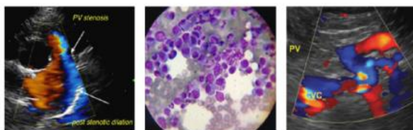
IMAGING PERFORMED BY

SVS Mobile Imaging KC 816 - 401 - 5010

svsimagingkc@gmail.com



SonoPath

Clinical Sonography & Telecytology

EDUCATIONAL TELECONSULTATION SERVICES™

1-800-838-4268 info@sonopath.com SonoPath.com

PATIENT

Fendi Johnson

SPECIES

Canine

BREED

American Bulldog

SEX

F

AGE

6 months

WEIGHT

27 lb

INTERPRETED BY

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

IMAGING PERFORMED BY

Rachel Runnells, RVT

HOSPITAL NAME

SVS Imaging KC

REFERRING VET

Dr. Kirstine Mulloy

INVOICE

15536

DATE

11/18/22

PRESENTING CLINICAL SIGNS

Presented for V/D on 11/16/22, O reports vomiting on/off since being seen by another vet for allergic reaction (swelling face and hives) and given steroid and diphenhydramine injections, plus antibiotics. O thinks was from a shampoo they used on pet. This week not eating normal and having bloody stools today. Sent home appetite stimulant, cerenia, metronidazole, fortiflora, and gave sub Q fluids. Returned today for continuing to V/D, hasn't been given any meds except cerenia.

Abnormal PE/Chem/CBC/UA Results: Fecal = WNL, Parvo test = WNL. Chem= Slightly high phos, CBC = unable to run because machine broken. Xray consult= mild gastric material, no evidence for GI mechanical obstruction, (rule outs= retained ingesta, fluid, foreign material) and broncho-interstitial pulmonary pattern.

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 was noted.

The uterus and bilateral ovaries were overtly normal yet indistinctly visualized, given regional peri-uterine and peri-ovarian increased gastrointestinal artifact.

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 6.5 cm in length. The right kidney measured 6.7 cm in length.

Adrenal Glands

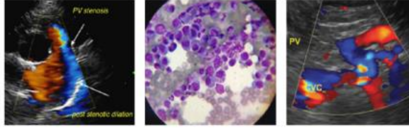
The bilateral adrenal glands were mildly prominent in size based on caudal pole width measurement in light of body weight. The adrenal glands maintained symmetrical capsule contour and homogeneous parenchyma. The left adrenal gland measured 0.65 cm width at the caudal pole. The right adrenal gland measured 0.81 cm width at the caudal pole. The adrenal glands are suggestive of potential stress hyperplasia with no adrenal neoplastic criteria.

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/ Gallbladder

The liver exhibited subjective mild enlargement with symmetrical to mildly rounded hepatic contour and mild decreased parenchyma echogenicity exhibiting uniform echotexture. No evidence of hepatic



PATIENT

Fendi Johnson

SPECIES

Canine

BREED

American Bulldog

SEX

F

AGE

6 months

WEIGHT

27 lb

INTERPRETED BY

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

IMAGING PERFORMED BY

Rachel Runnells, RVT

HOSPITAL NAME

SVS Imaging KC

REFERRING VET

Dr. Kirstine Mulloy

INVOICE

15536

DATE

11/18/22

congestion was noted. The gallbladder was non-distended in size containing mild, nondependent, echogenic gallbladder debris, suspected to be secondary to fasting. No evidence of gallbladder or peripheral gallbladder inflammation was noted. The cystic and common bile ducts were normal.

Gastrointestinal

The stomach presented wall thickening secondary to echogenic mucosa hypertrophy. Intact wall layering was maintained and distinct. Mild to moderate retained anechoic fluid without evidence of mechanical pyloric outflow obstruction, retained ingesta, or overt gastric foreign material.

The intestinal walls demonstrated intact, mildly prominent wall layering owing to generalized propensity for subtly prominent to hyperechoic mucosa layer, as well as subtly prominent muscularis layer with occasional mucosal speckling. A segmental to generalized, mild intestinal ileus to inefficient peristalsis pattern was present. No evidence of mechanical obstruction or overt intestinal foreign material. No evidence of structural pathology such as intussusception.

The colon walls presented intact yet mild prominent wall layering with mild thickened to echogenic submucosa. The colon exhibited generalized distention with non-formed to liquid fecal matter, consistent with patient history.

Pancreas

The left limb of the pancreas was mildly prominent in size with mildly swollen to asymmetrical contour and mild uniform hypoechoic parenchyma compared to adjacent mildly hyperechoic peripancreatic omentum.

Free Abdomen

Intermittent mid to cranial abdominal mesenteric lymph nodes were present. These lymph nodes were homogenous, mildly hypoechoic and smoothly marginated. A normal width: length ratio was maintained (<0.5). Perilymphatic to generalized mild hyperechoic omentum was evident. An example of lymph node size was 3.6 cm x 0.63 cm. No effusion was noted.

ULTRASONOGRAPHIC FINDINGS

- Acute gastroenteritis pattern with generalized gastrointestinal ileus
- Probable associated mesenteric lymphadenitis
- Possible concurrent low-grade pancreatic inflammation
- Subjective mild hepatomegaly exhibiting mild parenchyma hypoechogenicity - nonspecific
- Mild gallbladder debris

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Gastroenterotoxic insult, dietary indiscretion, occult parasitism, infectious gastroenterocolitis, and dysbiosis are all potentials. Aggressive therapy for acute gastroenterocolitis with as-needed GI support and monitoring of clinical response is recommended. No indication for immediate surgical intervention is noted.

PATIENT

Fendi Johnson

SPECIES

Canine

BREED

American Bulldog

SEX

F

AGE

6 months

WEIGHT

27 lb

INTERPRETED BY

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

IMAGING PERFORMED BY

Rachel Runnells, RVT

HOSPITAL NAME

SVS Imaging KC

REFERRING VET

Dr. Kirstine Mulloy

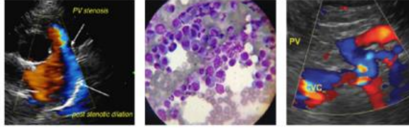
INVOICE

15536

DATE

11/18/22

A GI panel to include PLI/TLI/Cobalamin/Folate is recommended. Although considered unlikely, resting cortisol level to rule out occult Addison's Disease, could be considered. Recheck sonogram is recommended if persistent / progressive gastrointestinal signs despite empirical therapy.



PATIENT

Fendi Johnson

SPECIES

Canine

BREED

American Bulldog

SEX

F

AGE

6 months

WEIGHT

27 lb

INTERPRETED BY

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

IMAGING PERFORMED BY

Rachel Runnells, RVT

HOSPITAL NAME

SVS Imaging KC

REFERRING VET

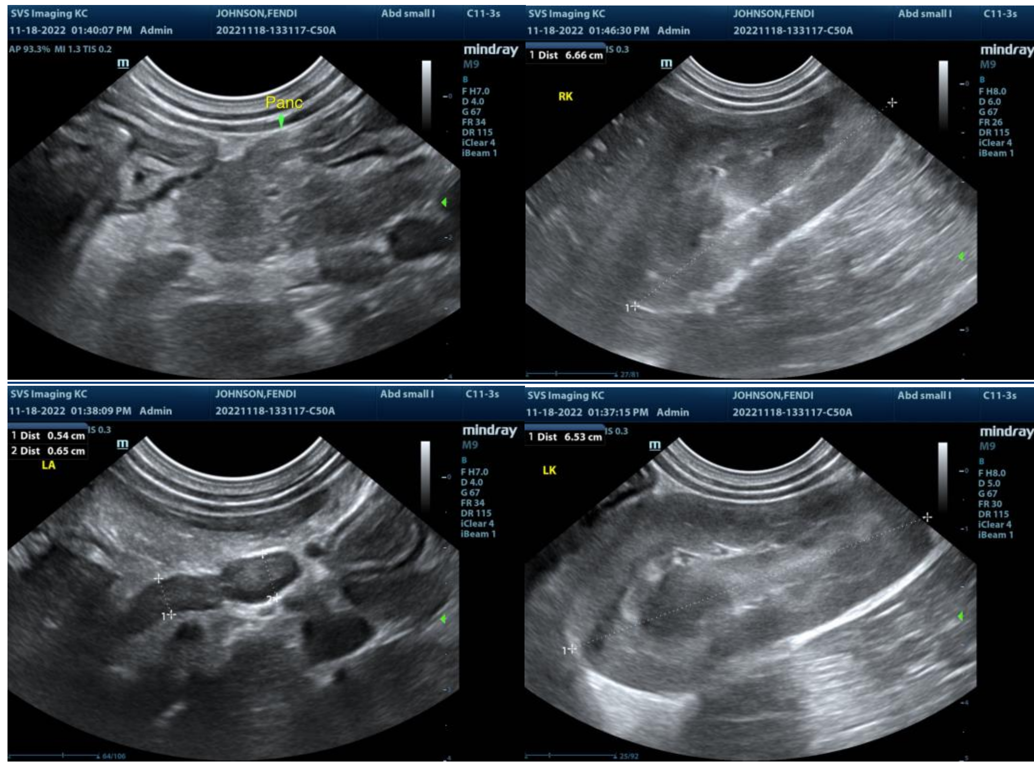
Dr. Kirstine Mulloy

INVOICE

15536

DATE

11/18/22



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