**PATIENT**

Franny Gedde

SPECIES

Canine

BREED

German Shepherd

SEX

FS

AGE

3yr

WEIGHT

67.6lb

INTERPRETED BYR. McKenzie Daniel,
DVM, DABVP
(Canine and Feline)**IMAGING PERFORMED BY**

Kim Liedberg

HOSPITAL NAME

SVS Imaging

REFERRING VETDr. Bogunovic
Mukwonago AH**INVOICE**

11968ag

DATE

10/20/2022

PRESENTING CLINICAL SIGNS

Patient resented for acute onset of vomiting over the past 24 hours. Owner reports that she ate the outside of a base bass a few days ago. She was doing fine until about 24 hours ago when she started vomiting food/water and hasn't wanted to eat since. Owner unsure of last time she had a bowel movement. Radiographs reveal moderate gas in stomach with no evidence of foreign material. Given cerenia and 600ml bolus plasmalyte. Has not vomited since Monday. bit strains to defecate. Ate this "AM with no vomiting.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**Urinary System**

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2 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 were noted.

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 6.3 cm in length. The right kidney measured 6.7 cm in length.

The area of the aortic trifurcation was free of pathology.

Adrenal Glands

The bilateral adrenal glands exhibited potential for mild subnormal size. The left adrenal gland measured 0.40 cm width at the caudal pole and 0.36 cm width at the cranial pole. The right adrenal gland measured 0.38 cm width at the caudal pole and 0.49 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

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 with mild to moderate non-dependent mildly congealed hyperechoic debris. No evidence of gallbladder or peripheral gallbladder inflammation was present. The cystic and common bile ducts were normal.

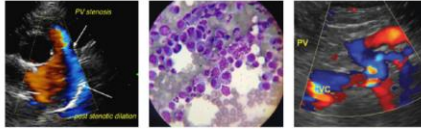
Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained mild ingesta exhibited subtle progressive distal acoustic shadowing with no signs of ileus, obstruction or overt foreign material.

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.

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Normal visible colon wall layers were present with subjective proximal gas and segmental semi formed feces in lumen.

Pancreas**SPECIES**

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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.

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Free Abdomen

No peritoneal free fluid was present.

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Focal, mildly prominent to enlarged mesenteric lymph nodes were present. The lymph nodes were essentially isoechoic to adjacent omentum without evidence of peripheral inflammation and maintaining a normal width: length ratio (<0.5). An example of a lymph node measured 1.8 cm x 0.52 cm.

AGE

3yr

ULTRASONOGRAPHIC FINDINGS

- Overtly normal GI tract with mild gastric ingesta/chyme
- Overtly normal colon containing segmental gas and subjective semi formed/soft fecal matter
- Subjective borderline subnormal bilateral adrenal glands-nonspecific
- Intermittent minor benign/reactive mesenteric lymphadenopathy-hyperplasia or minor reactive lymphadenitis

WEIGHT

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Secondary

- Moderate congealed gallbladder debris (non-mucocele)

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Overall, no overt evidence of gastroenterocolic structural pathology was observed. At times the presentation of the gastrointestinal tract may not correlate with reported gastrointestinal signs. In patients with ongoing GI signs, considerations including dietary intolerance / food hypersensitivity, occult parasitism, dysbiosis, acute gastroenterocolic inflammatory episode, inflammatory bowel, Addison's disease or low-grade pancreatitis are possible.

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Continued as needed GI supportive care along with a resting cortisol level to rule out occult Addison's disease is warranted. A GI panel to include PLI/TLI/Cobalamin/Folate is recommended if GI signs persist.

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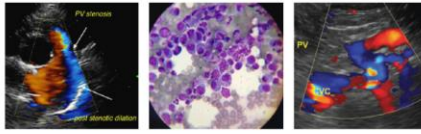
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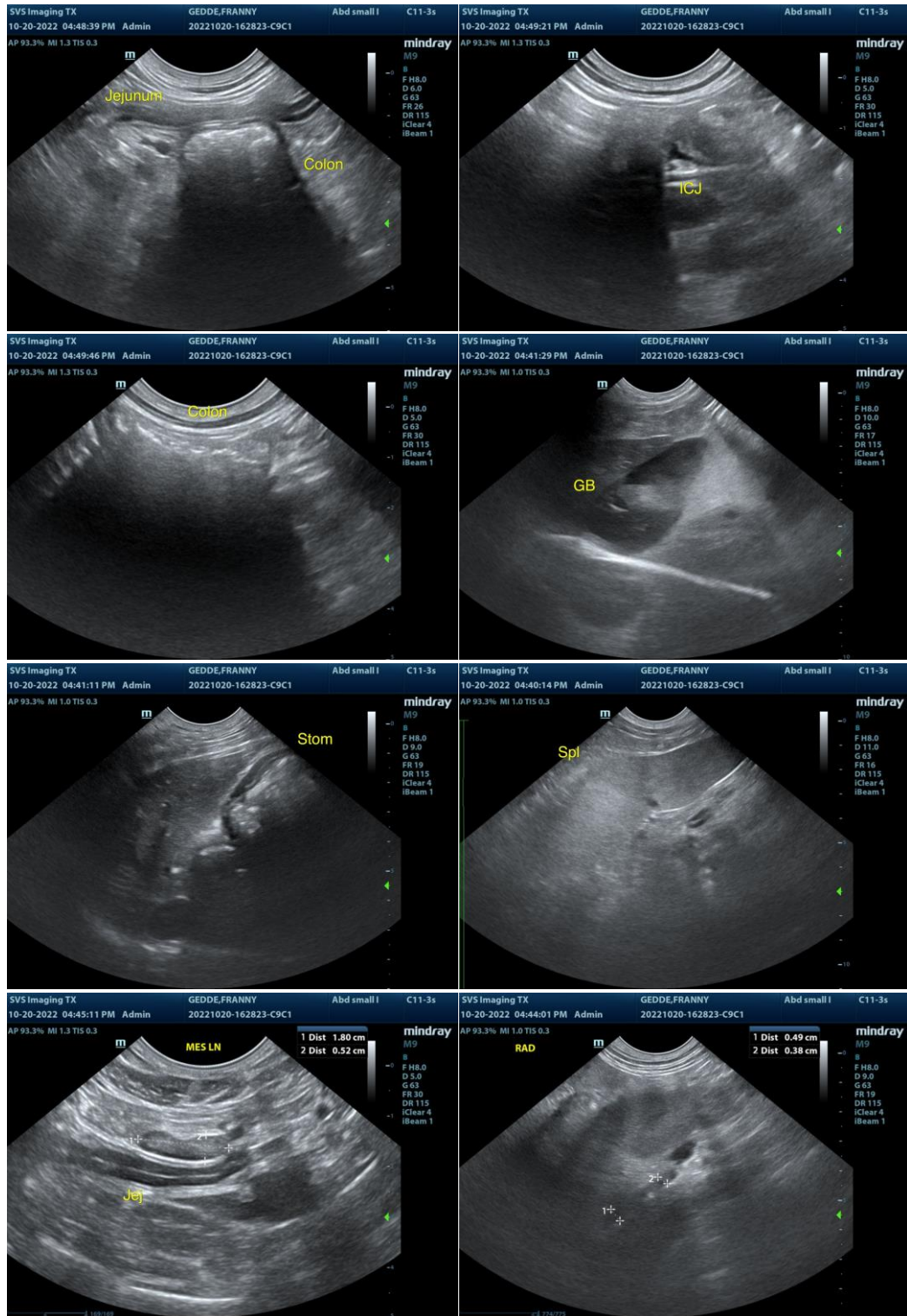
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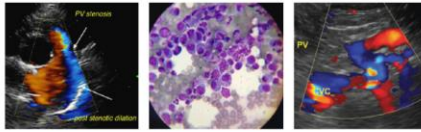
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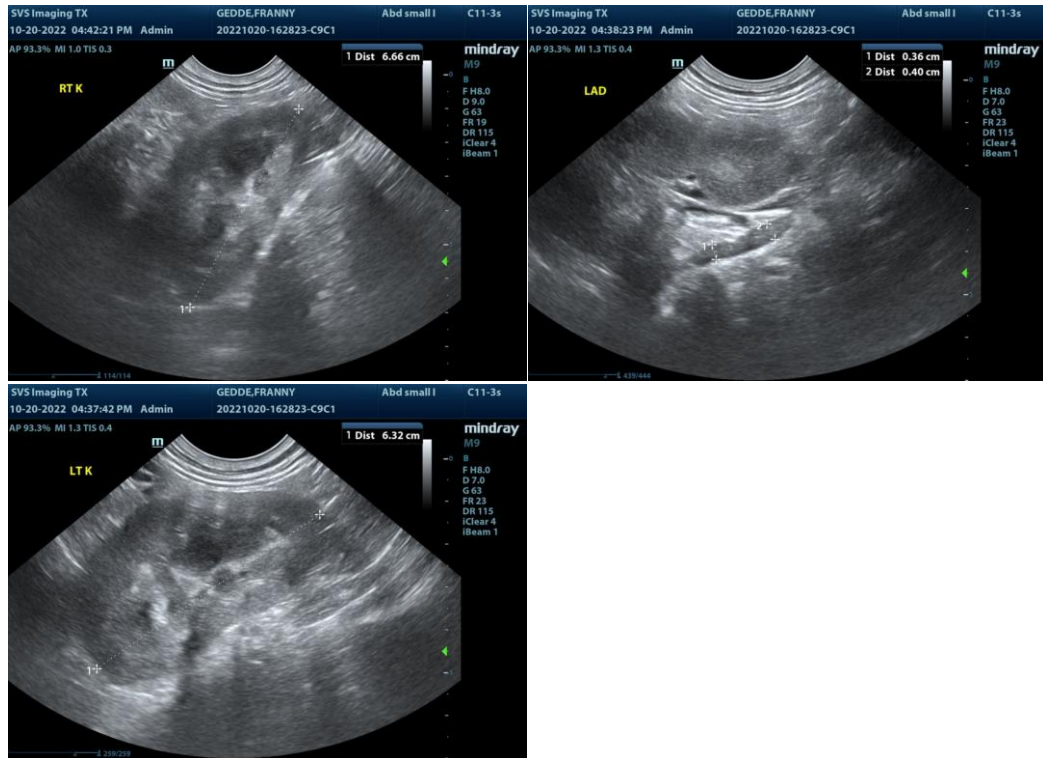
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

R. McKenzie Daniel, DVM, DABVP (Canine / Feline Practice)

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