



PATIENT

Tex Harlow

PRESENTING CLINICAL SIGNS

Presented 10/10 evening for vomiting. O tried giving an anti-nausea med from a different dog and P continued vomiting. Was boarded a few days ago.

SPECIES

Canine

Abnormal PE/Chem/CBC/UA Results: Parvo test: NEG CBC: HCT 53.0%, PLT & leukogram wnl. Chem 10: ALT 243 EPOC: All wnl. LAC 1.5 Fecal direct: no fluke eggs present Fecal OP/G: pending Radiographs (3) with stat submission: No obstructive pattern present. Small irregular soft tissue opaque structure summing the lumen of the pylorus in the left lateral projection could reflect irregular collapse of the gastric wall upon itself, normal ingesta or a small soft tissue opaque foreign object. This is currently not associated with distention of the gastric lumen. Exam: QAR, MM slightly tacky. Hunched posture. Vitals wnl.

BREED

Labradoodle

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

SEX

M

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra 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 were noted.

AGE

11mo

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 5.8 cm in length. The right kidney measured 6.2 cm in length.

WEIGHT

38.5lb

The prostate was of expected size and presentation for a young intact canine.

INTERPRETED BY

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

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.54 cm width at the caudal pole and 0.63 cm width at the cranial pole. The right adrenal gland was not definitively visualized

IMAGING PERFORMED BY

Dr. Couser

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.

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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.

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INVOICE

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The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content. No evidence of gallbladder or peripheral gallbladder inflammation was present. The cystic and common bile ducts were normal.

DATE

Gastrointestinal

10/11/2022



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The stomach presented intact yet mildly prominent wall layering with a normal wall layer ratio. The lumen of the stomach primarily empty with minor retained anechoic fluid with no signs of ileus, obstruction or foreign material.

SPECIES

Canine

The gastric body wall measured 0.45 cm in width.

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.

BREED

Labradoodle

The duodenum wall measured 0.44 cm in width. The jejunum wall measured 0.36 cm in width.

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

Pancreas

SEX

M

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.

AGE

11mo

Free Abdomen

No omental masses or peritoneal effusion was present.

Focal, mildly prominent to enlarged mesenteric lymph nodes 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 1.3 cm.

WEIGHT

38.5lb

ULTRASONOGRAPHIC FINDINGS

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

- Gastritis/gastroenteritis pattern-subjectively mild
- Low grade hepatopathy-suspect reactive hepatopathy, potential for low-grade inflammatory hepatopathy possible

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No evidence of mechanical obstructive pattern or overt GI foreign material was observed. Dietary indiscretion, acute inflammatory bowel episode, gastroenterotoxic insult, occult parasitism or less likely occult Addison's disease are all potentials. No indication for immediate surgical intervention. Supportive care should prove beneficial. A resting cortisol level may be considered to rule out occult Addison's disease. Monitoring of ALT levels with potential recheck sonogram if progressive ALT elevation or vomiting despite supportive care is recommended. Assuming normal clotting status and using a 25g needle, a hepatic FNA for screening cytology +/- leptospirosis titers/PCR could be considered.

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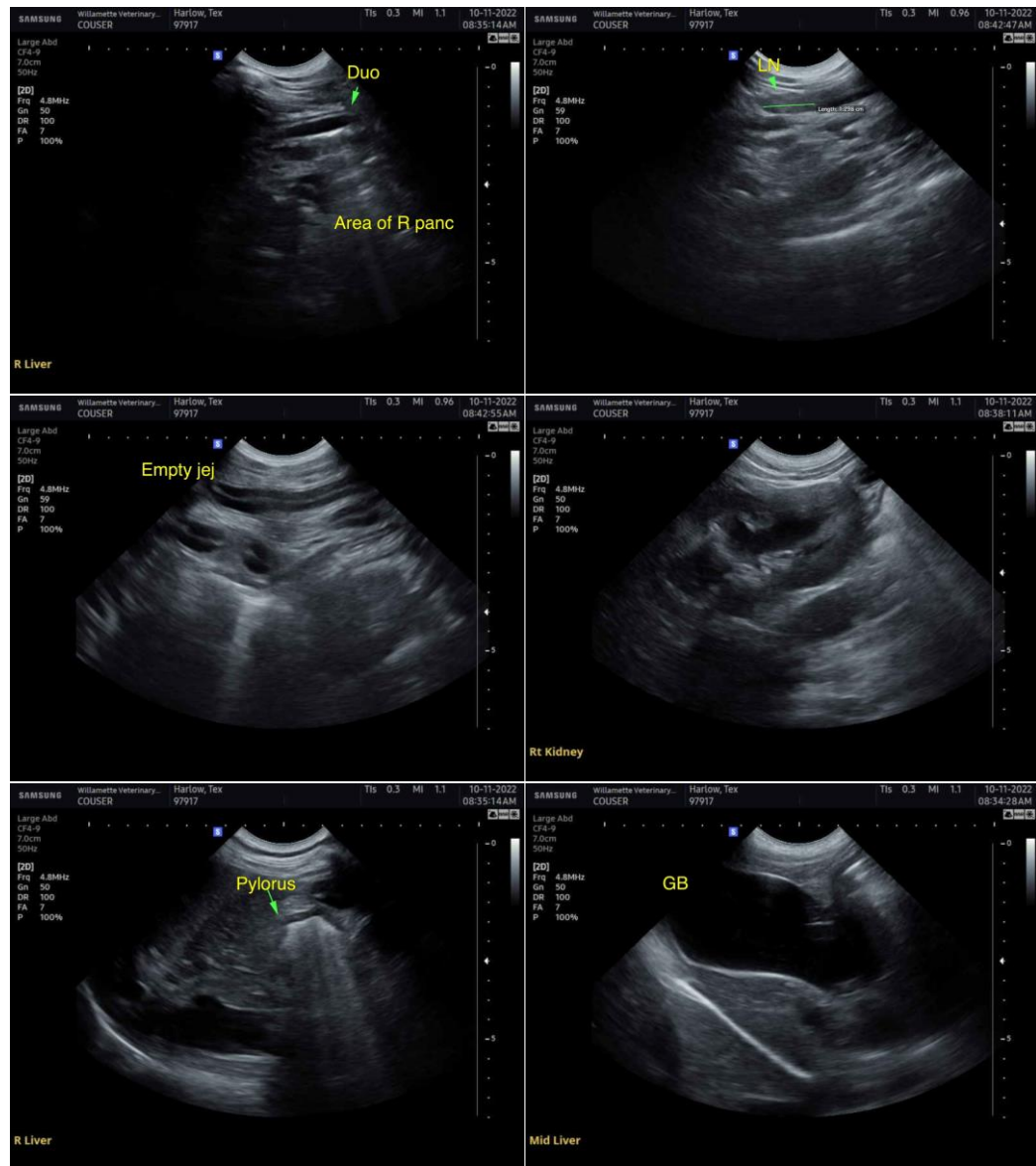
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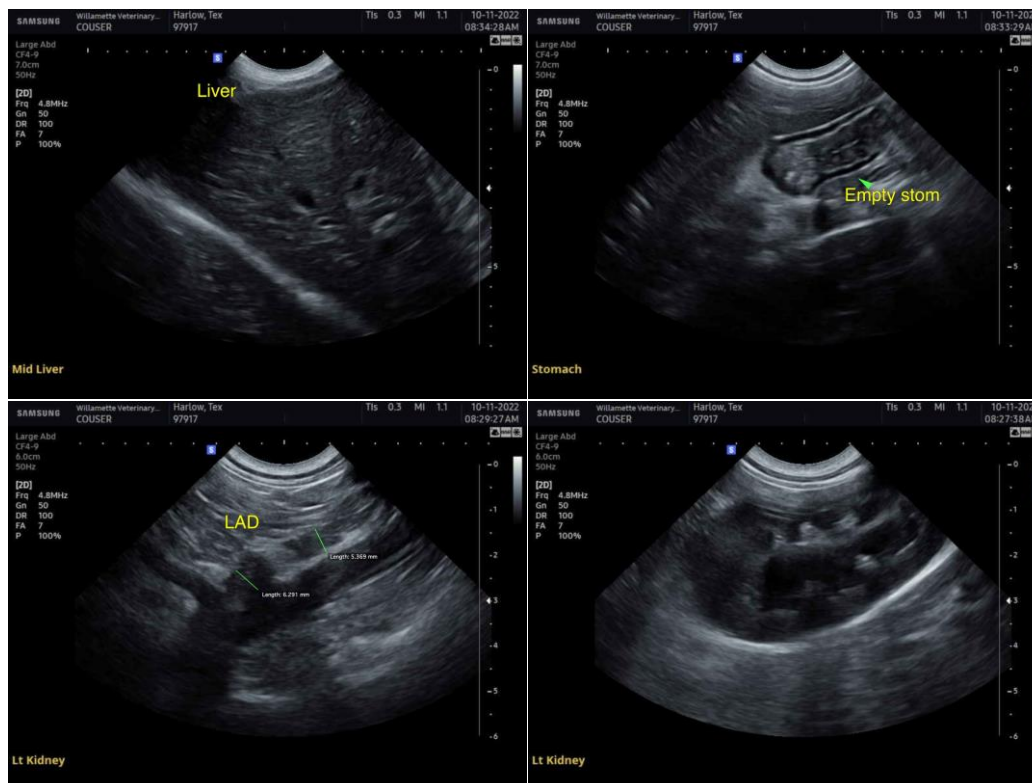
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)

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