



PATIENT

Cream Kay

SPECIES

Canine

BREED

Maltese

SEX

FS

AGE

14yr

WEIGHT

9lb

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Cutchin

HOSPITAL NAME

Friendship Springs
Veterinary Care

REFERRING VET

Dr. Cutchin

INVOICE

11887ag

DATE

10/17/2022

PRESENTING CLINICAL SIGNS

Multiple episodes of vomiting, tender abdomen, mildly distended appearance.

Abnormal PE/Chem/CBC/UA Results: CBC pending, increased PCV, alp, alt, ca, phos. positive snap cpl.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

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.

Normal size and margination were present in the kidneys. A normal 1:3 cortex / medulla ratio was maintained. The medulla and cortices were uniform in texture with some increased echogenicity and mild loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. Minor non-obstructive medullary mineral was present. The left kidney measured 4.0 cm in length. The right kidney measured 4.3 cm in length.

The area of the aortic trifurcation was free of pathology.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.5 cm width at the caudal pole and 0.5 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 0.57 cm width at the caudal pole.

Spleen

The spleen exhibited primarily finely textured parenchyma which was hyperechoic to the liver and renal cortical parenchyma. Mild generalized parenchyma heterogeneity was present without evidence of nodular changes. 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. The parenchymal heterogeneity is likely consistent with benign changes such as extramedullary hematopoiesis or age-related remodeling with minor potential for inflammatory or neoplastic disease.

Liver

The liver presented enlarged in size. The parenchyma of the liver was subjectively normal in echogenicity compared to the spleen and renal cortices. The liver parenchyma was uniform with a moderate coarse echotexture and evidence of minor remodeling. The capsule of the liver was symmetrically rounded to mildly swollen in margination. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended in size with primarily anechoic luminal content and echogenic luminal debris. The cystic and common bile ducts were normal.

Gastrointestinal

The stomach presented mild wall thickening secondary to echogenic mucosa hypertrophy. Intact wall layering was maintained and distinct. Mild gastric distension with mild retained primarily anechoic fluid was present.



PATIENT

Cream Kay

The small intestine presented intact wall layering with subjective 1:3 muscularis/mucosa ratio. Segmental variable fluid dilation along with concurrent segments of empty small intestine were present. Focal strongly shadowing intestinal luminal echo noted in the mid abdomen measuring ~ 2.0 cm in diameter.

SPECIES

Canine

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

Pancreas

BREED

Maltese

The pancreas was mildly prominent in size with subtle hypoechoic to non-homogeneous parenchyma compared to the adjacent omental fat. A potential pancreatic cyst was present in the proximal left pancreatic limb caudal to the gastric body. 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.

SEX

FS

Free Abdomen

No omental masses, overt lymphadenopathy or peritoneal effusion was present.

AGE

14yr

Mild peri-intestinal hyperechoic mesentery was present.

ULTRASONOGRAPHIC FINDINGS

WEIGHT

9lb

- Mild hypomotile gastritis pattern
- Segmental fluid distended small intestine with focal strongly shadowing luminal echo in the mid abdomen, concurrent empty small intestine
- Hypoechoic pancreas
- Hepatopathy-subjectively benign
- Mild gallbladder debris (non-mucocele)

INTERPRETED BY

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

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Considerations for the small intestinal presentation may include mechanical vs metabolic ileus, however given the strongly shadowing luminal echo as well as segmental fluid dilation, mechanical obstruction most likely secondary to intestinal foreign body is probable. Potential for segmental underlying neoplastic criteria is thought unlikely yet cannot be definitively excluded. Potential for concurrent pancreatitis is possible although does not appear to be the primary cause of the patient's vomiting. Exploratory laparotomy with enterotomy and with intestinal biopsies despite exploratory findings +/- hepatic biopsy is recommended.

IMAGING PERFORMED BY

Dr. Cutchin

HOSPITAL NAME

Friendship Springs
Veterinary Care

REFERRING VET

Dr. Cutchin

INVOICE

11887ag

DATE

10/17/2022



PATIENT

Cream Kay

SPECIES

Canine

BREED

Maltese

SEX

FS

AGE

14yr

WEIGHT

9lb

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Cutchin

HOSPITAL NAME

Friendship Springs
Veterinary Care

REFERRING VET

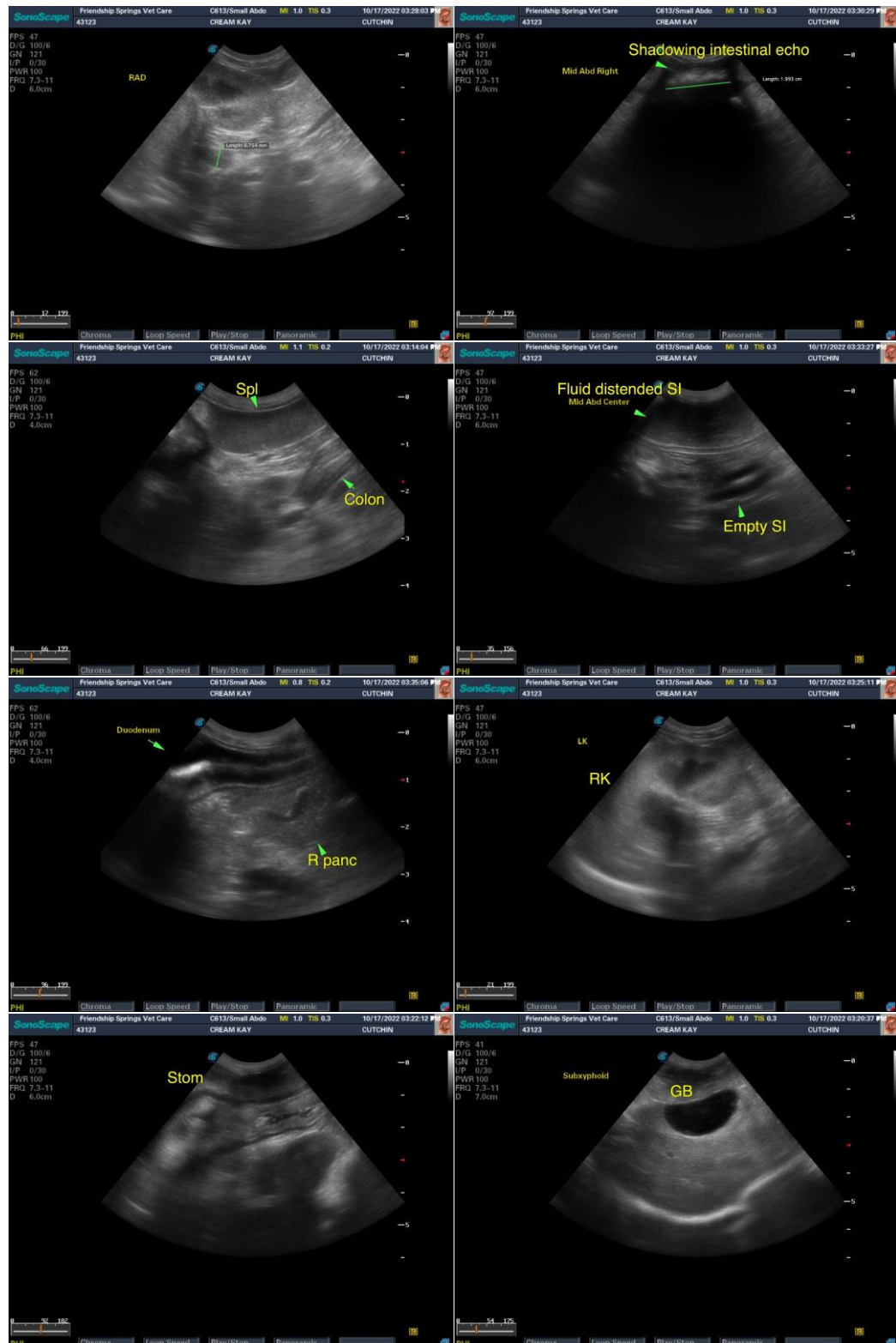
Dr. Cutchin

INVOICE

11887ag

DATE

10/17/2022





PATIENT

Cream Kay

SPECIES

Canine

BREED

Maltese

SEX

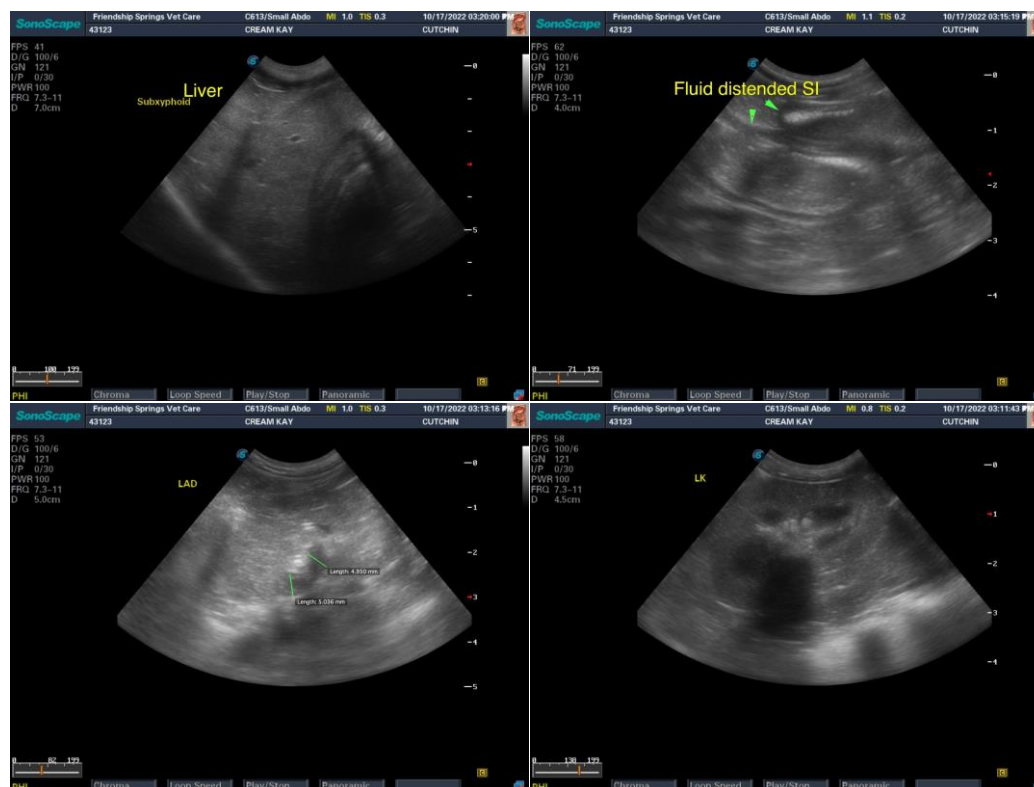
FS

AGE

14yr

WEIGHT

9lb



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.

INTERPRETED BY

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

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)

IMAGING PERFORMED BY

Dr. Cutchin

info@SonoPath.com

HOSPITAL NAME

Friendship Springs
Veterinary Care

REFERRING VET

Dr. Cutchin

INVOICE

11887ag

DATE

10/17/2022