

PATIENT PRESENTING CLINICAL SIGNS

Boo Remis Presented for lethargy, anorexia, inappetance on 12/14/2021. Fever (103.5), elevated HR 180 and RR 80, mildly resents abdominal palpation.

SPECIES Abnormal PE/Chem/CBC/UA Results: eosinopenia, bands suspected on CBC although WBC and diff were normal. Chemistries - mild decrease amylase and BUN, cPL normal Current Medications sulbactam/ampicillin 20mg/kg IV TID, metronidazole 15mg/kg BID, maropitant daily, IV fluids

Canine

BREED ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Havanese X

Urinary System

SEX

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2.0 cm exhibited normal thickness and tone. Primarily anechoic urine was present in the lumen. Non-dependent particulate sediment was present without evidence of calculus formation. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic mural changes were noted.

Neutered Male

AGE

6.5 Years

The residual prostate was symmetrically normal in size with uniform parenchyma and slight coarse echotexture.

WEIGHT

18 Pounds

The area of the aortic trifurcation was free of pathology.

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 right kidney measured 5.1 cm. The left kidney measured 4.8 cm.

INTERPRETED BY

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

Adrenal Glands

The adrenal glands were uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 2.2 cm length x 0.52 cm at the caudal pole. The left adrenal gland measured 1.5 cm length x 0.49 cm at the caudal pole.

IMAGING PERFORMED BY

Jenna Walsh, CVT

Spleen

The spleen exhibited subjective mild generalized enlargement with 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.

HOSPITAL NAME

South Willamette VC

REFERRING VET

Dr. Willaman

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.

INVOICE

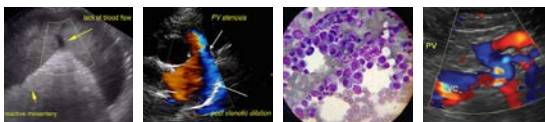
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Gastrointestinal

DATE

12/17/21

The stomach 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. Gastric body wall measured 0.40 cm.



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The small intestine presented intact wall layering with generalized propensity for mildly prominent intestinal mucosa with subjective mild decreased mucosa echogenicity. Intermittent areas of non-obstructive jejunal ileus were present. Jejunum wall measured 0.43 cm. Duodenum wall measured 0.40 cm. No overt evidence of loss of intestinal wall layering, mechanical obstruction, or foreign material. Mild primarily peri intestinal reactive mesentery noted.

The colon walls presented intact yet mildly prominent wall layering with mild thickened to echogenic submucosa. Semiformed to nonformed feces present in the colon lumen with lumen dilation.

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.

Free Abdomen

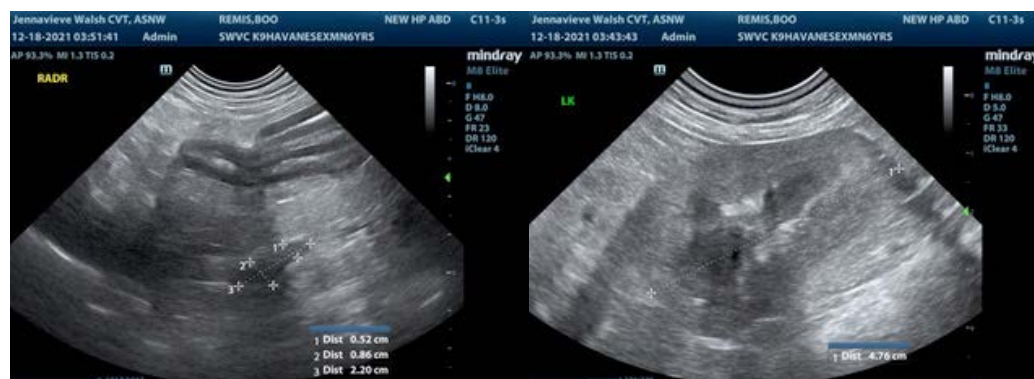
Small pockets of scant, primarily peri intestinal to pericolic free fluid were present.

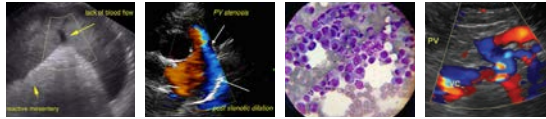
ULTRASONOGRAPHIC FINDINGS

- Mild particulate urinary bladder sediment
- Acute gastroenterocolitis pattern - Dietary indiscretion/food intolerance, occult parasitism, infectious gastroenterocolitis, IBD, with occult neoplastic infiltrative disease considered a less likely differential diagnosis.
- Scant primarily peri intestinal/pericolic free fluid and reactive mesentery
- Mild splenomegaly - subjectively benign, hyperplasia, hematopoiesis or incidental splenitis suspected.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Monitoring for emerging diarrhea recommended. Fresh fecal analysis recommended to assess for parasitic ova/giardia +/- GI panel to include PLI, TLI, cobalamin and folate. Potential for low-grade pancreatitis may be present yet normal. This may be considered less likely given the normal cPL value. Hospitalization with continued broad-spectrum antibiotics and gastrointestinal support recommended. Recheck sonogram may be considered pending clinical response to therapy, or if clinical signs continue in order to assess for progressive inflammatory gastrointestinal or pancreatic changes.





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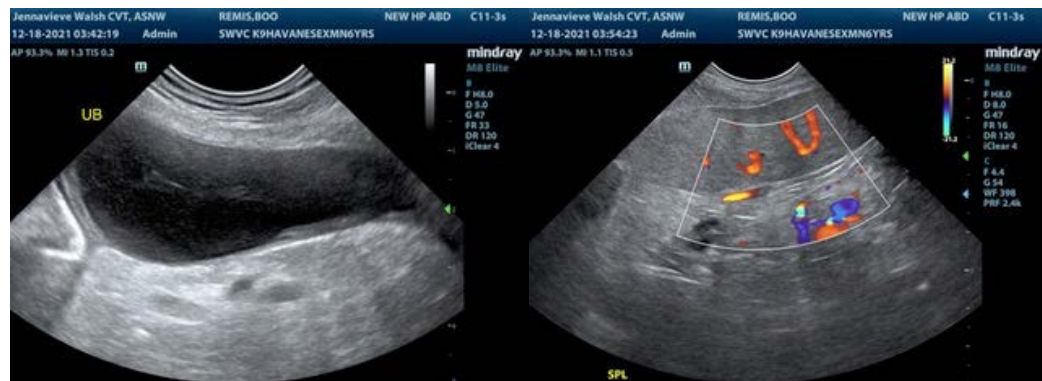
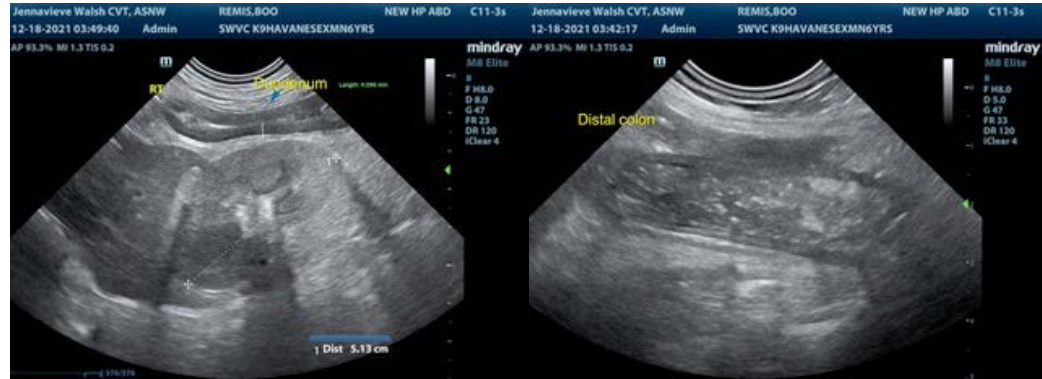
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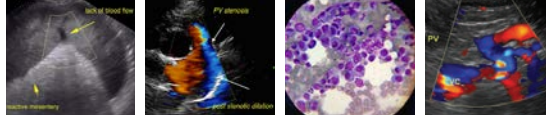
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Boo Remis

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.

SPECIES

Canine

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.

BREED

Havanese X

R. McKenzie Daniel, DVM, DABVP (Canine / Feline Practice)
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