



PATIENT

Boone Jordan

This submitted study contained 12 videos and 36 still images for review. Primarily, videos are preferred.

SPECIES

Canine

PRESENTING CLINICAL SIGNS

Anorexia for past few days, reluctant to walk, O reports that P is always painful and whining at night. History of chronic otitis externa.

BREED

Minature Schnauzer

Abnormal PE/Chem/CBC/UA Results: Triglycerides 861 (29-291 range) Proteus mirabilis, pseudomonas aeruginosa, enterococcus spp. Radiographic Conclusions/Recommendations: 1. The gastric contents may represent residual food or foreign material. I do not see evidence of a small intestinal mechanical obstruction. Repeat radiograph after 8-12 hours of fasting, along with fluid therapy and supportive medical management could be considered to evaluate gastric emptying. If clinical signs persist or worsen, abdominal ultrasound would be suggested. 2. Hepatomegaly. This is a nonspecific finding and may represent a steroid/vacuolar hepatopathy, hepatitis, congestion, or infiltrative neoplasia such as lymphoma. Sonographic evaluation of the liver and adrenal glands could be helpful.

SEX

Neutered Male

AGE

6

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

WEIGHT

25

Urinary System

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.

INTERPRETED BY

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

The area of the aortic trifurcation was free of pathology.

IMAGING PERFORMED BY

Tiffany Moore, Dallas
Ramberg

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 5.0 cm in length. The right kidney measured 5.9 cm in length.

HOSPITAL NAME

Lone Mountain AH

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.60 cm width at the caudal pole and 0.53 cm width at the cranial pole. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.72 cm width at the caudal pole.

REFERRING VET

Tiffany Moore, DVM

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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.

DATE

10/6/21



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Liver/ Gallbladder

Boone Jordan

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 uniform, mildly prominent yet isoechoic gallbladder walls. Primarily anechoic content with mild luminal debris was present in the gallbladder. The gallbladder wall width measured 0.25 cm. The common bile duct was normal without evidence of post hepatic stasis or obstruction.

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Gastrointestinal

Neutered Male

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach was primarily empty with mild luminal gas and without evidence of retained ingesta, fluid, or foreign material. The gastric body wall width measured 0.52 cm.

AGE

6

The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. Intermittent mucosal speckling was present. The small intestinal wall width measured 0.36 cm in width. The lumen of the small intestine was empty with no signs of ileus, obstruction, or foreign material.

WEIGHT

25

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

INTERPRETED BY

Pancreas

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

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 were evident.

IMAGING PERFORMED BY

Free Abdomen

Tiffany Moore, Dallas
Ramberg

No overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

HOSPITAL NAME

Primary Findings

Lone Mountain AH

- Hepatomegaly - subjectively benign
- Probable mild cholecystitis with mild luminal debris (non-mucocele)
- Suspect mild gastroenteritis

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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Metabolic, reactive, vacuolar, or inflammatory hepatic parenchymal or hepatobiliary process i.e., cholangiohepatitis are possible. Hepatic neoplasia is considered a unlikely differential diagnosis. Hepatic FNA, assuming normal clotting status and using a 25-gauge needle, may be considered for screening cytology, primarily to potentially identify inflammatory cell type.

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Fasting triglyceride levels may be indicated if persistent hypertriglyceridemia. Potential for low-grade or chronic pancreatitis may be present yet ultrasonographically normal. Correlations with a full CBC/Chemistry panel and Urinalysis is suggested if not done.



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The anorexia in this patient may be owing to primary hepatopathy, although the potential for concurrent or primary Inflammatory gastroenteropathy is possible. Continued as-needed gastrointestinal support is indicated.

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IMAGING PERFORMED BY

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HOSPITAL NAME

Lone Mountain AH

REFERRING VET

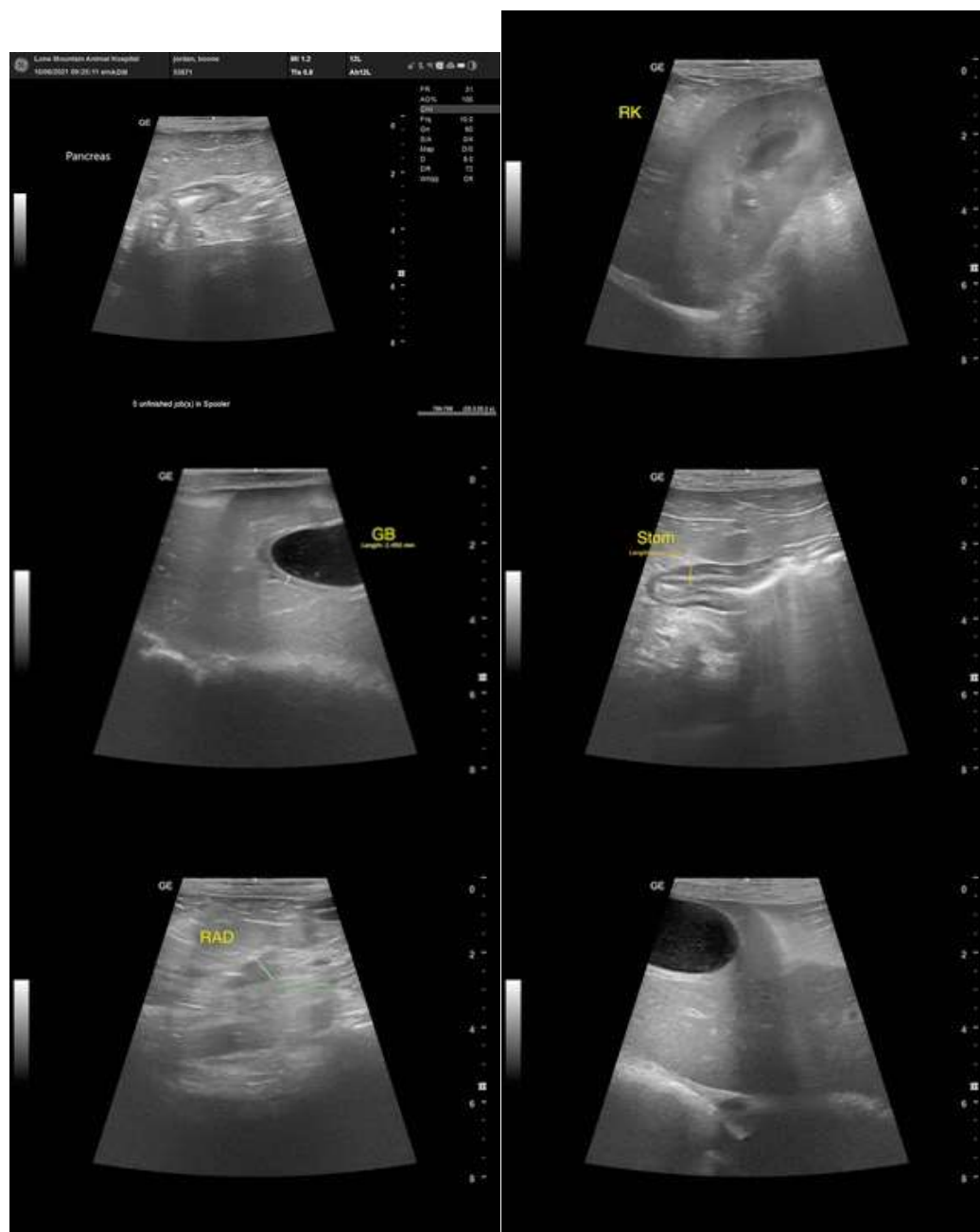
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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