



PATIENT

River Ammann

SPECIES

Canine

BREED

Border Collie X

SEX

MN

AGE

7 months

WEIGHT

17.3 kg

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

Dr. Sarah Barthelemy

HOSPITAL NAME

Crowchild Trail VC

REFERRING VET

Dr. Bartier

INVOICE

15202

DATE

10/12/22

PRESENTING CLINICAL SIGNS

Neutered Oct 6th. Since yesterday decreased energy and appetite. Softer stool with small amt blood at end of bowel movement. No vomiting. Drinking normally.

Abnormal PE/Chem/CBC/UA Results: Mild fever. Neutrophilia (mild) with mild borderline regen anemia.

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 residual prostate was symmetrically normal in size with uniform parenchyma and slight coarse echotexture measuring 1.2 cm in diameter.

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 6.1 cm in length. The right kidney measured 6.3 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 0.33 cm width at the caudal pole and 0.39 cm width at the cranial pole. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.37 cm width at the caudal pole and 0.46 cm width at the cranial 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. The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.



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Gastrointestinal

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The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained moderate, variably echogenic, ingesta exhibiting mild progressive distal acoustic shadowing. The stomach was otherwise normal. No evidence of mechanical pyloric outflow obstruction was noted.

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The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. Segmental to generalized nonshadowing intestinal ingesta / chyme was noted. No evidence of a mechanical obstructive pattern or small intestinal foreign body was noted.

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The colon walls presented intact yet mild prominent wall layering with mildly thickened to echogenic submucosa. Semi-formed to soft fecal matter, consistent with patient history, was present.

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Pancreas

The left pancreatic limb was normal in size and contour with subtle uniform hypoechoic parenchyma compared to adjacent omentum.

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Free Abdomen

Intermittent, variably prominent, uniform mesenteric lymph nodes were present. These lymph nodes were homogenous, mildly hypoechoic and smoothly margined. A normal width: length ratio was maintained (<0.5). Subtle evidence of perilymphatic reactive mesentery was evident. An example of lymph node size was 4.2 cm x 0.8 cm. No free fluid was noted.

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ULTRASONOGRAPHIC FINDINGS

- Overtly normal gastrointestinal tract with moderate gastric and mild segmental to generalized intestinal ingesta / chyme
- Intermittent subjectively benign mesenteric lymph nodes - lymphoid hyperplasia, reactive lymphadenitis potentially owing to inflammatory enterocolic process, or immunologic immaturity likely, no evidence of lymphatic neoplastic criteria
- Subtly hypoechoic left pancreas - nonspecific, likely patient variant

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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The presence of gastrointestinal ingesta may indicate post-prandial presentation. Correlation with most recent meal ingestion is recommended. If documented NPO prior to the ultrasound, some degree of metabolic gastrointestinal hypomotility could be considered.

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The reported stool is suggestive of large bowel diarrhea, although nonspecific mild inflammatory enterocolonopathy, dietary intolerance / food allergy, occult parasitism, infectious disease given the mild fever, or other enterocolonopathy are possible.

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A resting cortisol level to rule out occult Addison's Disease, given recent stress event, is suggested. As-needed gastroenterocolic support should prove beneficial.



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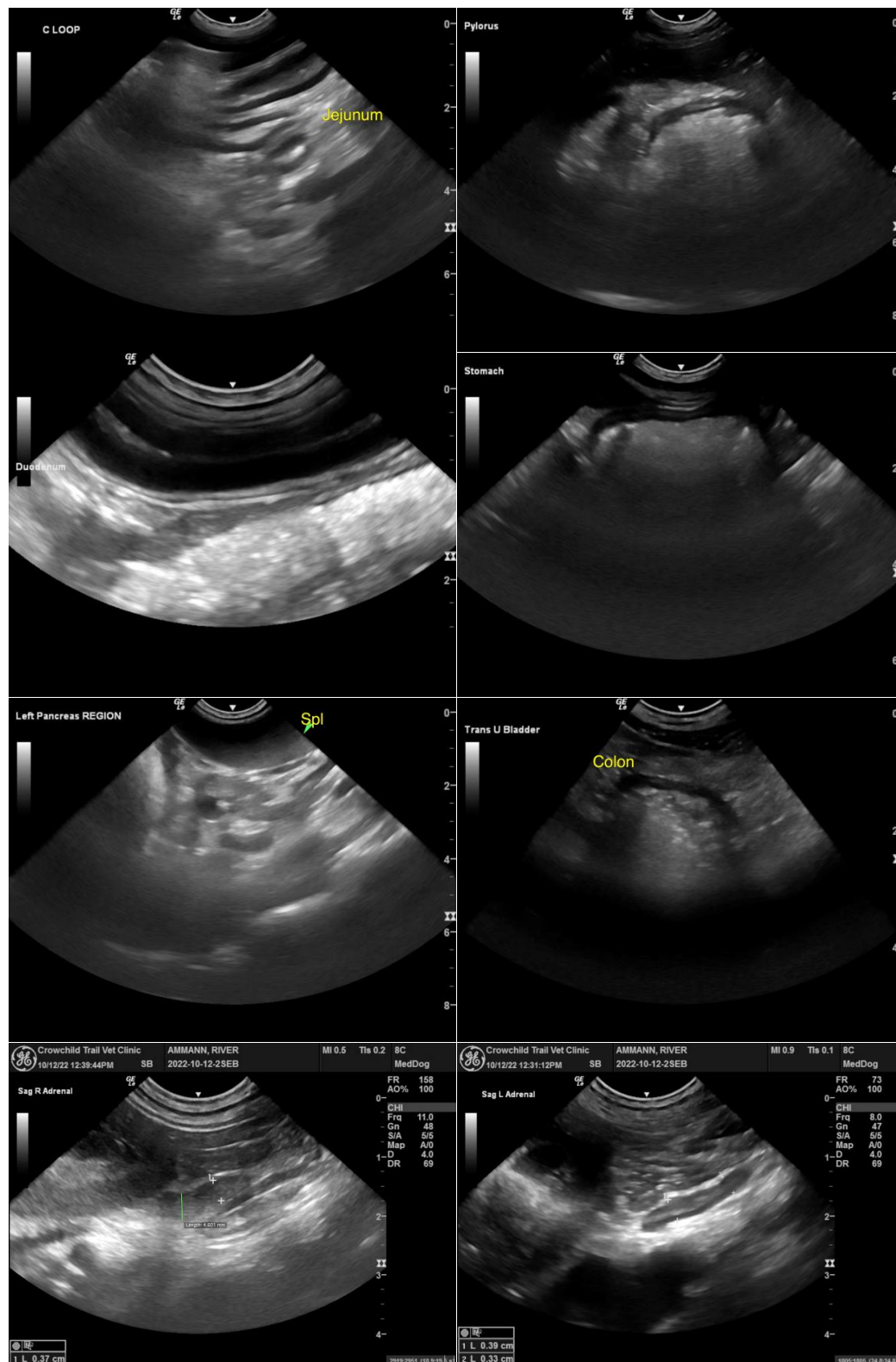
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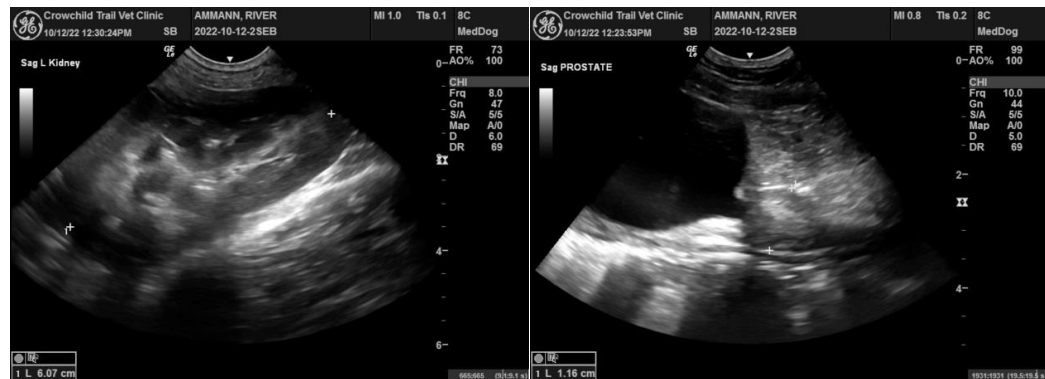
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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