suspect stress hyperglycemia), ALT 240 K 3.3 CL 101 FPLI: Abnormal CBC: stress leukogram, thrombocytopenia (platelet clumping confirmed on blood smear) PRO-BNP: Normal PCV 52 TS 8

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. Primarily anechoic urine was present in the lumen. Primarily dependent to mildly non-dependent particulate sediment was present. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic mural changes were noted.

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 4.5 cm. The right kidney measured 4.5 cm.

Adrenal Glands

The adrenal glands were uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.36 cm. No overt pathology in the area of the right adrenal gland, although not definitively visualized.

Spleen

The spleen measured 0.96 cm in width at the level of the hilus and 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

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. No evidence of post-hepatic obstructive criteria.

Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The stomach was mildly distended with gas along with mild retained non-shadowing chyme in the area of the antrum and pyloric outflow. No evidence of mechanical pyloric outflow obstruction.

The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. Segmental jejunal ileus along with segmental mild subtly shadowing ingesta/chyme noted. No evidence of small intestinal obstructive pattern.



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

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Pancreas

SPECIES

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 was evident.

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Free Abdomen

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No overt lymphadenopathy or peritoneal effusion was present.

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ULTRASONOGRAPHIC FINDINGS

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- Gas distended stomach with mild retained ingesta / chyme
- Intact small bowel walls with mild segmental jejunal ileus
- Sonographically normal pancreas
- Mild age related / chronic renal changes - sonographically not end stage, possible acute nephropathy / AKI
- Low grade cholangitis / cholangiohepatitis pattern
- Mild urinary bladder sediment – cellular debris/protein, crystalline debris, lipid or mucus possible.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No obvious gastrointestinal obstructive pattern with possible inflammatory bowel episode. Passing to small amounts of foreign material or hair and low-grade pancreatitis possible yet no overt indication for immediate surgical intervention without gastrointestinal obstructive pattern. Assessment for gastrointestinal / renal toxic insult may be considered. Emerging triad disease may be a less likely potential given lack of small bowel mural changes. Supportive care indicated with clinical +/- sonographic reassessment if persistent / progressive gastrointestinal signs or azotemia.

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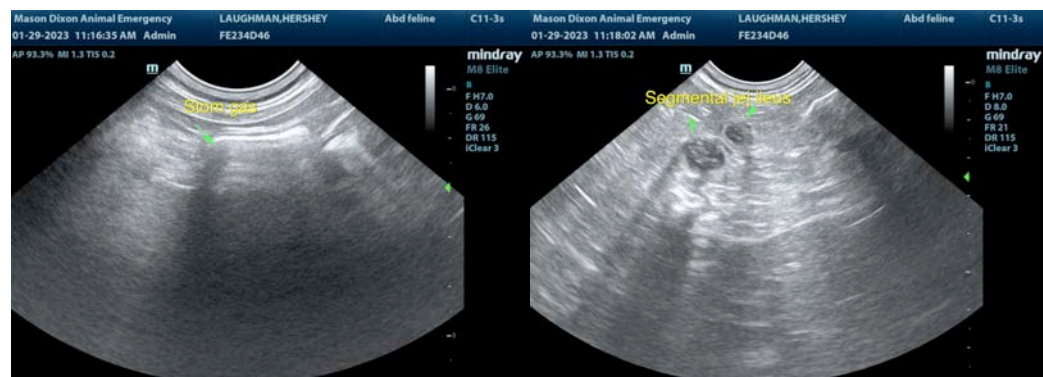
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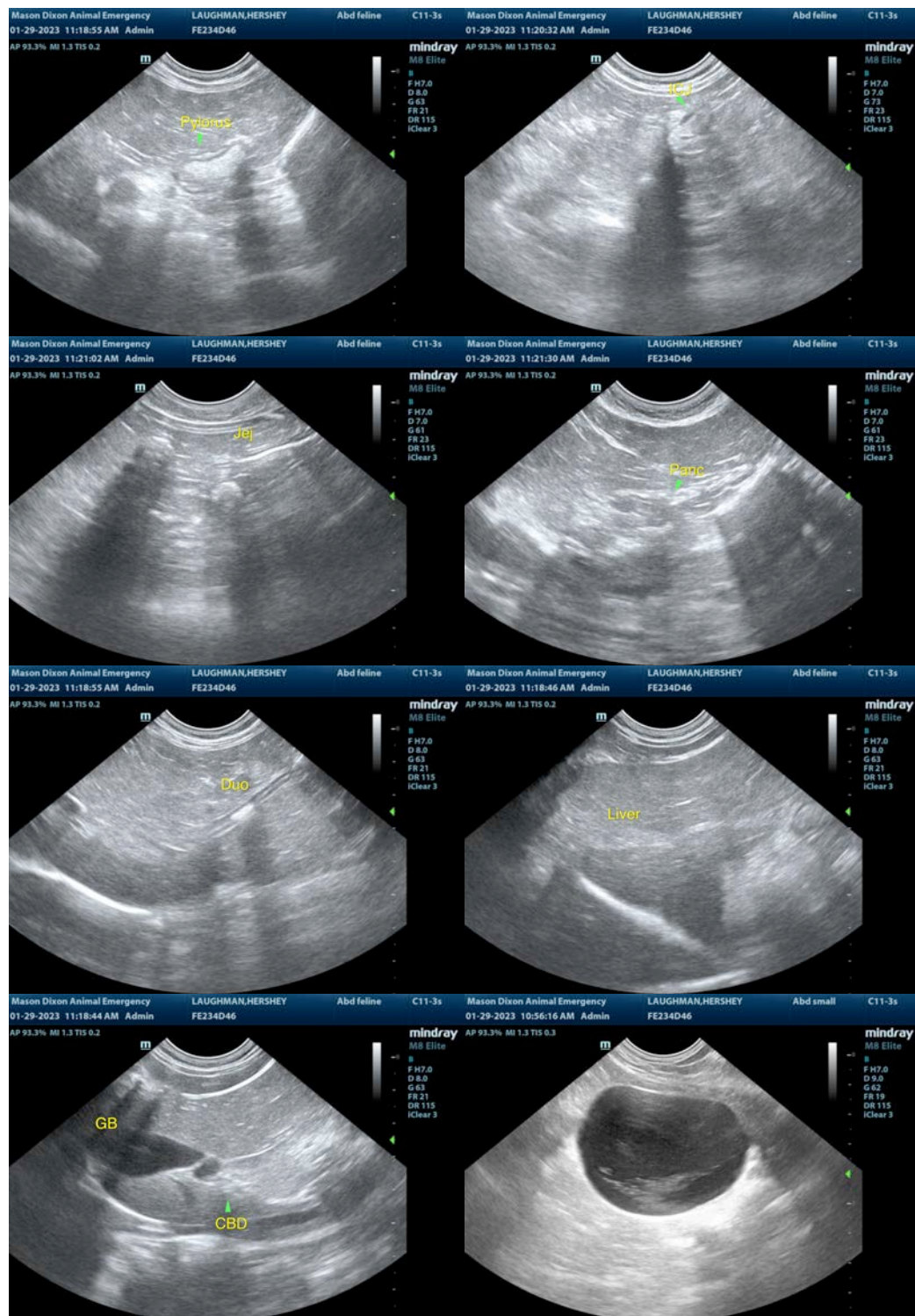
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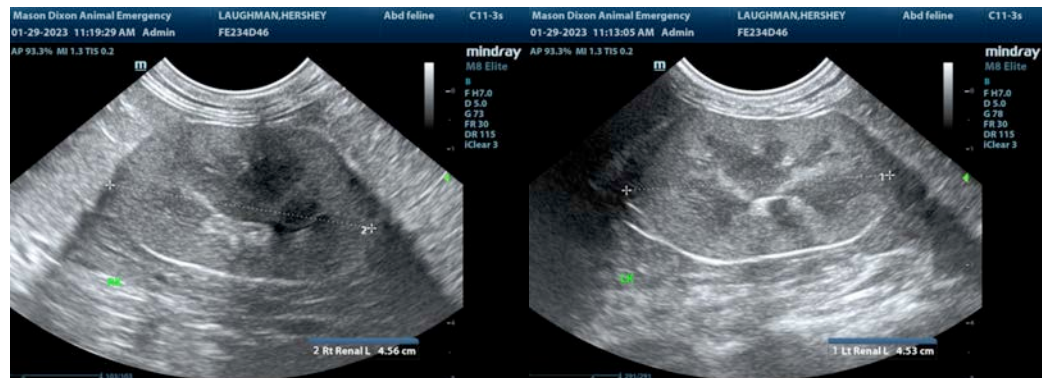
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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