



PATIENT

Scarlet Fontanos

SPECIES

Canine

BREED

Bulldog

SEX

Intact Female

AGE

3 Years

WEIGHT

47.8 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Jenna Walsh, CVT

HOSPITAL NAME

Reid VH

REFERRING VET

Dr. Popowich

INVOICE

17958

DATE

11/4/22

PRESENTING CLINICAL SIGNS

History: Lethargy Anorexia Dark tarry stools (a couple days ago) Malodorous urine 3-view abdominal rads: poor serosal detail in cranial abdomen; gas-filled opacity and small amnt feces in colon; no mineral opaque material detected in kidneys or urinary bladder; uterus not detected Current Medications Enrofloxacin 136mg, liquid hepato Primary Question/Differential to Be Answered in This Exam R/O pancreatitis, GI ulcer/perforation, GI FB/obstruction, dysbiosis, early sepsis, other

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone and cystourethral junction exhibited normal thickness and tone. Primarily anechoic urine was present in the lumen. Mild nondependent particulate sediment, along with mild dependent sand/mineral was noted. No evidence of macrocalculi or neoplastic urinary bladder criteria. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic mural changes were noted. The urethra was overtly normal in structure and tone to a depth of 2.0 cm.

The uterus exhibited overtly normal size without evidence of mural pathology or luminal fluid accumulation. The uterine body measured 0.62 cm in width. No overt pathology in the area of the left or right ovaries.

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 6.8 cm in length. The right kidney measured 7.1 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 2.8 cm length x 0.63 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 2.7 cm in length x 0.50 cm width at the caudal pole.

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 exhibited generalized enlargement with symmetrical to swollen hepatic contour. Uniform mildly decreased hepatic parenchyma echogenicity compared to the spleen and renal cortical parenchyma with a mild coarse echotexture. Increased yet indistinct 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.



PATIENT	The gallbladder was non distended in size with mild variably echogenic, nonorganized luminal debris. No evidence of peripheral gallbladder inflammatory criteria. The cystic duct and common bile ducts were normal without evidence of dilation.
Scarlet Fontanos	
SPECIES	<i>Gastrointestinal</i>
Canine	The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach was empty with no evidence of gastric distention with retained ingesta, fluid or foreign material.
BREED	
Bulldog	The intestinal walls demonstrated intact wall layering and maintained 1:3 muscularis / mucosa ratio. The mucosa exhibited mild decreased echogenicity with occasional mucosal speckling. A segmental to diffuse ileus pattern consisting of mild fluid accumulation in the intestinal lumen was present without obstruction or foreign material. The duodenum wall measured 0.62 cm wall width. The jejunum wall measured 0.50 cm.
SEX	
Intact Female	Normal visible colon wall layers were present with apparent formed feces in lumen.
AGE	
3 Years	<i>Pancreas</i>
WEIGHT	The pancreas was normal in size and contour with isoechoic to heterogeneous parenchyma compared to adjacent omentum. No signs of active inflammation or neoplasia.
47.8 Pounds	<i>Free Abdomen</i>
INTERPRETED BY	Intermittent, enlarged 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). Evidence of perilymphatic to generalized mild hyperechoic mesentery was present. An example of lymph node size was 1.9 cm in diameter.
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	
IMAGING PERFORMED BY	ULTRASONOGRAPHIC FINDINGS
Jenna Walsh, CVT	<ul style="list-style-type: none"> • Mild dependent urinary bladder sand/mineral and nondependent particulate sediment • Overtly normal uterus • Hepatomegaly, exhibiting uniform mild parenchyma hypoechoic- suggestive of acute hepatopathy, metabolic reactive vacuolar hepatopathy, acute hepatitis (viral, bacterial, leptospirosis, toxin, etc.), hepatic congestion, possible occult neoplasia, possible occult round cell neoplasia are all potentials. • Mild gallbladder debris (non-mucocele) • Acute gastroenterocolitis pattern- no evidence of mechanical obstruction/foreign material • Heterogenous pancreas- possible low grade inflammation • Mild primarily perihepatic free fluid, generalized reactive mesentery
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DATE	<u>INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS</u>
11/4/22	Assuming normal clotting status and using a 25-gauge needle, screening hepatic FNA cytology is recommended. Potential for low grade pancreatitis may be suspected if elevated spec CPL. Urine



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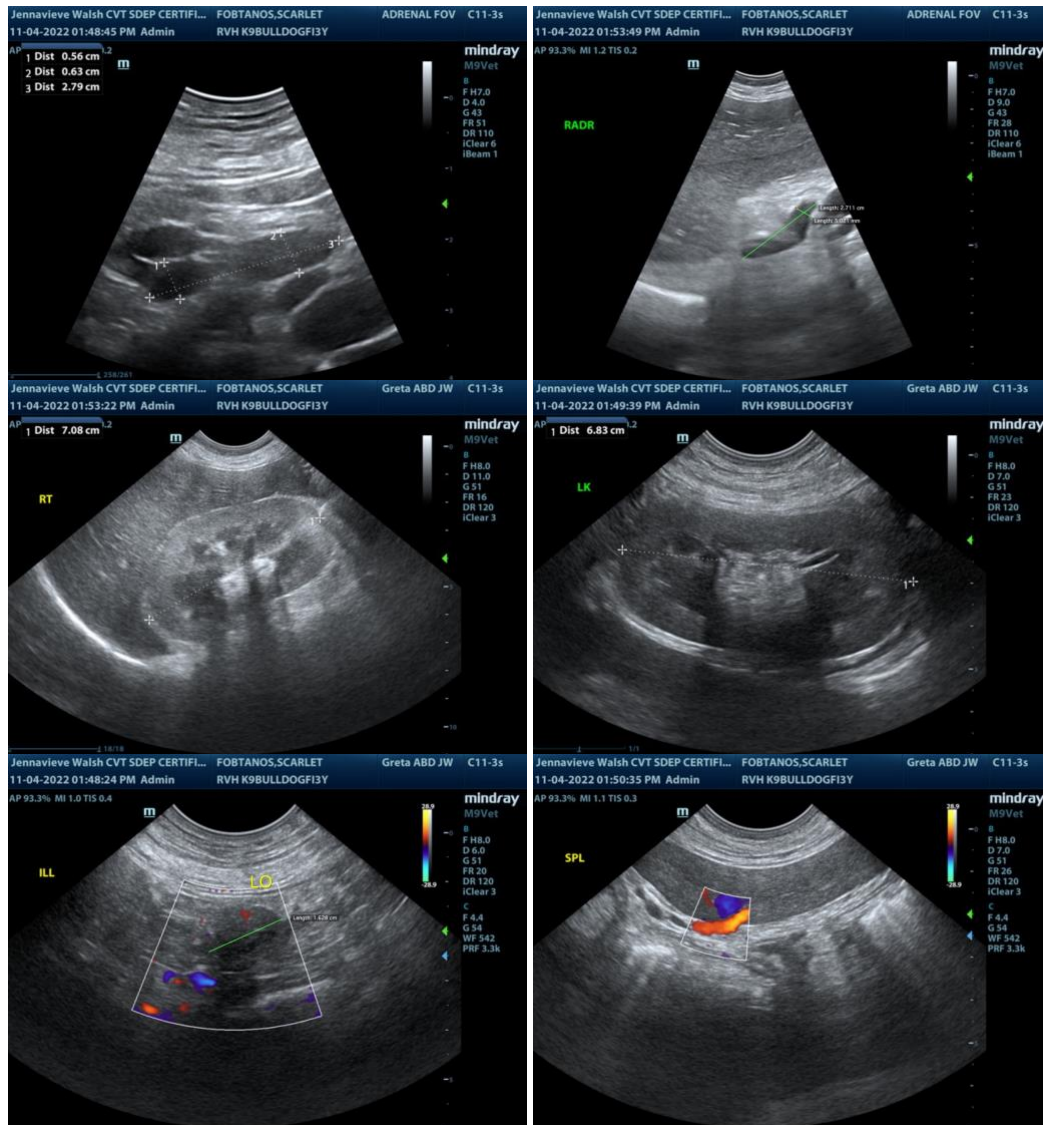
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culture and sensitivity on sterile urine sample is recommended if not done. Although considered unlikely, resting cortisol level to rule out occult Addisons disease given the potential for GI microulceration could be considered. Empirically, hospitalization, as need gastrointestinal and hepatic support pending additional diagnostics and assessment of clinical response would be reasonable. Three view chest radiographs are recommended to assess for or rule out concurrent thoracic pathology as a contributing factor. Recheck sonogram is recommended in 48-72 hours pending clinical response or if clinical signs persist/progress.





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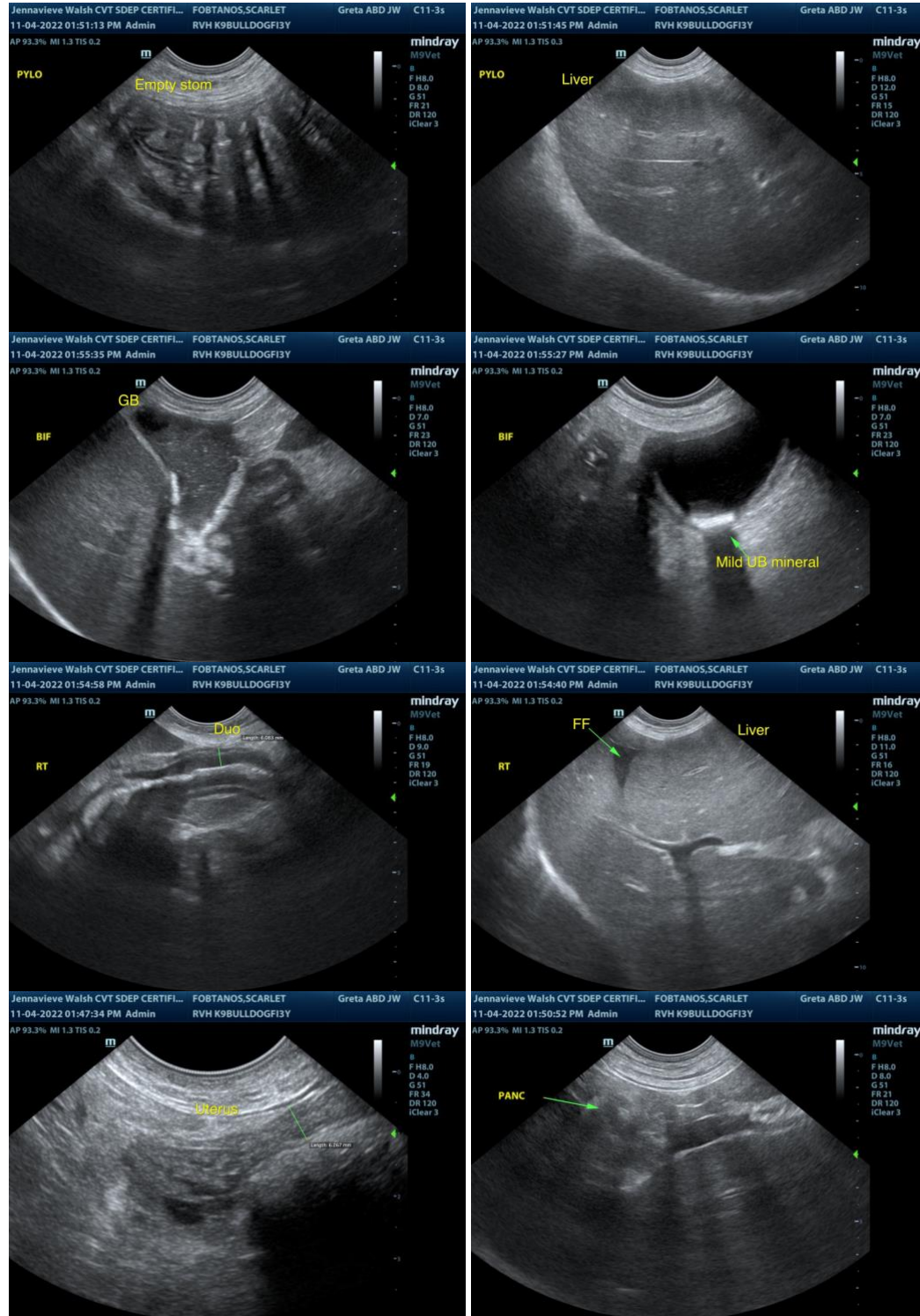
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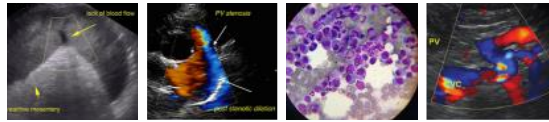
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not



PATIENT visible in the image/video clips provided.

Scarlet Fontanos 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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