

PATIENT PRESENTING CLINICAL SIGNS

Chantilly McWhinnie

3 week duration on being quiet sometimes, then off food, then resolves very quickly, no reg V/D,C/S,PU/PD, no increased gas noted, no abd pain or stretching, no apparent nausea or licking or drooling, did part of a dog bed. BAR, MM CRT normal, Abd palps normal, h and l sounds good, LN palp normal, temp normal, rectal normal currently on pepsid
Unremarkable CBC. Chem – Alb 26, Spec cPL <30, T4 27.8, na k ratio 31

SPECIES

Canine

BREED

Port Water Dog X

SEX

Spayed Female

AGE

9 Years

WEIGHT

38 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Kelly Reschny

HOSPITAL NAME

Limestone Valley AH

REFERRING VET

Dr. El-Ghawazi

INVOICE

26601

DATE

10/22/21

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder was subnormal in size owing to lack of urine distention, yet without evidence of mural pathology, neoplastic or inflammatory criteria. Minimal anechoic urine present. No sediment or calculi. The urethra was normal in structure and tone to a depth of 3.0 cm.

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 right kidney measured 5.6 cm. The left kidney measured 5.1 cm.

The area of the aortic trifurcation was free of pathology.

Adrenal Glands

The adrenal glands were uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 2.3 cm length x 0.71 cm at the caudal pole. The right adrenal gland measured 2.3 cm length x 0.49 cm at the caudal 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

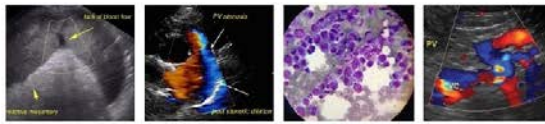
The liver was subjectively normal in size, structure, and contour. The liver parenchyma was uniform and hypoechoic to the spleen with a mild coarse echotexture. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content. 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 was empty with no signs of ileus, obstruction or foreign material. No evidence of gastric stasis. Stomach wall measured 0.33 cm.

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, loss of intestinal wall layering, or other mural pathology. Jejunum wall measured 0.30 cm.

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



PATIENT

Pancreas

Chantilly McWhinnie

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.

SPECIES

Canine

ULTRASONOGRAPHIC FINDINGS

- Sonographically unremarkable abdomen

BREED

Port Water Dog X

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No overt evidence of visceral pathology as an obvious cause of the patient's clinical signs. Although considered unlikely, resting cortisol to rule out atypical hypoadrenocorticism (given the hypoalbuminemia and patient's vague clinical signs) may be considered.

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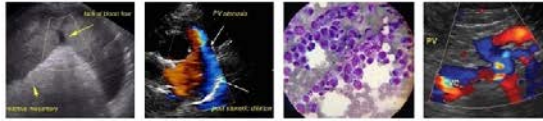


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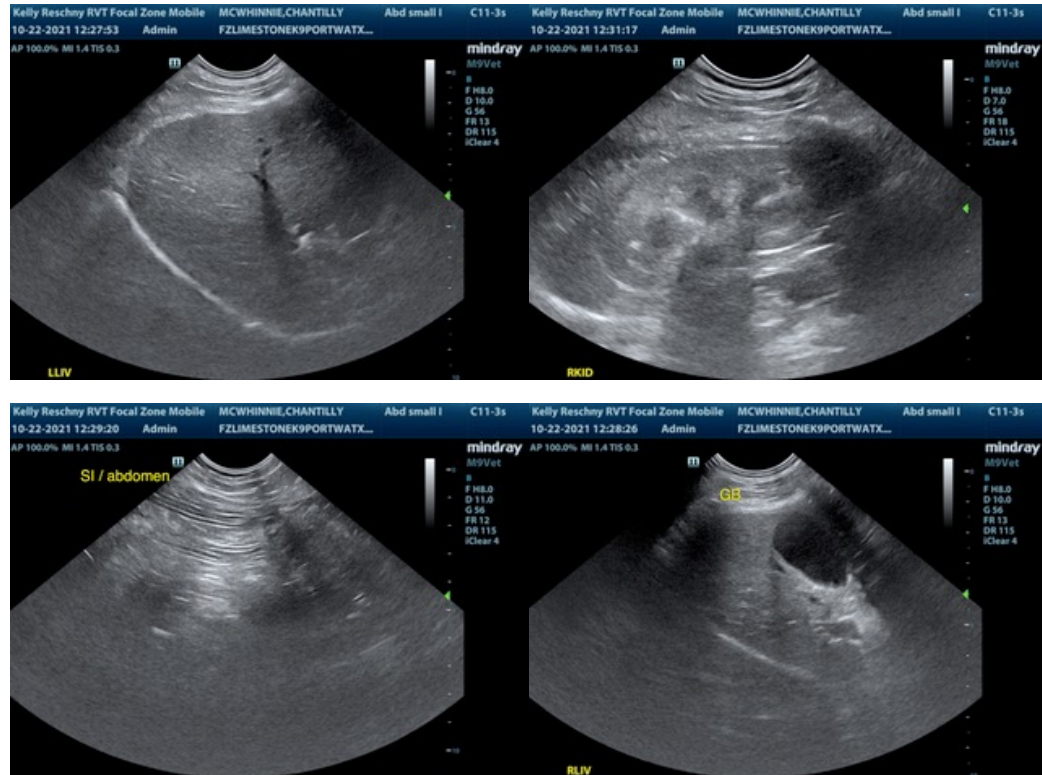
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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