



PATIENT

Luna Fridrich

SPECIES

Canine

BREED

Mixed

SEX

Spayed Female

AGE

2 Years 9 Months

WEIGHT

25.4 Pounds

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

Dr. Jessie Evoniuk

HOSPITAL NAME

State Avenue VC

REFERRING VET

Dr. Jessie Evoniuk

INVOICE

17597

DATE

10/6/22

PRESENTING CLINICAL SIGNS

History: ADR last 2 days No V/D Hasn't eaten since Monday Lethargic Fever of unknown origin
Abnormal PE/Chem/CBC/UA Results: Chem: Glu: 113 TP: 8.5 CBC: WBC: 21.69 Neu: 18.48 HGB:
18.2 Hct: 60.66

**Please submit studies in DICOM format if possible.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

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 were noted.

No evidence of pathology in the area of the iliac trifurcation or sublumbar space.

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.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma.

No overt pathology in the area of the right adrenal gland.

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 presented normal in size. The liver exhibited subjective mild uniform decreased parenchyma echogenicity with mild subjective increased prominence of the portal vascular borders. The capsule of the liver was normal in margination. Distinct masses or nodules were not evident. The hepatic and portal vasculature were normal in appearance. The caudal vena cava at the level of the liver appeared to be mildly dilated, suggestive of suspected sedation.

The gallbladder was non distended in size with mild nondependent mildly congealed yet nonorganized debris. No evidence of gallbladder or peripheral gallbladder inflammatory criteria. The gallbladder changes were nonspecific, likely secondary to anorexia given the lack of reported cholestasis. The cystic duct and common bile ducts were normal without evidence of dilation.

Gastrointestinal

The stomach presented mild wall thickening secondary to echogenic mucosa hypertrophy. Intact wall layering was maintained and distinct. Mild to moderate retained anechoic fluid was present. NO overt evidence of gastric foreign material or mechanical pyloric outflow obstruction.



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The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. The lumen of the small intestine was empty with no evidence of small intestinal mechanical/metabolic ileus.

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

SPECIES

Pancreas

Canine

The pancreas base and right pancreatic limb exhibited normal size with areas of subtle asymmetrical capsule contour, along with mild hypoechoic parenchyma compared to adjacent omentum.

BREED

Free Abdomen

Mixed

Intermittent, mildly prominent to enlarged mesenteric lymph nodes were present. The lymph nodes were essentially isoechoic to adjacent omentum without evidence of peripheral inflammation or neoplastic criteria and maintaining a normal width: length ratio (<0.5). Potential mild lymphoid hyperplasia or minor lymphadenitis, possibly secondary to inflammatory bowel episode.

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No peritoneal free fluid or omental masses were noted.

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ULTRASONOGRAPHIC FINDINGS

- Hypomotile stomach, possible hypomotile gastritis
- Overtly normal small bowel – no evidence of mechanical/metabolic intestinal ileus
- Subjective mild hypoechoic liver- nonspecific, given the lack of reported enzyme elevations. Patient variant, acute hepatitis (viral, bacterial, leptospirosis, toxin, etc.), minor hepatic congestion, reactive hepatopathy are possible potentials.
- Mildly hypoechoic to prominent pancreas base/right pancreatic limb- edema, potentially owing to sedation. Potential mild pancreatitis is possible.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Overall, a definitive cause of the patients clinical signs and fever was not obvious. Pancreatitis and secondary hypomotile gastritis may be suspected if evidence of cranial abdominal or subxiphoid discomfort on palpation. Correlation with a Spec FPL may be considered. Leptospiriosis titers/PCR is suggested if evidence of increased hepatic enzyme levels going forward or if potential exposure. Three-view chest radiographs are suggested to rule out occult thoracic pathology as a contributing factor. CBC pathology review +/- infectious disease serology may be considered. Hospitalization with as needed gastrointestinal support, monitoring of chemistry panel and fever response with potential recheck sonogram if clinically indicated would be reasonable.

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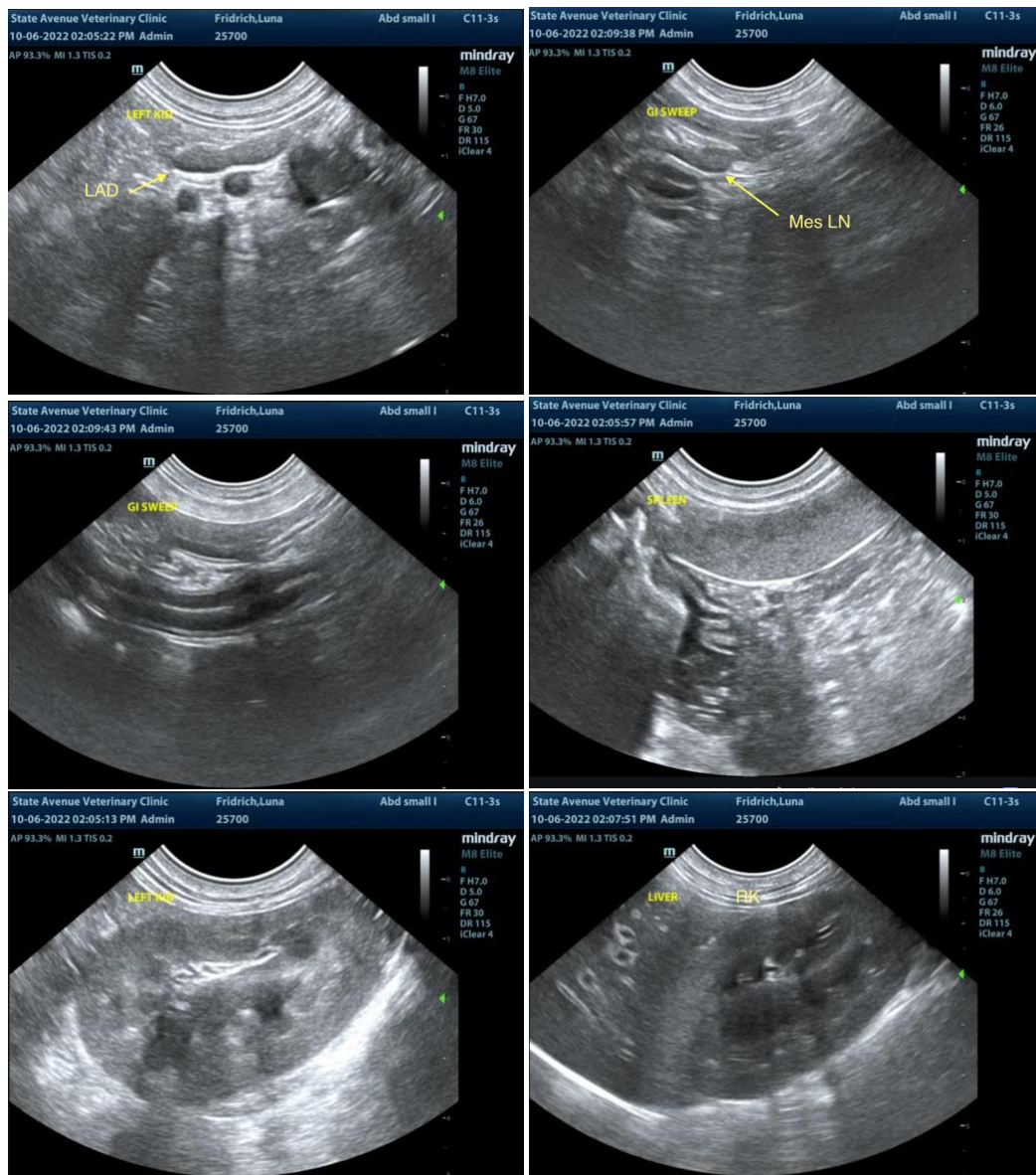
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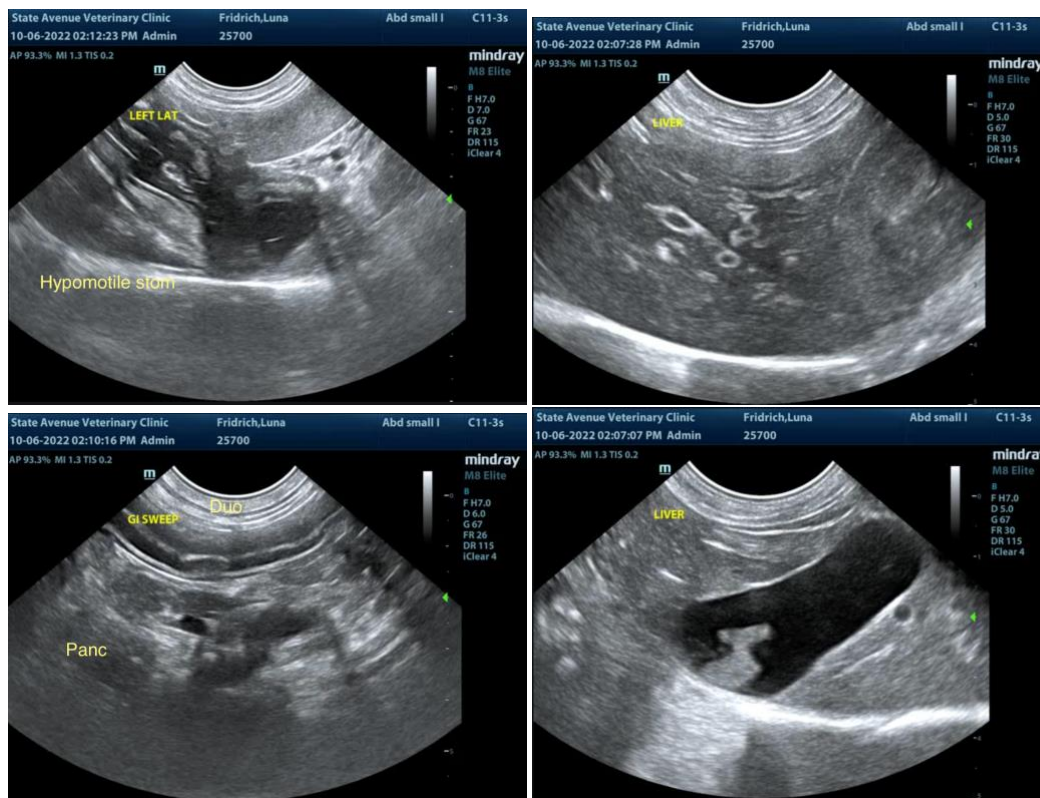
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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