



PATIENT PRESENTING CLINICAL SIGNS

PATIENT Daphne Lovato
SPECIES Canine
BREED Yorkie

Vomiting and hyporexia x 10 days. Hx: Dental prophy with few extractions 9/28. On review of hx, P had been vomiting nightly at that time. V resolved(?) but started again after dietary indiscretion (Panda Express). PE: Initial presentation consistent with dehydration and discomfort (tachycardia, tacky mm). Initially uncomfortable on palpation of cranial abdomen but has since resolved. Rest of PE has remained WNL. P QAR but willing to play for short periods at home. Progression: P responsive to Cerenia --> will eat small amounts of chicken at home. Vomiting resumes with attempts at adjusting to PO meds.

SEX None

Abnormal PE/Chem/CBC/UA Results: Snap cPL - slight abnormal Initial hyperalbuminemia resolved with fluid therapy. NSF on CBC/chem 10/18 except mild neutrophilia. Current Medications

FS ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

AGE *Urinary System*

9yr 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.

WEIGHT 7.9lb

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 mild increased medullary 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 3.7 cm in length. The right kidney measured 4.1 cm in length.

INTERPRETED BY

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

The area of the aortic trifurcation was free of pathology.

IMAGING PERFORMED BY

Sara Hansen

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.47 cm width at the caudal pole and 1.7 cm length. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.46 cm width at the caudal pole and 1.5 cm length.

HOSPITAL NAME

Ark Animal Hospital

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.

REFERRING VET

Dr. Parker

INVOICE

11966ag

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. The cystic and common bile ducts were normal.

DATE

10/21/2022



PATIENT *Gastrointestinal*

Daphne Lovato The stomach presented wall thickening secondary to echogenic mucosa hypertrophy. Intact wall layering was maintained and distinct. The gastric body wall measured up to 0.68 cm width. Mild gastric distension with moderate retained anechoic fluid was present.

SPECIES

Canine The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. The duodenum contained mild segmental retained ingesta/chyme extending caudally. Subjective jejunal dilation containing similar appearing retained ingesta chyme was present. A solitary ovoid homogeneous non-shadowing intestinal luminal echo was present in the mid to caudal intestine indicating likely jejunal location measuring ~ 1.9-2.0 cm in diameter.

BREED

Yorkie

SEX

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

FS

Pancreas

AGE

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.

9yr

Free Abdomen

WEIGHT

No overt lymphadenopathy or peritoneal effusion was present.

7.9lb

Regional mild peri intestinal hyperechoic mesentery.

INTERPRETED BY

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

ULTRASONOGRAPHIC FINDINGS

- Hypomotile gastritis pattern
- Focal non-specific non-shadowing ovoid intestinal luminal echo mid to caudal abdominal small intestine (likely jejunum) with segmental intestinal partial obstructive pattern
- Mild peri intestinal hyperechoic likely reactive mesentery, no evidence of peritoneal free fluid

IMAGING PERFORMED BY

Sara Hansen

Secondary

- Mild bilateral chronic renal changes

HOSPITAL NAME

Ark Animal Hospital

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The intestinal luminal echo is suggestive of a partially obstructive foreign body. Exploratory laparotomy with enterotomy is recommended and intestinal biopsies may be considered despite exploratory findings.

REFERRING VET

Dr. Parker

Potential for concurrent low grade pancreatitis which may present sonographically normal cannot be definitively excluded yet no evidence of significant or active pancreatitis was present.

INVOICE

11966ag

DATE

10/21/2022



PATIENT

Daphne Lovato

SPECIES

Canine

BREED

Yorkie

SEX

FS

AGE

9yr

WEIGHT

7.9lb

INTERPRETED BY

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

IMAGING PERFORMED BY

Sara Hansen

HOSPITAL NAME

Ark Animal Hospital

REFERRING VET

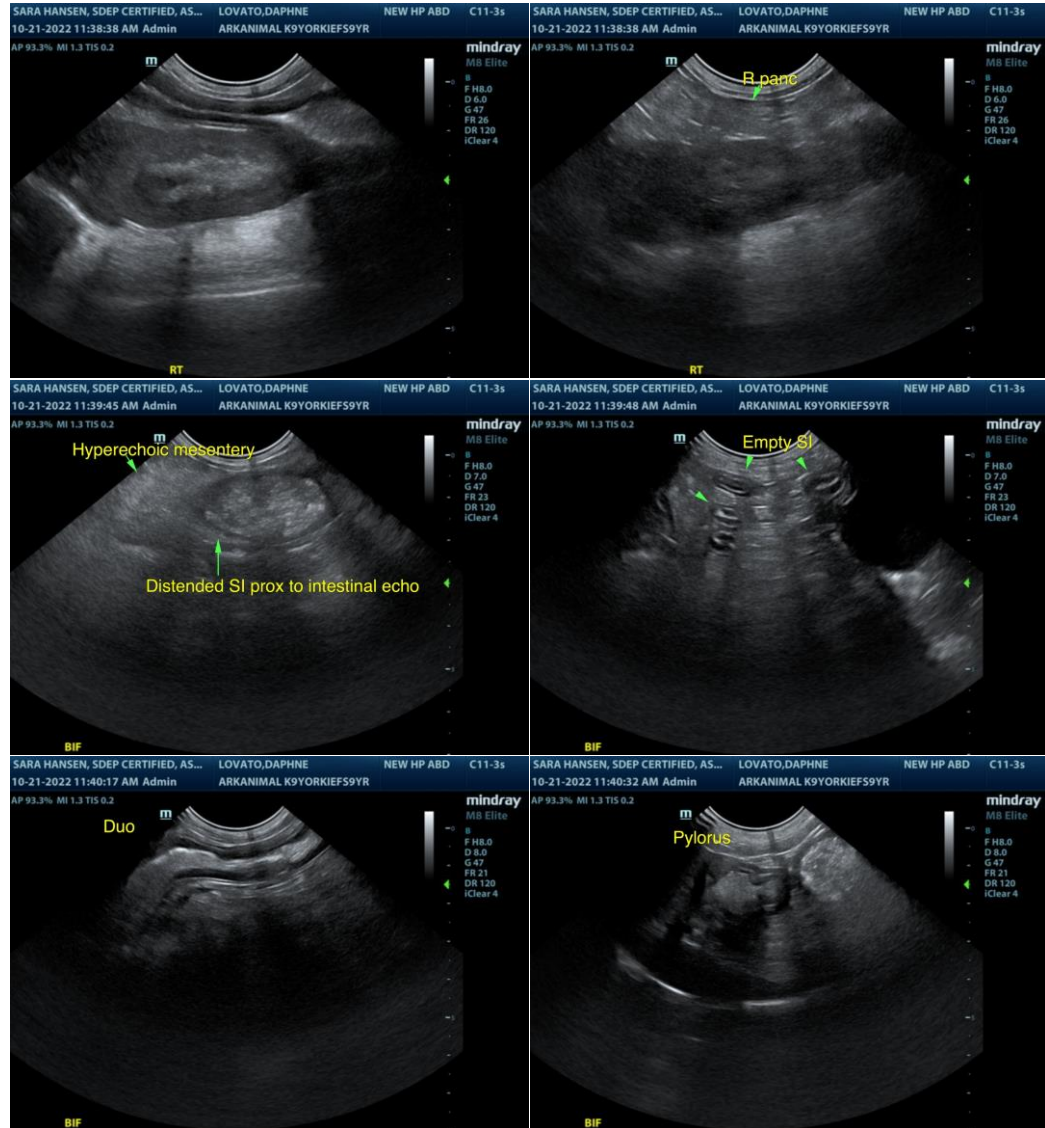
Dr. Parker

INVOICE

11966ag

DATE

10/21/2022





PATIENT

Daphne Lovato

SPECIES

Canine

BREED

Yorkie

SEX

FS

AGE

9yr

WEIGHT

7.9lb

INTERPRETED BY

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

IMAGING PERFORMED BY

Sara Hansen

HOSPITAL NAME

Ark Animal Hospital

REFERRING VET

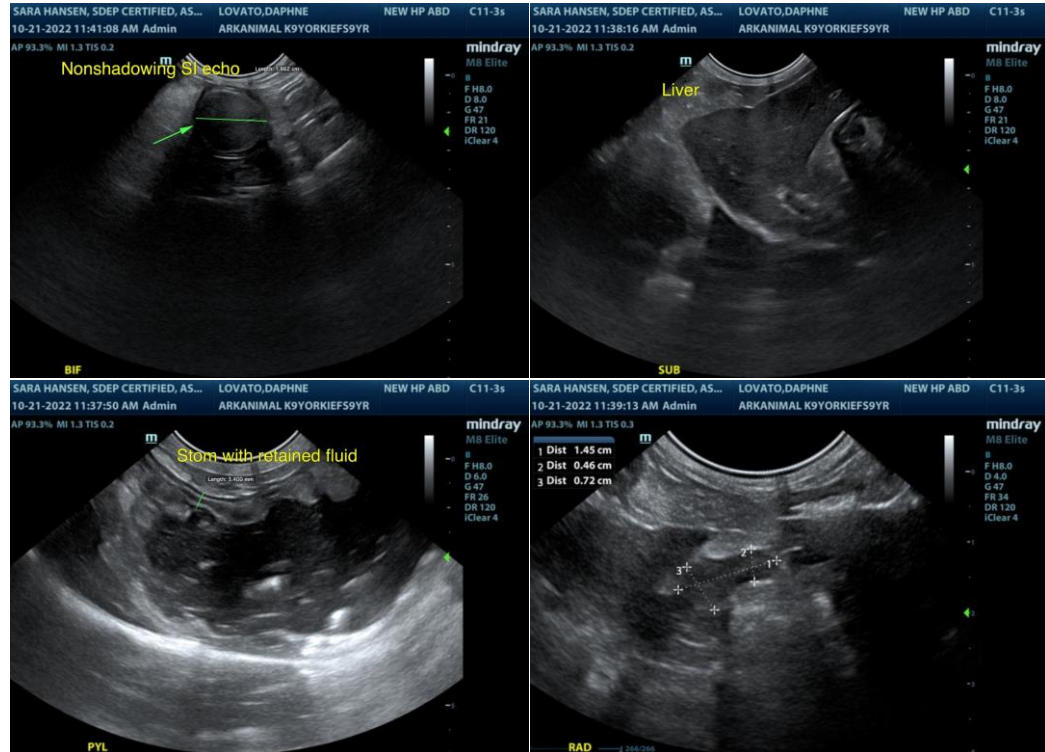
Dr. Parker

INVOICE

11966ag

DATE

10/21/2022



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)

info@SonoPath.com