



PATIENT	PRESENTING CLINICAL SIGNS
Turbo Greene	Sunday evening started having diarrhea with tenesmus, borborygmi, anorexia, no vomiting, discomfort, but not painful on abdominal palpation.
SPECIES	Abnormal PE/Chem/CBC/UA Results: PE is normal except for borborygmi. CBC, chems, ua, t4, snap cpl, and hwt are within normal except for very mild prerenal azotemia. Stool production has been scant, so no fecal tests as yet.
Canine	
BREED	ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN
Chihuahua x Terrier	Urinary System
SEX	The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 3 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.
MN	
AGE	Normal size and margination was 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 mild loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The left kidney measured 3.1 cm in length. The right kidney measured 3.4 cm in length.
12yr	
WEIGHT	The area of the aortic trifurcation was free of pathology.
8.4lb	Adrenal Glands
INTERPRETED BY	The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.48 cm width at the caudal pole. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.45 cm width at the caudal pole.
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	Spleen
IMAGING PERFORMED BY	The spleen exhibited overall normal size with a finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. A solitary subtly expansive uniform hypoechoic nodule was present in the caudal spleen measuring 1.1 cm in diameter. 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.
Trae Cutchin	Liver
HOSPITAL NAME	The liver was subjectively normal in size, structure, and contour. The liver parenchyma was mildly nonuniform and hypoechoic to the spleen with a moderate coarse echotexture and subjective mild to benign parenchymal remodeling. 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.
Friendship Springs Veterinary Care	Gastrointestinal
REFERRING VET	The stomach presented mild wall thickening secondary to echogenic mucosa hypertrophy. Intact wall layering was maintained and distinct. The gastric body wall measured 0.3 cm width. Mild gastric distension with minor retained primarily anechoic fluid was present.
Trae Cutchin	
INVOICE	
12085ag	
DATE	
11/02/2022	



PATIENT

Turbo Greene

The small intestine presented intact wall layering with mildly prominent mucosa. The lumen of the small intestine was empty with no signs of ileus, obstruction or foreign material. The duodenum wall measured 0.38 cm width. The jejunum wall measured 0.37 cm width.

SPECIES

Canine

The colon walls presented intact yet prominent wall layering with mild thickened to echogenic submucosa primarily in the descending colon and colorectum. Formed fecal matter was present in the proximal and transverse colon with concurrent minimal semi formed to soft fecal matter present in the descending colon consistent with patient history. The descending colon wall measured 0.27 cm in width.

BREED

Chihuahua x Terrier

Pancreas

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.

SEX

MN

Free Abdomen

No omental masses, overt lymphadenopathy or peritoneal effusion was present.

AGE

12yr

ULTRASONOGRAPHIC FINDINGS

- Inflammatory gastroenterocolopathy pattern with mild gastric stasis
- Non-specific mildly expansive caudal splenic nodule-hyperplasia, hematopoiesis, focal splenitis, small hematoma or similar suspected, potential for emerging neoplastic criteria thought less likely yet cannot be definitively excluded
- Age related renal changes

WEIGHT

8.4lb

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

If no previous recurrent history of GI signs, potential for acute inflammatory gastroenterocolitis, possibly secondary to dietary indiscretion/food allergy, occult parasitism, enterotoxic insult or similar. No evidence of GI neoplastic criteria was present. Potential for more chronic inflammatory gastrointestinal disease i.e. IBD could be possible if continued or recurrent GI episodes. A GI panel to include PLI/TLI/Cobalamin/Folate is recommended as well as a fresh fecal analysis to rule out parasitic ova/giardia.

INTERPRETED BY

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

Empirical therapy for gastroenterocolitis is warranted with assessment of clinical response. Sonographic monitoring of the caudal splenic nodule for evidence of progression +/- FNA cytology assuming normal clotting status and using a 25g needle is suggested.

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PATIENT

Turbo Greene

SPECIES

Canine

BREED

Chihuahua x Terrier

SEX

MN

AGE

12yr

WEIGHT

8.4lb

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REFERRING VET

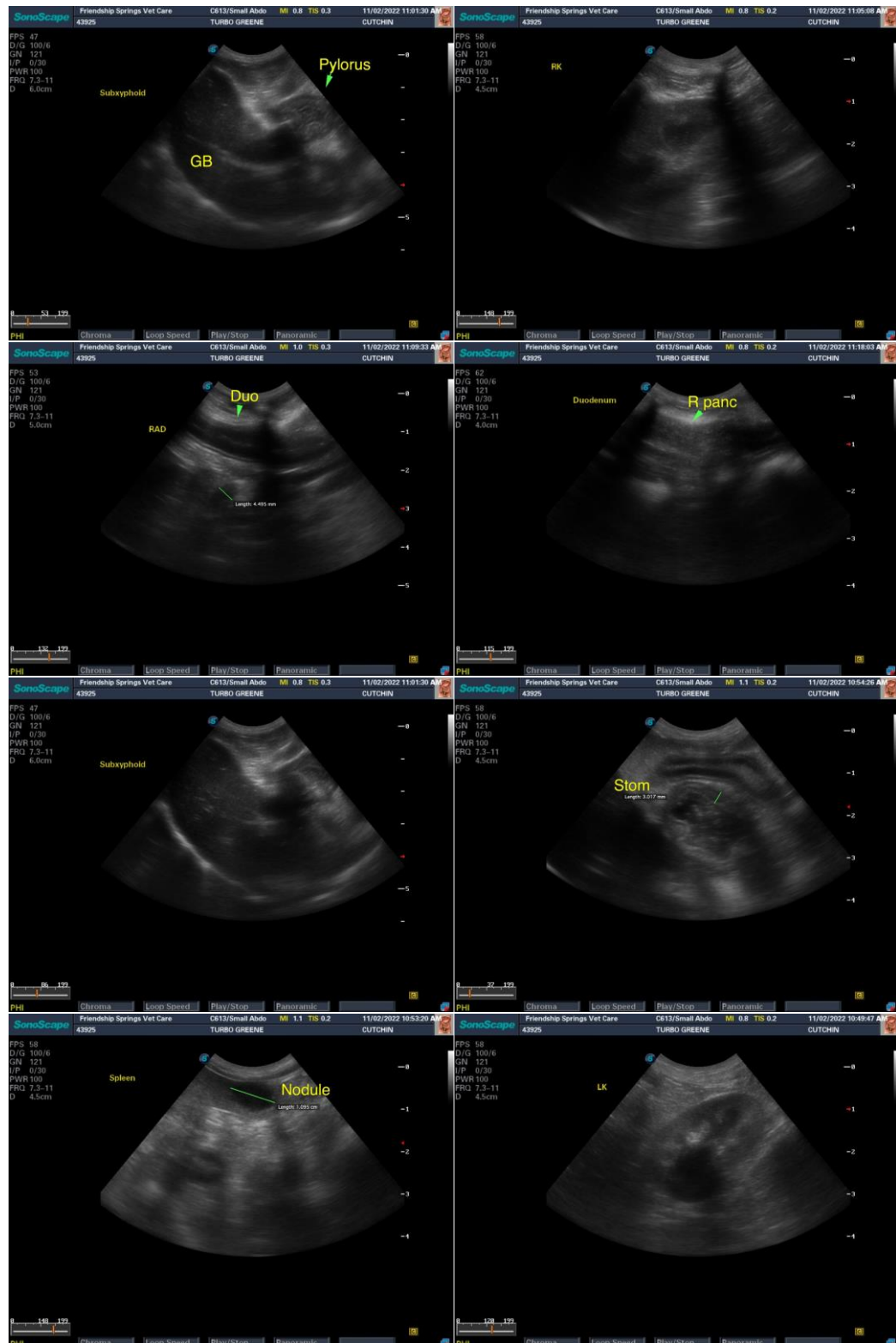
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PATIENT

Turbo Greene

SPECIES

Canine

BREED

Chihuahua x Terrier

SEX

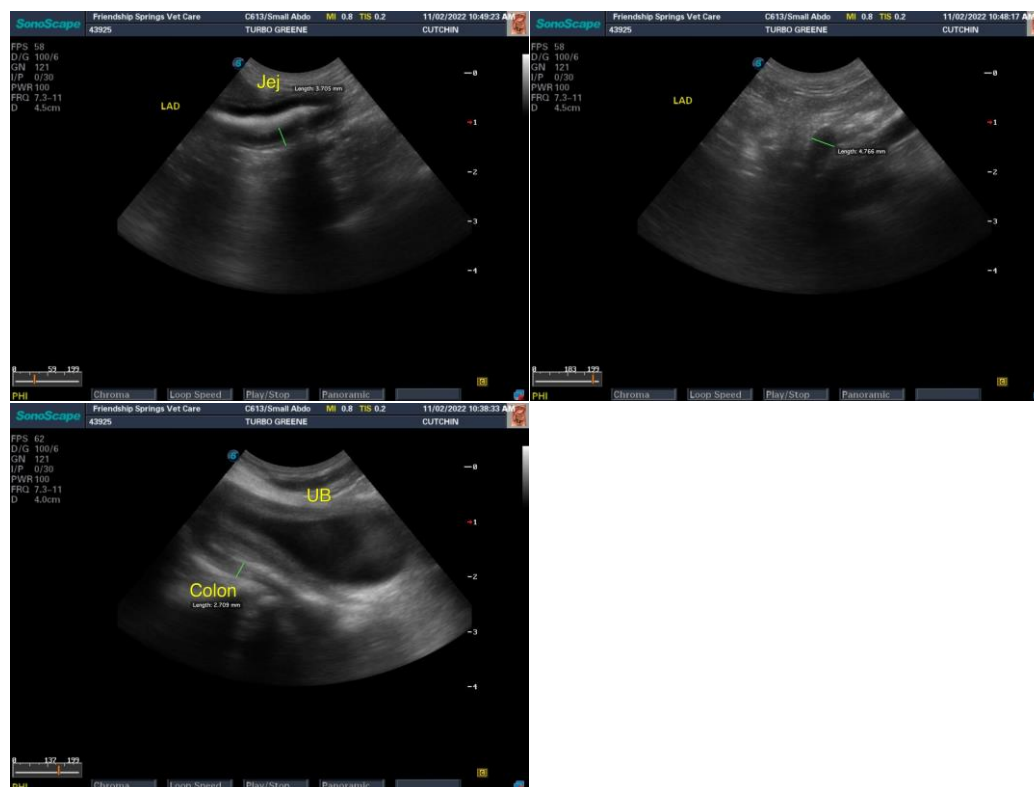
MN

AGE

12yr

WEIGHT

8.4lb



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.

INTERPRETED BY

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

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)

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