



PATIENT PRESENTING CLINICAL SIGNS

Luna Connors Hx of dietary indiscretion (paper, baby wipes, cardboard, film from camera). Multiple episodes of V on 10/14 as well as diarrhea. No V with Cerenia and fluids, but D progressive with blood. Inappetent. In house bloodwork today- mod elevation ALP, low glob, mild low BUN.

SPECIES

Canine

Current meds: Metronidazole 500 mg PO BID this am, Cerenia 3 ml SC this am, Immodium 2 mg PO this am. Rads: Gas filled corrugated colon consistent with colitis, possible SI wall thickening, no obvious mass enlargement or FB/ obstructive pattern.

BREED

Husky

Abnormal PE/Chem/CBC/UA Results: ALP 514, glob 1.8, BUN 6.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

SEX

FS

Urinary System

The urinary bladder presented initial mildly distended size with subjective normal tone and mild proximal urethral urinate dilation. Following urination, overtly normal urinary bladder size and tone with non-distended proximal urethra was noted. 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

11yr

Normal size and margination was 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. The left kidney measured 6.6 cm in length. The right kidney measured 6.5 cm in length.

WEIGHT

63.5lb

The area of the aortic trifurcation was free of pathology.

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 0.48 cm width at the caudal pole and 0.52 cm width at the cranial pole. No overt pathology in the area of the right adrenal gland.

IMAGING PERFORMED BY

Pamela Harrigan, RDMS

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.

HOSPITAL NAME

VCA Hanson Animal Hospital

REFERRING VET

Dr. Whalen

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 mildly coarse echotexture. 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 mild non-dependent echogenic debris. No evidence of gallbladder or peripheral gallbladder inflammation was present. The cystic and common bile ducts were normal.

INVOICE

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DATE

10/17/2022

Gastrointestinal



PATIENT

Luna Connors

The stomach presented intact yet mildly prominent wall layering with a normal wall layer ratio. The stomach appeared to be moderately gas distended. The lumen of the stomach was empty with no signs of ileus, obstruction or foreign material. The gastric body wall measured 0.48 cm in width.

SPECIES

Canine

The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. Segmental subtly prominent to echogenic submucosa layer was noted. Suspect although not definitive mild ileal distension containing ingesta/chyme.

BREED

Husky

The colon walls presented intact yet prominent wall layering with mild to moderate thickened to echogenic submucosa. Generalized colonic dilation was present containing non formed fecal matter.

SEX

FS

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 was evident.

AGE

11yr

Free Abdomen

No omental masses or overt lymphadenopathy was present.

Regional mid to caudal abdominal pericolic hyperechoic mesentery was present with concurrent mild volume free fluid.

WEIGHT

63.5lb

ULTRASONOGRAPHIC FINDINGS

- Benign hepatopathy-suspect metabolic/reactive/vacuolar hepatopathy
- Gallbladder debris (non-mucocele)
- Gastroenterocolitis pattern with moderate subjective ileocolitis
- Regional pericolic hyperechoic mesentery and mild volume free fluid

INTERPRETED BY

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

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The hyperechoic pericolic mesentery along with mild peritoneal free fluid is suspected to be secondary to colonic and distal small intestinal inflammation assuming normal ALB. No overt evidence of occult infiltrative gastroenterocolic neoplastic criteria was noted which is thought less likely.

IMAGING PERFORMED BY

Pamela Harrigan, RDCS

Continued aggressive therapy for moderate ileocolitis including prophylactic deworming (Panacur 50 mg/kg SID x 5 consecutive days with repeat protocol in 3 weeks even if fecal testing is negative) if the patient is able to take oral medication +/- a GI panel to include PLI/TLI/Cobalamin/Folate is recommended. Potential recheck sonogram is suggested if continued or persistent clinical signs or evidence of increasing peritoneal free fluid/inflammation.

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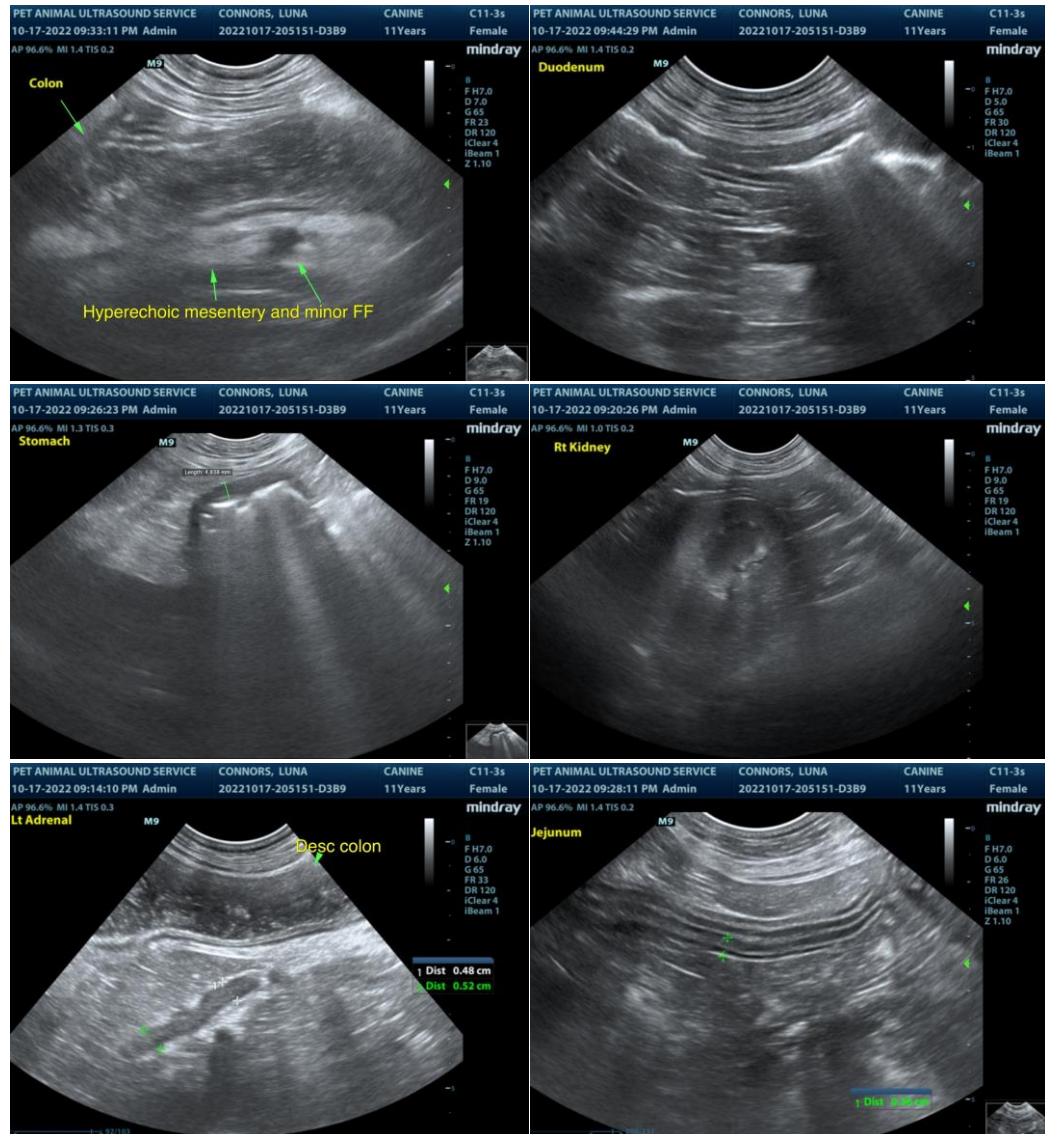
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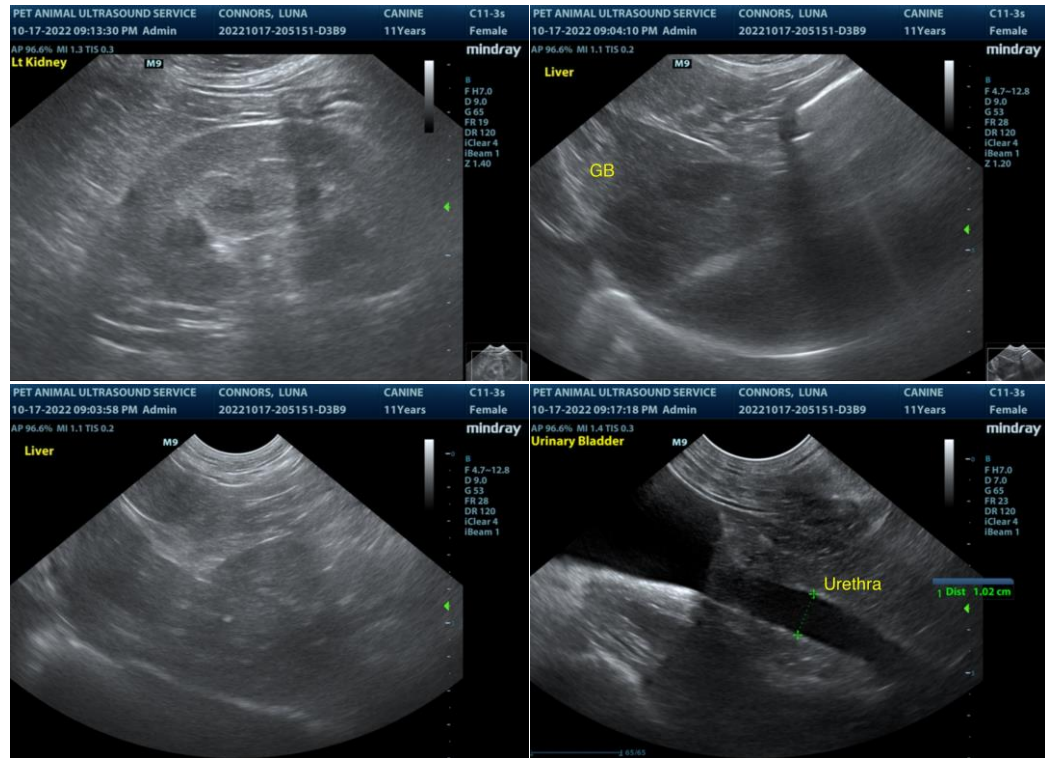
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 Canine

BREED
 Husky

SEX
 FS

AGE
 11yr

WEIGHT
 63.5lb



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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 info@SonoPath.com

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