

PATIENT

Denver Spencer

SPECIES

Canine

BREED

Terrier Mix

SEX

Neutered Male

AGE

6 Years

WEIGHT

63.7 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Harold Mike Beard

HOSPITAL NAME

West Prince AH

REFERRING VET

Dr. Wadley

INVOICE

18883

DATE

11/30/22

PRESENTING CLINICAL SIGNS

History: Not eating. Hx of no bowel movements; last 2 days now has diarrhea with mucous/blood. Persistently febrile - 105.6. RDVM diagnosed fever of unknown origin, treated with Amoxi Clav and Gentocin to no avail (one week). RDVM radiographs = appears to be a mass in or on colon. Abnormal PE/Chem/CBC/UA Results: Palpable caudal abdominal mass. Fever. Decreased BUN, increased globulins on a Chem 10. CBC neutrophilic leukocytosis.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone and cystourethral junction 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. The urethra was overtly normal in structure and tone to a depth of 3.0 cm. No evidence of medial iliac or sublumbar lymphadenopathy/masses.

The residual prostate was normal, measuring 0.85 cm in diameter.

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 6.9 cm in length. The right kidney measured 6.6 cm in length.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.76 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 0.75 cm width at the caudal pole.

Spleen

The spleen was normal in size and contour with subtle parenchyma heterogeneity, including mild regional hypoechoic perihilar parenchyma without evidence of splenic masses, nodules or parenchymal expansion. Splenic vascularity was subjectively normal.

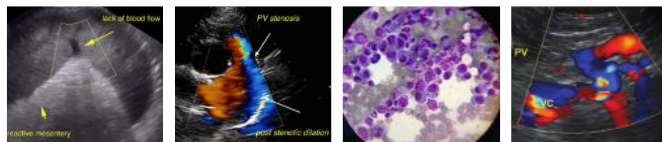
Liver

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.

The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.

Gastrointestinal

The stomach appeared to exhibit mild generalized distention containing semi-formed soft to non-formed fecal matter consistent with patient history of recent diarrhea.



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presented intact wall layering with a normal wall layer ratio. The lumen of the stomach was empty with no signs of ileus, obstruction or foreign material.

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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 signs of ileus, obstruction or foreign material.

The colon presented intact and sonographically unremarkable visualized wall layering.

Pancreas

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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.

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Free Abdomen

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

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ULTRASONOGRAPHIC FINDINGS

- Sonographically unremarkable urinary bladder, residual prostate and visible proximal urethra
- Intact sonographically unremarkable visualized colon walls, containing generalized soft to non-formed fecal matter- mild colitis pattern
- Sonographically unremarkable stomach/small bowel
- Normal splenic size/contour, exhibiting mild heterogenous to hypoechoic perihilar parenchyma- nonspecific, subjectively benign

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

A definitively visualized colonic or caudal abdominal mass was not present in this study. Potential for non-visualized colorectal mass, potentially caudal to the gallbladder or within the area of the pelvic inlet cannot be definitively excluded. Potential for dietary indiscretion, occult parasitism, acute inflammatory bowel episode with progressive colitis, infectious gastroenterocolitis, may be considered.

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CBC pathology review, infectious disease serology (if clinically indicated), fresh fecal analysis to rule out parasitic ova/giardia +/- GI panel to include PLI/TLI/Cobalamin/Folate could be considered. As needed gastrointestinal supportive care, broad spectrum deworming, even if fecal testing is negative +/- broad spectrum antibiotic protocol and assessment of clinical response would be reasonable.

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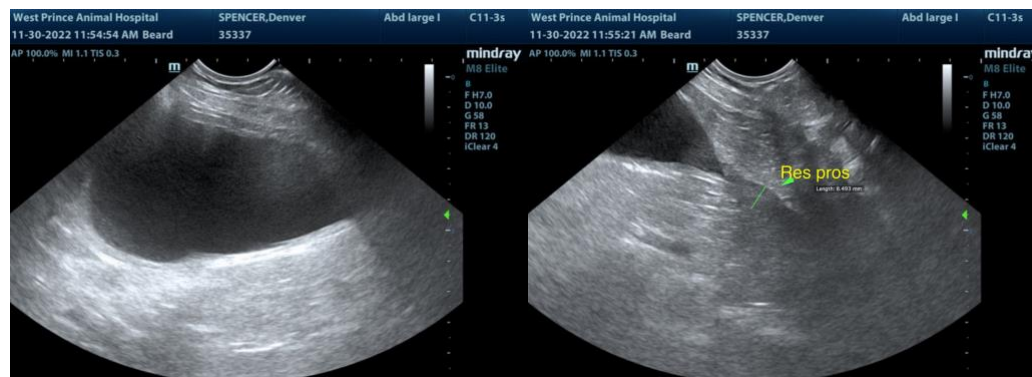
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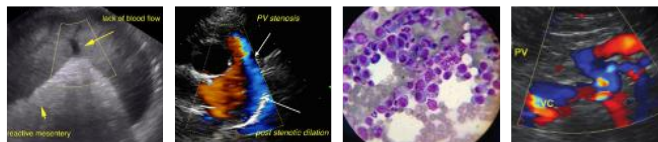
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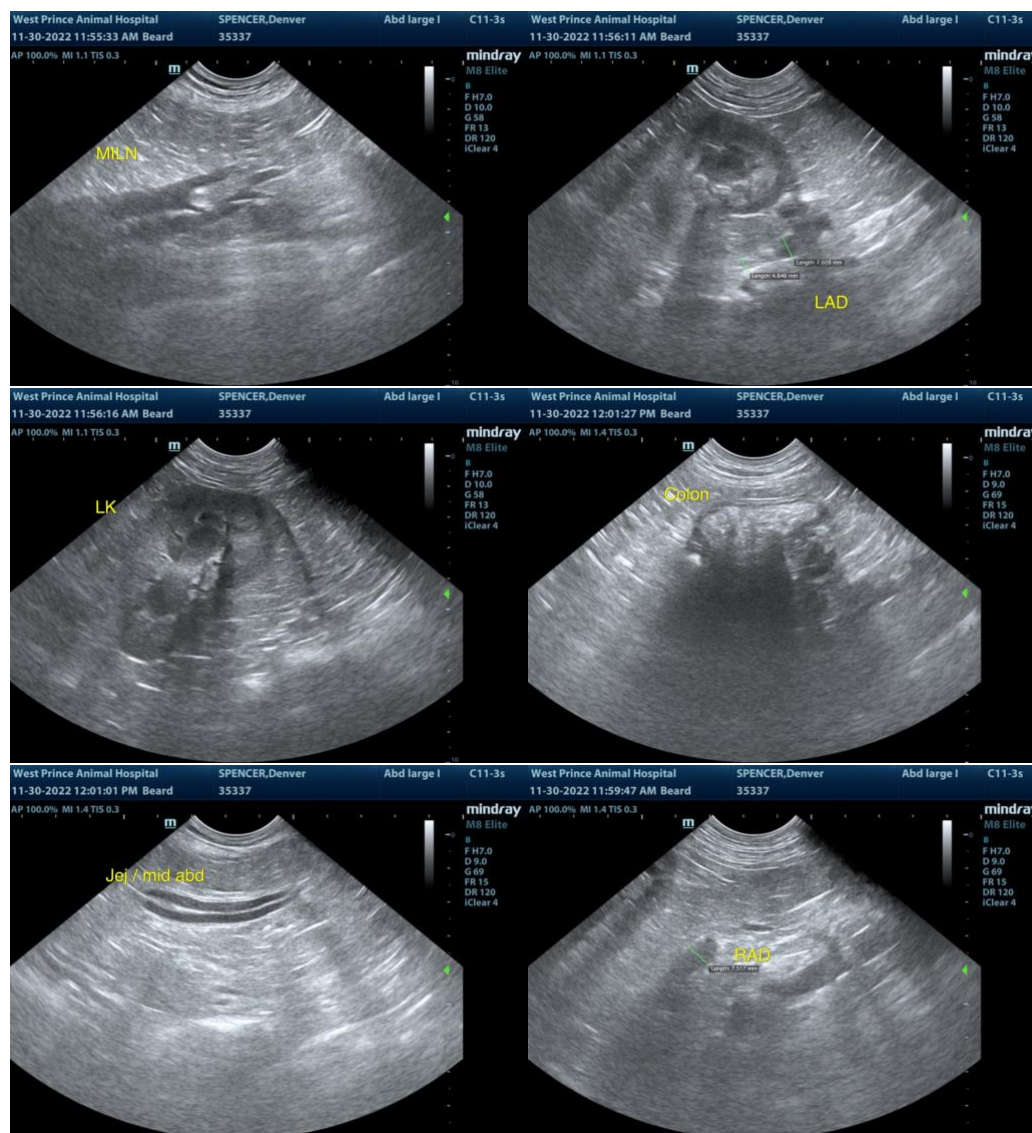
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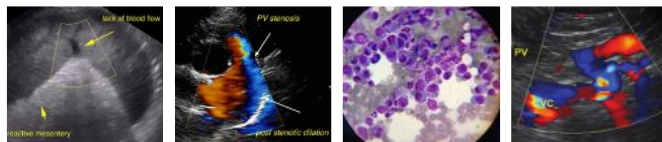
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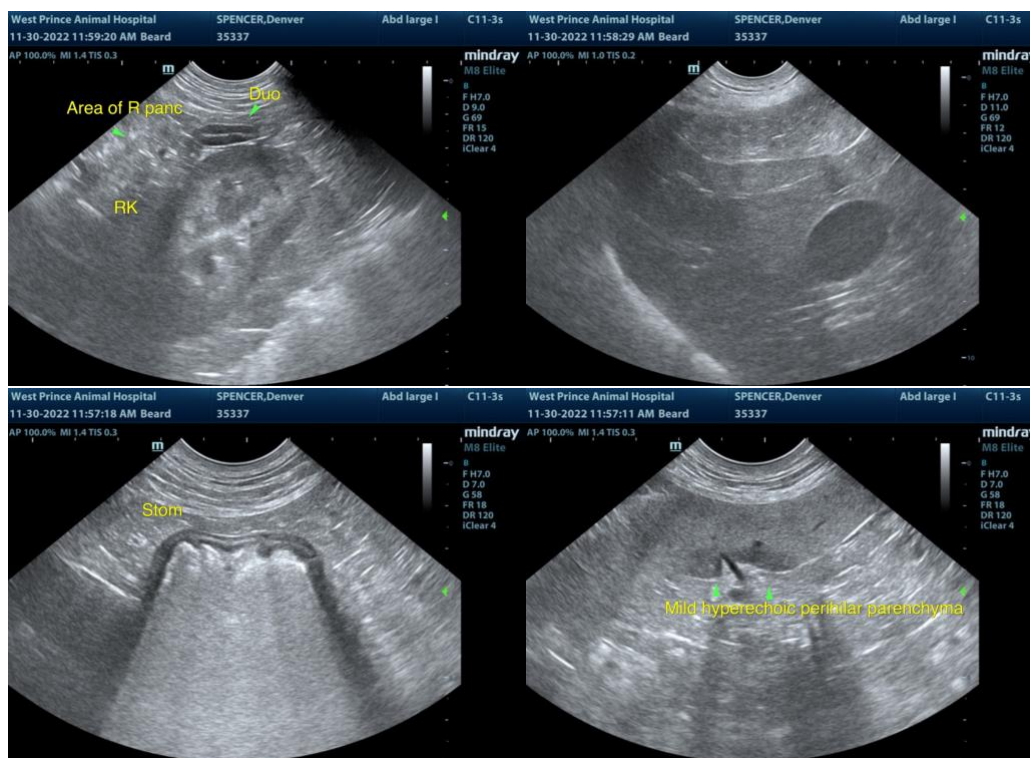
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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