



PATIENT

Abby Winans

SPECIES

Canine

BREED

Anatolian

SEX

FS

AGE

10yr

WEIGHT

48kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Anna Wepprich

HOSPITAL NAME

Wilvet Salem

REFERRING VET

Anna Wepprich

INVOICE

12552ag

DATE

12/27/2022

PRESENTING CLINICAL SIGNS

Presented 12/27 early AM for being ADR since 12/24- lethargic, vomiting, poor appetite, new onset panting heavily. Hx Incontinence. Goes to rehab, on carprofen and gabapentin for hindlimb pain. Bw done 1month ago that was normal.

Abnormal PE/Chem/CBC/UA Results: CBC: HCT 59.8 WBC 7.85 Neut 4.29 band suspect mono 1.21 EOS 1.49 Chem 17: gluc 159 Creat 1.5 BUN 47 Glob 4.8 venous blood gas: HCT 61 Gluc 155 Creat 1.48 BUN 45 pH7.516 Na 138 K 2.9 Cl 99 iCa 1.05 Lact 2.76 -- ** hypochloremic metabolic alkalosis ** UA: USG > 1.050 inactive sediment 3 view thoracic rads- submitted to Idexx, no mets or other abnormalities 3 view abd rads - some mild gas dilation in stomach and intestines, soft tissue in stomach

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra 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.

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 8.1 cm in length. The right kidney measured 8.1 cm in length.

The area of the aortic trifurcation was free of pathology.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.61 cm width at the caudal pole and 3.5 cm length. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.43 cm width at the caudal pole and 3.2 cm length.

Spleen

A solitary non-homogenous focally cystic to cavitated splenic mass was present in the subjective cranial spleen measuring 4-4.5 cm in diameter. The splenic mass distorted the associated splenic capsule with no evidence of parenchymal escape. The spleen not involved with the mass exhibited symmetrical contour and subtle parenchyma heterogeneity. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis.

Liver/Gallbladder

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



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The stomach presented intact mildly prominent wall layering. The lumen of the stomach contained moderate retained fluid and chyme with a moderately sized strongly shadowing echo occupying the majority of the gastric lumen measuring ~ 5.0 cm in diameter.

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The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. Segmental moderate to variable dilation with retained echogenic fluid and chyme was present. Focal strongly shadowing intestinal luminal echo present in the subjective mid abdomen indicative of jejunal location measuring ~ 3.0 cm in diameter. Concurrent empty segments of small intestine without evidence of ileus were present to the level of the colon.

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Normal visible colon wall layers were present with strongly shadowing feces in lumen.

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.

Free Abdomen

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

Regional mild hyperechoic peri intestinal mesentery was present.

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ULTRASONOGRAPHIC FINDINGS

- Gastric foreign body with associated retained gastric fluid
- Concurrent small intestinal foreign body with segmental obstructive pattern likely proximal, empty small intestine likely distal
- Non-specific splenic mass-hyperplasia, hematopoiesis, granuloma, hematoma or neoplasia possible
- Regional mild peri intestinal hyperechoic mesentery-suspect mild mesenteric reactivity or inflammation, no overt peritonitis

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No overt evidence of intra-abdominal metastasis secondary to the splenic mass was present. Three view chest radiographs and brief sonographic assessment of the heart to rule out evidence of effusion/metastasis are suggested. If no evidence of thoracic pathology, laparotomy with gastrotomy, enterotomy and splenectomy is recommended. The segmental small intestine exhibited mild inflammatory changes secondary to intestinal foreign body and potential segmental previous passage. The possibility of resection and anastomosis is considered unlikely yet cannot be definitively excluded.

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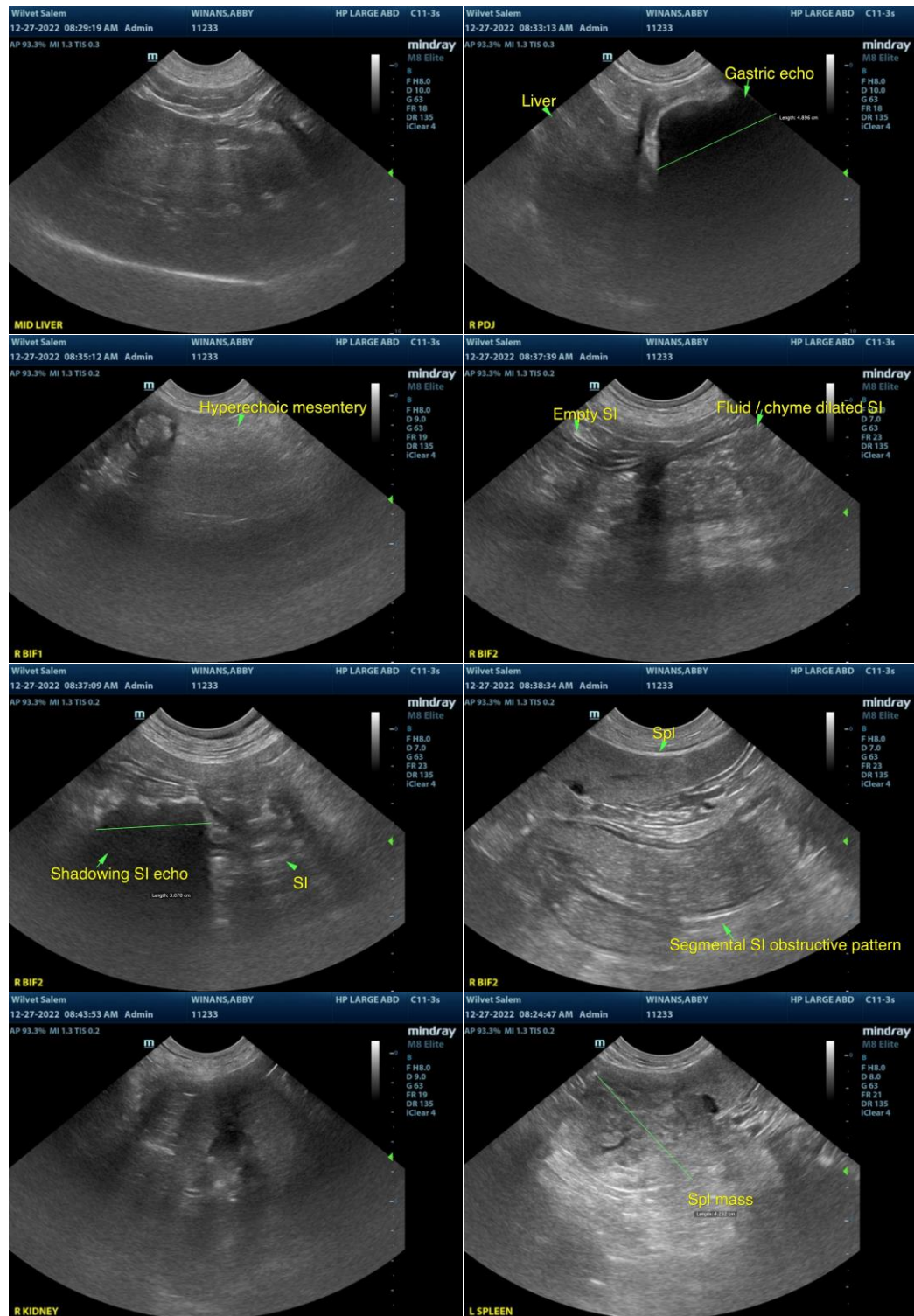
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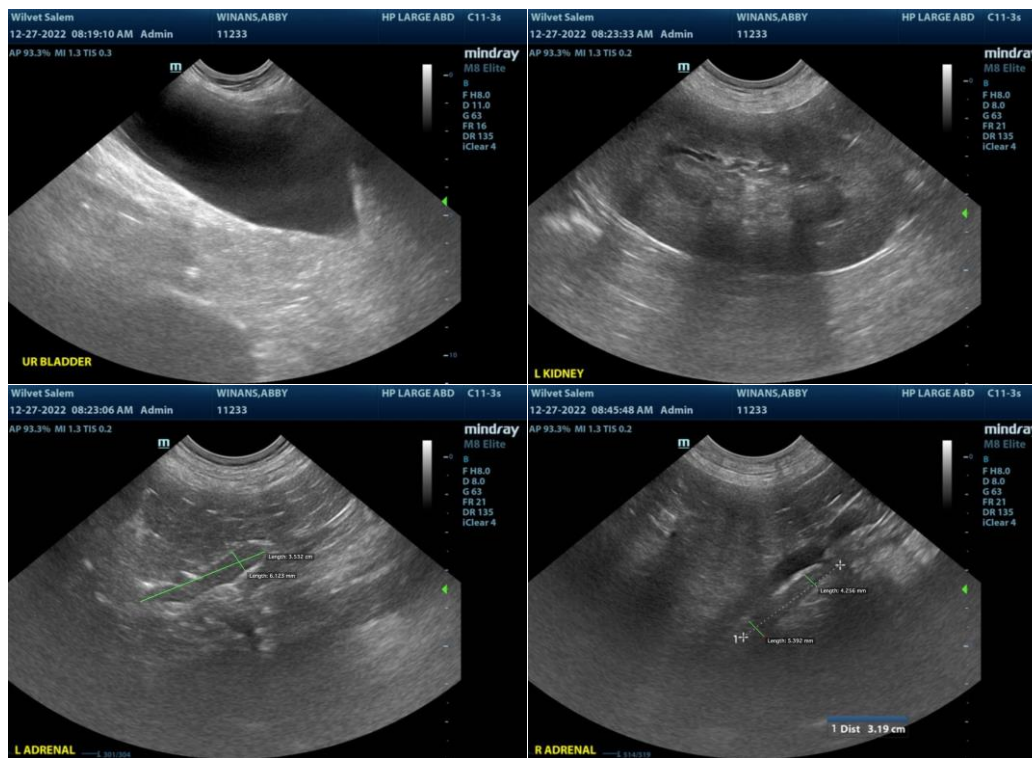
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)
mac.daniel@sonopath.com