



PATIENT PRESENTING CLINICAL SIGNS

Ben Vorhees History: Lethargic, shaking, not eating/drinking

Medication: Buprenex, Baytril, polyflex, naxcel, ondansetron, IVF

SPECIES ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Canine **Urinary System**

BREED The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 4.0 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.

Terrier Mix

SEX The residual prostate was normal, measuring 0.83 cm width.

Neutered Male Aortic trifurcation was normal.

AGE 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 loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. Indistinct areas of increased cortex echogenicity suggestive of cortical microinfarctions were present. The left kidney measured 4.5 cm in length. The right kidney measured 5.1 cm in length.

WEIGHT

22.4 Pounds

Adrenal Glands

Both adrenal glands were normal without evidence of subnormal adrenal size, hyperplasia or neoplastic criteria. The left adrenal gland measured 1.5 cm in length x 0.49 cm width at the caudal pole. The right adrenal gland measured 1.7 cm in length x 0.51 cm width at the caudal pole.

INTERPRETED BY

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

Spleen

The spleen exhibited primarily finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. Multifocal, intermittent, well-defined, symmetrical, echogenic nodules were present throughout the cranial to caudal 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 or neoplastic changes were not noted. The echogenic nodules tend to trend benign and are most consistent with benign hyperplasia or myelolipomas.

IMAGING PERFORMED BY

Rebekah Jakum, CVT
 ARDMS/RVT

HOSPITAL NAME

North Warren AH

Liver

The liver was subjectively normal in size, structure, and contour. The liver parenchyma was uniform and hypoechoic to the spleen with a mild coarse echotexture. The hepatic and portal vasculature were normal in appearance without signs of congestion.

REFERRING VET

Dr. Corrado

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The gallbladder was non distended in size with mild, echogenic, non-mineralized, inspissated yet non-organized gallbladder debris. The cystic duct and common bile ducts were normal without evidence of dilation.

Gastrointestinal

DATE

11.30.2021



PATIENT

Ben Vorhees

The stomach presented intact yet subjective mild prominent wall layering. The gastric body wall measured 0.40 cm. The stomach contained primarily luminal gas with a probable mild amount of retained anechoic to echogenic fluid. Gas artifact prohibited full evaluation of the gastric lumen yet no overt evidence of retained ingesta or gastric foreign material.

SPECIES

Canine

The small intestine presented intact wall layering and primarily maintained 1:3 muscularis/mucosa ratio. Subjective propensity for mildly prominent segmental to generalized mucosa layer. Jejunum wall and duodenum wall measured 0.34 cm.

BREED

Terrier Mix

The colon was sonographically unremarkable with subjective mild proximal colon distention with non-formed feces.

Pancreas

SEX

Neutered Male

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. Potential for low-grade or chronic pancreatitis may be present yet ultrasonographically normal.

AGE

9 years

Free Abdomen

WEIGHT

22.4 Pounds

Focal to intermittent, mildly prominent to enlarged mesenteric lymph nodes were present. The lymph node was essentially isoechoic to adjacent omentum without evidence of peripheral inflammation and maintaining a normal width: length ratio (<0.5). An example of a mesenteric lymph node measured 0.46 cm width.

Regional periintestinal mildly echogenic reactive mesentery was noted. Small pockets of scant peritoneal free fluid, primarily in the caudal abdomen were present.

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ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Gastroenterocolitis pattern with probable mild gastric stasis and non-formed feces in proximal colon- No overt obstructive pattern or foreign body, suspect acute inflammatory bowel episode
- Associated primarily periintestinal reactive mesentery, intermittent subjectively benign/reactive mesenteric lymphadenopathy and small pockets of scant peritoneal free fluid

Secondary Findings

- Echogenic splenic nodules- likely consistent with benign myelolipomas
- Mild gallbladder debris (non-mucocele)
- Probable bilateral small cortical infarcts

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Dietary indiscretion, occult parasitism, enterotoxic insult or similar possible. Potential for more chronic inflammatory gastroenteropathy may be considered if previous or recurrent gastrointestinal signs are noted. The scant peritoneal free fluid is suspected to be owing to intestinal inflammation assuming normal albumin levels. If possible, abdominocentesis for effusion analysis, cytology +/- culture and

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sensitivity, if evidence of inflammatory cells is recommended. Continued empirical therapy for acute gastroenterocolitis would be appropriate at this time. However, recheck sonogram is suggested if persistent gastrointestinal signs or evidence of increasing peritoneal effusion.

SPECIES

Canine

BREED

Terrier Mix

SEX

Neutered Male

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WEIGHT

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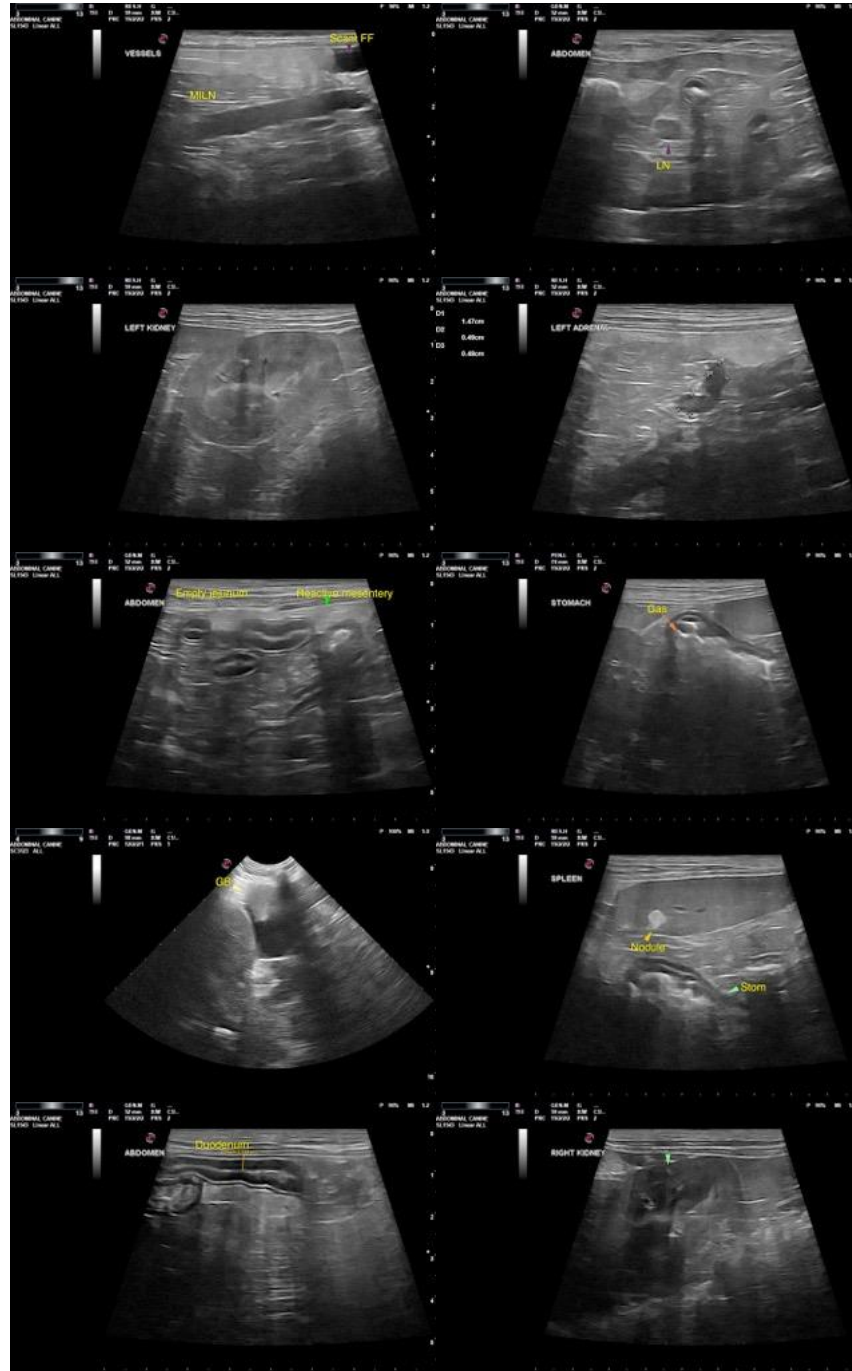
Dr. Corrado

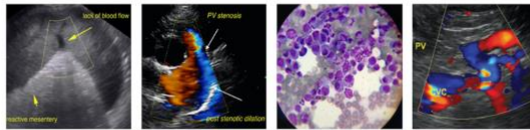
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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