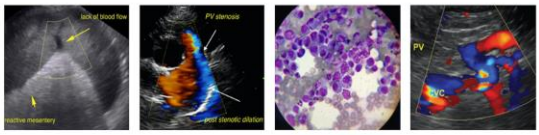
Pennsylvania Mobile
VETERINARY ULTRASOUND SERVICES
IMAGING PERFORMED BY
PAMobileVet.com 443-794-4700



SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™
1-800-838-4268 info@sonopath.com SonoPath.com

PATIENT

Sammy Schriner

SPECIES

Canine

BREED

Rottweiler

SEX

MN

AGE

2018

WEIGHT

2018

INTERPRETED BY

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

IMAGING PERFORMED BY

Rebekah Jakum, CVT ARDMS/RVT

HOSPITAL NAME

Easton AH

REFERRING VET

Dr. Nankman

INVOICE

15200

DATE

10/12/22

PRESENTING CLINICAL SIGNS

Intermittent, increasing vomiting for 7 months, no weight loss

Unremarkable CBC/Chemistry Panel, Na/K ratio 29

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 5.0 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 sonographically unremarkable measuring 1.6 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 7.7 cm in length. The right kidney measured 7.5 cm in length.

Adrenal Glands

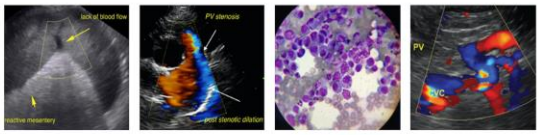
The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 2.6 cm length x 0.62 cm width at the caudal pole. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 2.7 cm length x 0.47 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 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.



PATIENT

Sammy Schriner

SPECIES

Canine

BREED

Rottweiler

SEX

MN

AGE

2018

WEIGHT

2018

INTERPRETED BY

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

IMAGING PERFORMED BY

Rebekah Jakum, CVT ARDMS/RVT

HOSPITAL NAME

Easton AH

REFERRING VET

Dr. Nankman

INVOICE

15200

DATE

10/12/22

Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. Subjective mild to possible moderate gas distention was noted. No evidence of retained ingesta or fluid, or foreign material. The gastric body wall width measured 0.46 cm.

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. The duodenum wall measured 0.53 cm width. The jejunum wall measured 0.47 cm width.

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 overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

- Sonographically unremarkable abdomen

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

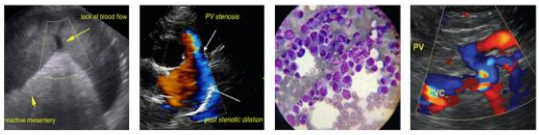
No evidence of visceral specifically gastrointestinal or pancreatic pathology as an obvious cause or contributing factor to the patient's intermittent to increasing vomiting.

Dietary intolerance / food allergy may be a primary consideration in this patient, while the possibility of structurally insignificant gastrointestinal disease or low-grade to chronic pancreatitis (both of which may present as sonographically normal), may be considered, although no evidence of concurrent GI signs or evidence of weight loss.

Empirically, as-needed GI support, i.e., gastroprotectants, Cerenia, etc., along with a novel protein or hydrolyzed diet trial +/- prophylactic deworming even if fecal testing is negative and assessment of clinical response would be reasonable. Three-view chest radiographs could be considered to rule out occult thoracic or esophageal pathology as a contributing factor. Although considered unlikely, a resting cortisol level to rule out occult Addison's Disease could be considered.

Pennsylvania Mobile
VETERINARY ULTRASOUND SERVICES

IMAGING PERFORMED BY
PAMobileVet.com 443-794-4700



SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™
1-800-838-4268 info@sonopath.com SonoPath.com

PATIENT

Sammy Schriner

SPECIES

Canine

BREED

Rottweiler

SEX

MN

AGE

2018

WEIGHT

2018

INTERPRETED BY

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

IMAGING PERFORMED BY

Rebekah Jakum, CVT ARDMS/RVT

HOSPITAL NAME

Easton AH

REFERRING VET

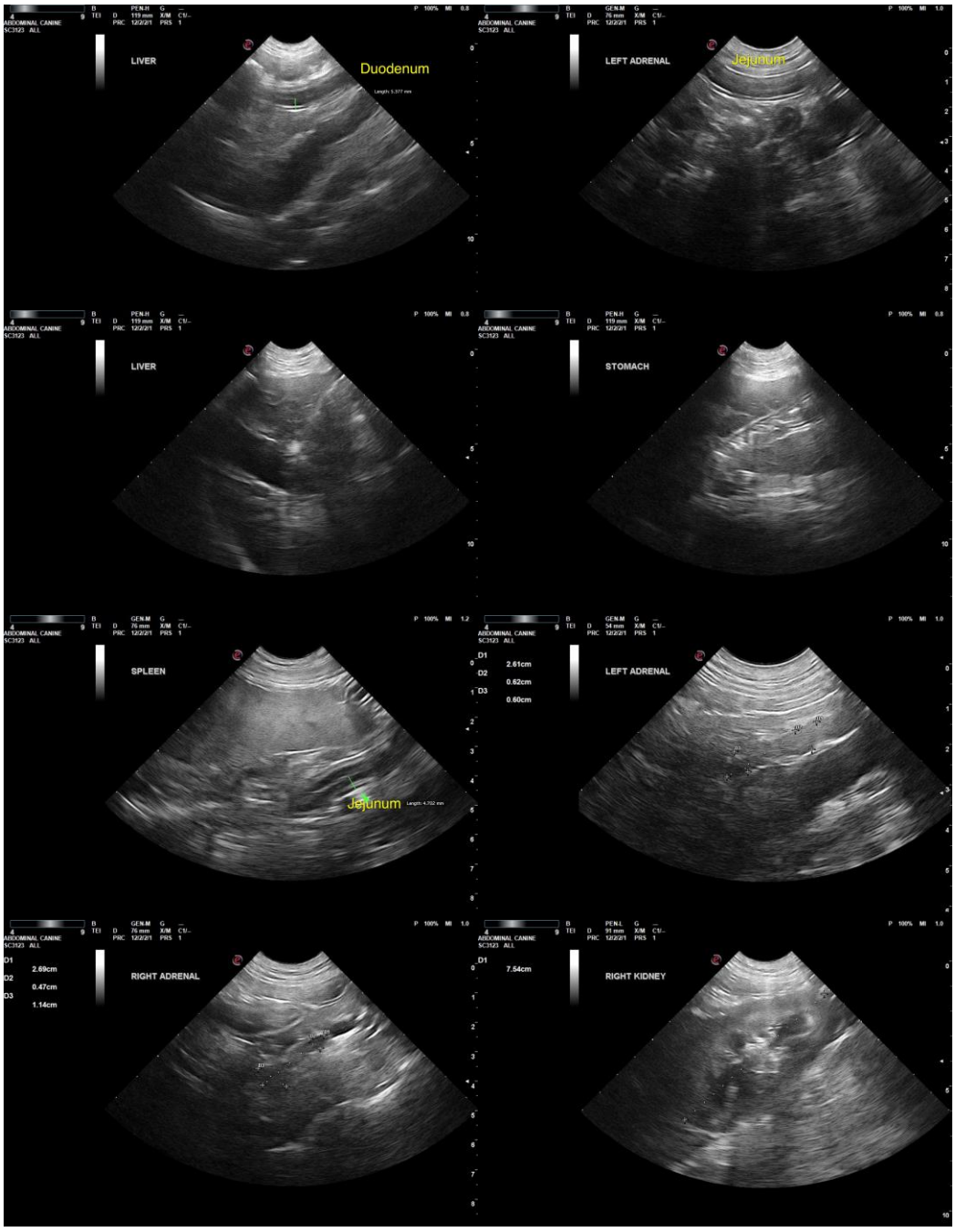
Dr. Nankman

INVOICE

15200

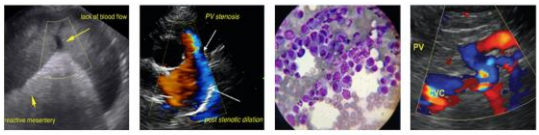
DATE

10/12/22



Pennsylvania Mobile
VETERINARY ULTRASOUND SERVICES

IMAGING PERFORMED BY
PAMobileVet.com 443-794-4700



SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™
1-800-838-4268 info@sonopath.com SonoPath.com

PATIENT

Sammy Schriner

SPECIES

Canine

BREED

Rottweiler

SEX

MN

AGE

2018

WEIGHT

2018

INTERPRETED BY

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

IMAGING PERFORMED BY

Rebekah Jakum, CVT ARDMS/RVT

HOSPITAL NAME

Easton AH

REFERRING VET

Dr. Nankman

INVOICE

15200

DATE

10/12/22

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)
mac.daniel@sonopath.com