



PATIENT

Remi Griffith

SPECIES

Canine

BREED

Labrador Retriever

SEX

Spayed Female

AGE

7 years 3 months

WEIGHT

85.7 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Rivera

HOSPITAL NAME

DPC VH

REFERRING VET

Dr. Rivera

INVOICE

12356

DATE

10/3/21

PRESENTING CLINICAL SIGNS

Reason for Visit: NAUSEOUS/ NOT ACTING HERSELF History: FAMILY MEMBER OF O PASSED AWAY ON FRIDAY. P WAS SUPER ATTACHED TO FAMILY MEMBER AND HAS NOT BEEN ACTING HERSELF SINCE. P STARTED VOMITING ON FRIDAY. O GAVE ZOFRAN BUT P STILL SEEMED NAUSEOUS ON SATURDAY. Received Cerenia injection Saturday and ptyalism improved. Owner gave 1L fluids and patient perked up. Has not vomited since Friday. Willing to eat and drink when bowls are raised up to her but hesitates and seems a bit off-balance when putting her head down to bowl.

Abnormal PE/Chem/CBC/UA Results: Hydration: N Mentation: BAR EENT: clear OU. clear, no debris AU. No cough on tracheal palpation. Oral cavity: Mild tartar Lymph Nodes: No peripheral lymphadenopathy Skin: healthy hair coat. No ectoparasites seen, skin clean dry and intact CV/Respiratory: Normal heart rate and rhythm, no murmur, pulses strong and synchronous, normal bronchovesicular sounds. Abd/GI: Tense in cranial abdomen; no fluid wave, no palpable masses or organomegaly Uro/Perineum: no lesions or abnormalities Musculoskeletal: BCS = 5/9. Ambulatory x 4, normal gait, normal palpation all 4 limbs Neurological: Previously-described enophthalmos/mydriasis OS. Pain on turning head to left. Otherwise postural reactions, cranial nerves WNL.

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. 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 7.2 cm in length. The right kidney measured 7.2 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 0.48 cm width at the caudal pole and 0.58 cm width at the cranial pole. The right adrenal gland was not definitively visualized.

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/ Gallbladder

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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

The visualized gastric walls were sonographically unremarkable with intact wall layering and without evidence of mural hypertrophy. The lumen of the stomach contained mild to moderate, echogenic, nonshadowing ingesta and chyme most consistent with post prandial presentation without signs of ileus, obstruction or foreign material. The pylorus wall width measured 0.55 cm. The gastric body wall width measured 0.48 cm.

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The small intestine presented intact wall layering with subjective propensity for mild prominent segmental submucosa and muscularis layers. No evidence of mechanical obstruction or small intestinal foreign material was evident. No evidence of gastrointestinal masses was noted. The duodenum wall width measured 0.53 cm. The jejunum wall width measured 0.42 cm.

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

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Pancreas

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(Canine and Feline)

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.

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Free Abdomen

Dr. Rivera

No evidence of intraabdominal masses, lymphadenopathy or effusion was present.

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ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Mild gastric ingesta / chyme
- Possible enteritis / Inflammatory enteropathy

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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The presence of mild gastric ingesta and chyme is nonspecific and may correlate with recent meal ingestion. However, if documented NPO some degree of possible mild metabolic gastric stasis or nonobstructive delayed gastric emptying may be possible.

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Subjectively, the small intestine exhibited subtle mural changes which may suggest underlying Inflammatory enteropathy. However, given the patient's willingness to eat at this time without evidence of reported weight loss or diarrhea, this finding is nonspecific.

Otherwise, no overt evidence of significant visceral pathology was noted. Potential for underlying muscular/skeletal, neurologic, or thoracic disease as a potential cause of the patient's clinical signs may



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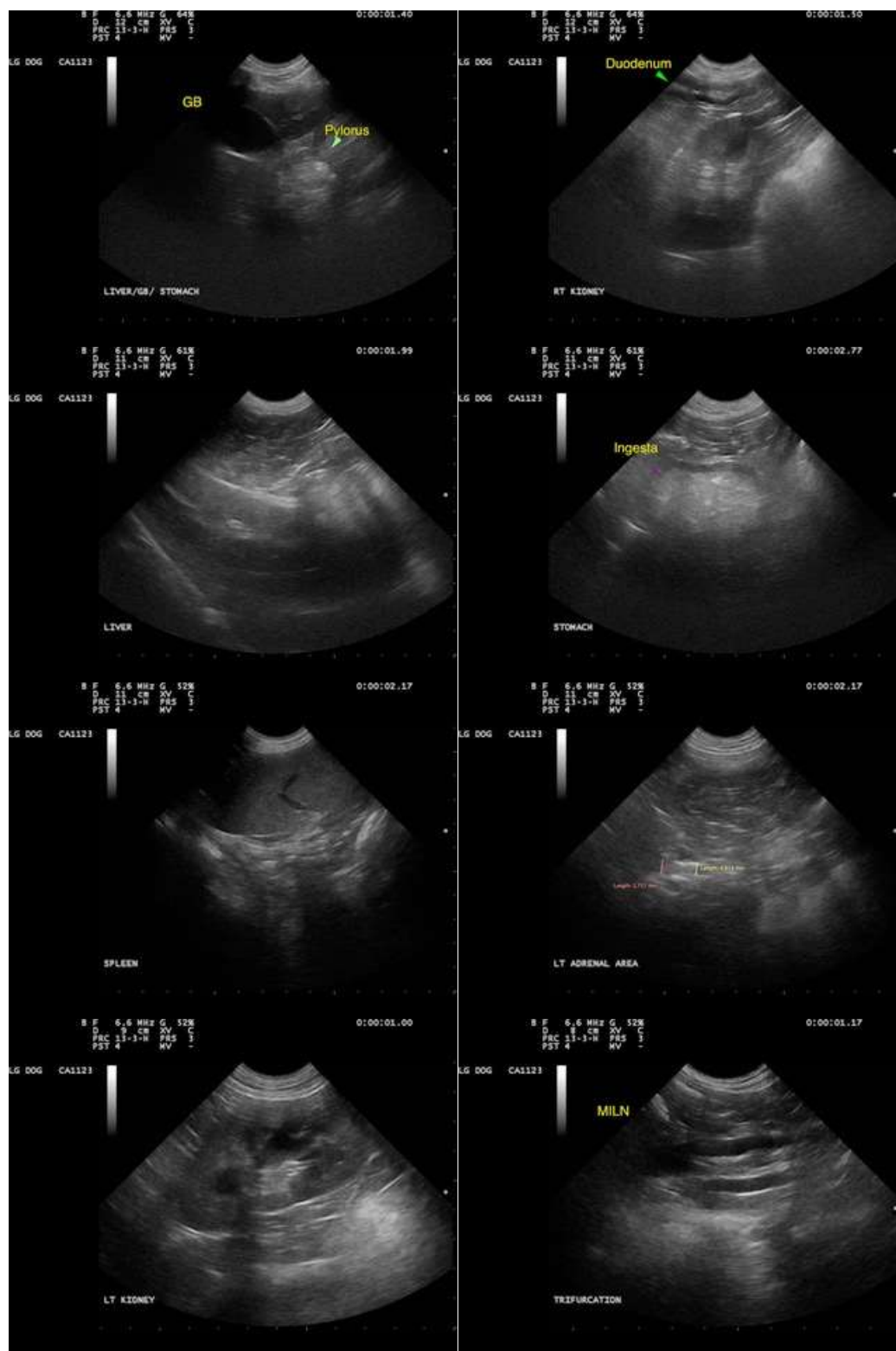
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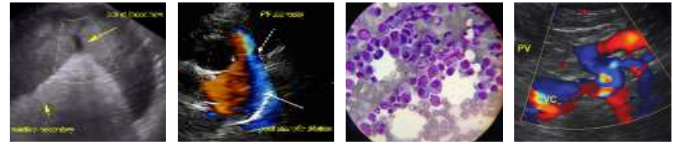
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be possible. Three view chest radiographs are suggested, if not recently done. Continued GI support is recommended. Resting cortisol level may be considered to rule out occult Addison's Disease.





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The information and recommendations provided are based on the images presented by the referring veterinarian. 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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info@SonoPath.com

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