



PATIENT	PRESENTING CLINICAL SIGNS
Peaches Cayuga	Acute vomiting (10x within 24 hours). Last bowel movement was yesterday evening and was formed. - 5% dehydration, mild-moderate abdominal pain meds: Cerenia 1 mg/kg IV, Pantoprazole 1 mg/kg IV, Buprenorphine 0.02 mg/kg IM, IV fluids on 10/25/22
SPECIES	Abnormal PE/Chem/CBC/UA Results: rads: 3 view abdominal radiographs captured on 10/25/22 - gastric stomach appears empty, gas noted w/in LI.
Canine	
BREED	ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN
Pom X	Urinary System
SEX	The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2.0 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 was noted.
FS	
AGE	The area of the aortic trifurcation was free of pathology.
13 years	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 moderate loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. Intermittent small cortical cysts were present in the left kidney. Pinpoint to focal minor medullary mineralization was noted in both kidneys. The left kidney measured 4.0 cm in length. The right kidney measured 4.1 cm in length.
WEIGHT	
7.11 kg	
INTERPRETED BY	Adrenal Glands
R. McKenzie Daniel, DVM, DABVP	The bilateral adrenals were overtly normal in size, position, and shape. The left adrenal gland measured 1.4 cm length x 0.47 cm width at the caudal pole. The right adrenal gland measured 1.5 cm length x 0.51 cm width at the caudal pole.
IMAGING PERFORMED BY	Spleen
Kelly Reschny	The spleen exhibited potential mild subnormal size owing to volume contraction with 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	Liver/ Gallbladder
Nelson AH	The liver presented mildly 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 mild, nonorganized, mildly hyperechoic debris. No evidence of gallbladder or peripheral gallbladder inflammatory criteria was noted. The cystic and common bile ducts were normal.
REFERRING VET	
Dr. Anderson	
INVOICE	
15261	
DATE	
10/26/22	



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SPECIES

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Gastrointestinal

The stomach presented intact yet mildly prominent wall layering with a normal wall layer ratio. The lumen of the stomach was empty with mild luminal gas and with no signs of ileus, obstruction, or 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 mechanical / metabolic ileus or foreign material. Intermittent, nonspecific, small intestinal mucosal speckling was noted, which may suggest enteritis.

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

Pancreas

The pancreas was normal in size and contour with isoechoic to heterogeneous parenchyma compared to adjacent omentum. No signs of active inflammation or neoplasia.

Free Abdomen

No overt lymphadenopathy or free fluid was present. Mild regional perigastric and peripancreatic hyperechoic mesentery was present.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Acute gastroenteritis pattern
- Heterogeneous pancreas
- Mild regional perigastric / peripancreatic hyperechoic mesentery
- Mild hepatomegaly - subjectively benign, suspect metabolic / reactive vacuolar hepatopathy pattern

Secondary Findings

- Bilateral chronic renal changes with cortical cysts and minor medullary mineral
- Mild gallbladder debris (non-mucocele)

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Potential for mild pancreatitis as a primary clinical factor may be suspected if evidence of cranial abdominal or subxiphoid discomfort on palpation. Correlation with a Spec cPL, as well as hepatic enzyme assessment, is warranted.

No evidence of gastrointestinal mechanical / metabolic ileus, foreign material, or gastrointestinal / pancreatic neoplastic criteria.

Empirical therapy for acute gastroenteritis and pancreatitis is recommended. Hospitalization with IV fluid therapy to correct dehydration, as-needed gastrointestinal support, and assessment of clinical response would be reasonable.



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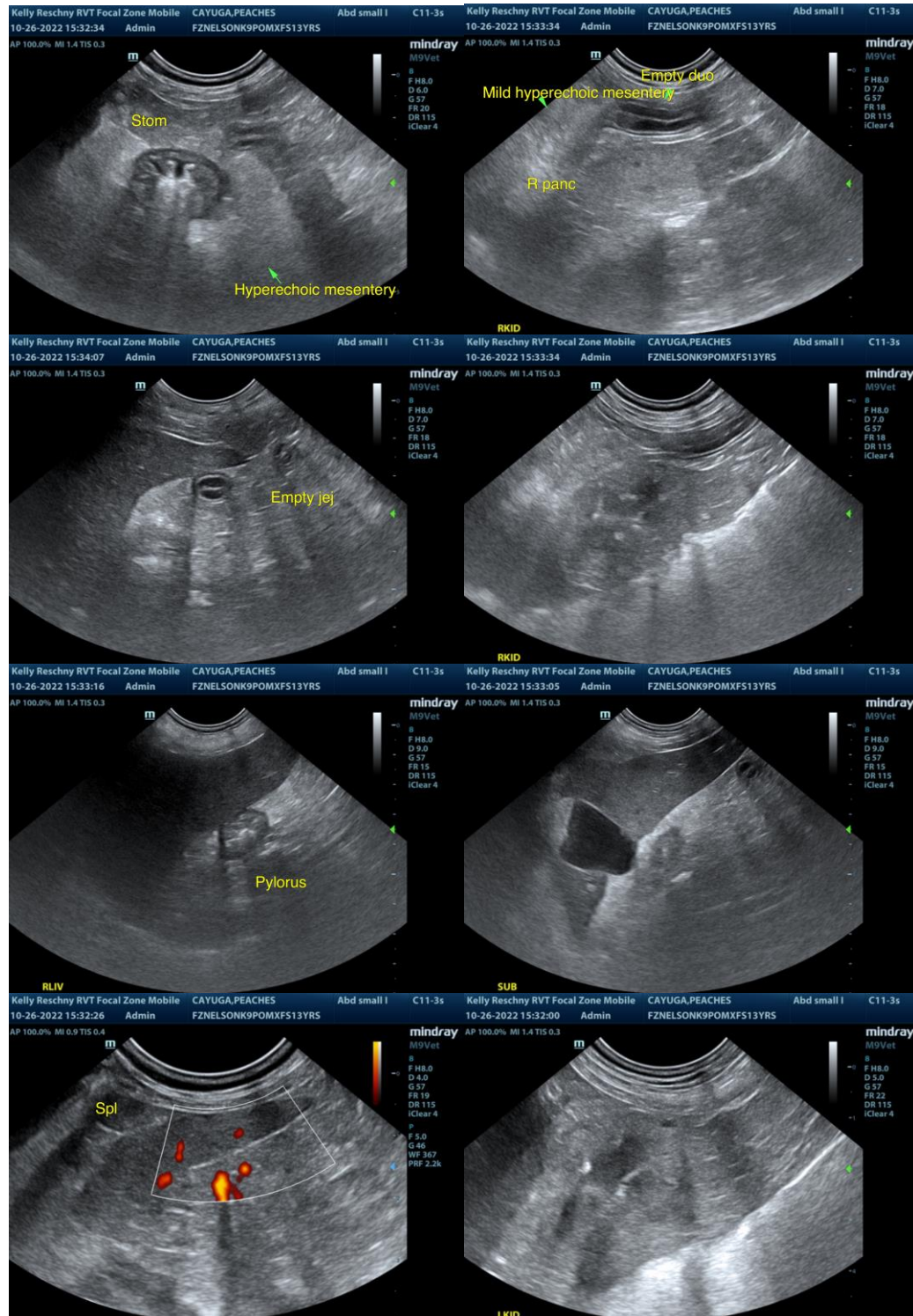
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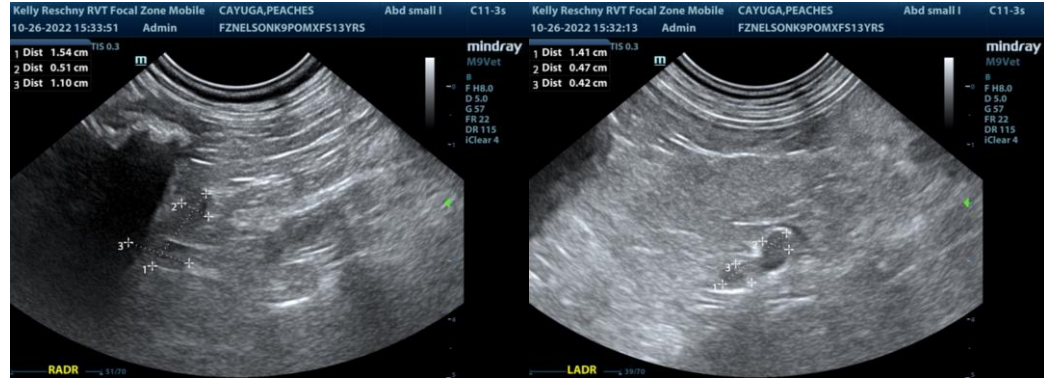
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)
info@SonoPath.com