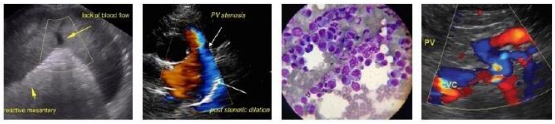

PATIENT

Ash Burany

SPECIES

Canine

BREED

10.6 kg

SEX

MN

AGE

2.5 yrs

WEIGHT

10.6 kg

INTERPRETED BY

R. McKenzie Daniel, DVM, DABVP

IMAGING PERFORMED BY

Crystal Hill

HOSPITAL NAME

East Credit VH

REFERRING VET

Dr. Webster

INVOICE

15737

DATE

12/29/22

PRESENTING CLINICAL SIGNS

Dec 27th suddenly became lethargic, inappetent and began to intermittently vocalize as if in severe pain. Possible dietary indiscretion. Difficult to localize pain on exam but would scream intermittently. Area of gastric distention and fluid accumulation in intestines on rads. Cannot rule out FB. Started IVF, Ampicillin, Cerenia and Famotidine.

Abnormal PE/Chem/CBC/UA Results: Please see attached rads. CBC normal. Chemistry normal. Spec cPL in progress.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, and cystourethral junction normal thickness and tone. Primarily anechoic urine was present in the lumen. Mild, dependent to non-dependent, particulate sediment, which may indicate cellular debris / protein, crystalline debris, or mucus, 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.

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 left kidney measured 5.0 cm in length. The right kidney measured 4.7 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 1.5 cm length x 0.57 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 1.6 cm length x 0.46 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/ 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.

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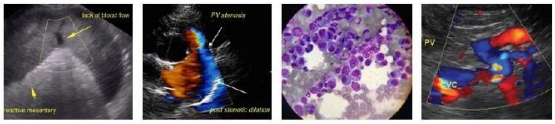

THE FOCAL ZONE
IMAGING PERFORMED BY
289-808-2608 info@thefocalzone.com

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Gastrointestinal

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. The stomach was non-distended with mild luminal gas.

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 mechanical / metabolic ileus, obstruction, or foreign material.

Normal visible colon wall layers were present with apparent formed feces in lumen.

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 were evident.

Free Abdomen

No omental masses, lymphadenopathy, or evidence of peritoneal free fluid were noted.

ULTRASONOGRAPHIC FINDINGS

- Normal urinary bladder with mild particulate sediment
- Normal gastrointestinal tract / colon
- Normal pancreas
- Normal spleen / liver

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No evidence of overt visceral pathology as an obvious cause of potential intraabdominal pain. No evidence of gastrointestinal inflammatory criteria, mechanical / metabolic ileus, or gastrointestinal foreign material. No evidence of active pancreatitis, although low-grade pancreatitis may potentially present as sonographically normal. Likewise, an acute inflammatory bowel episode, given the potential for dietary indiscretion, cannot be excluded. No indication for surgical intervention.

Assessment for possible referred abdominal pain i.e., muscular / skeletal pain may be considered. Correlation with pending Spec cPL is suggested. Empirically, continued as-needed gastrointestinal support and analgesics would be reasonable.

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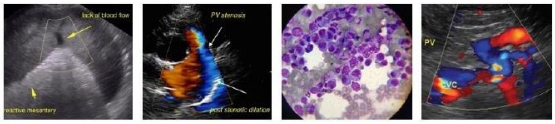

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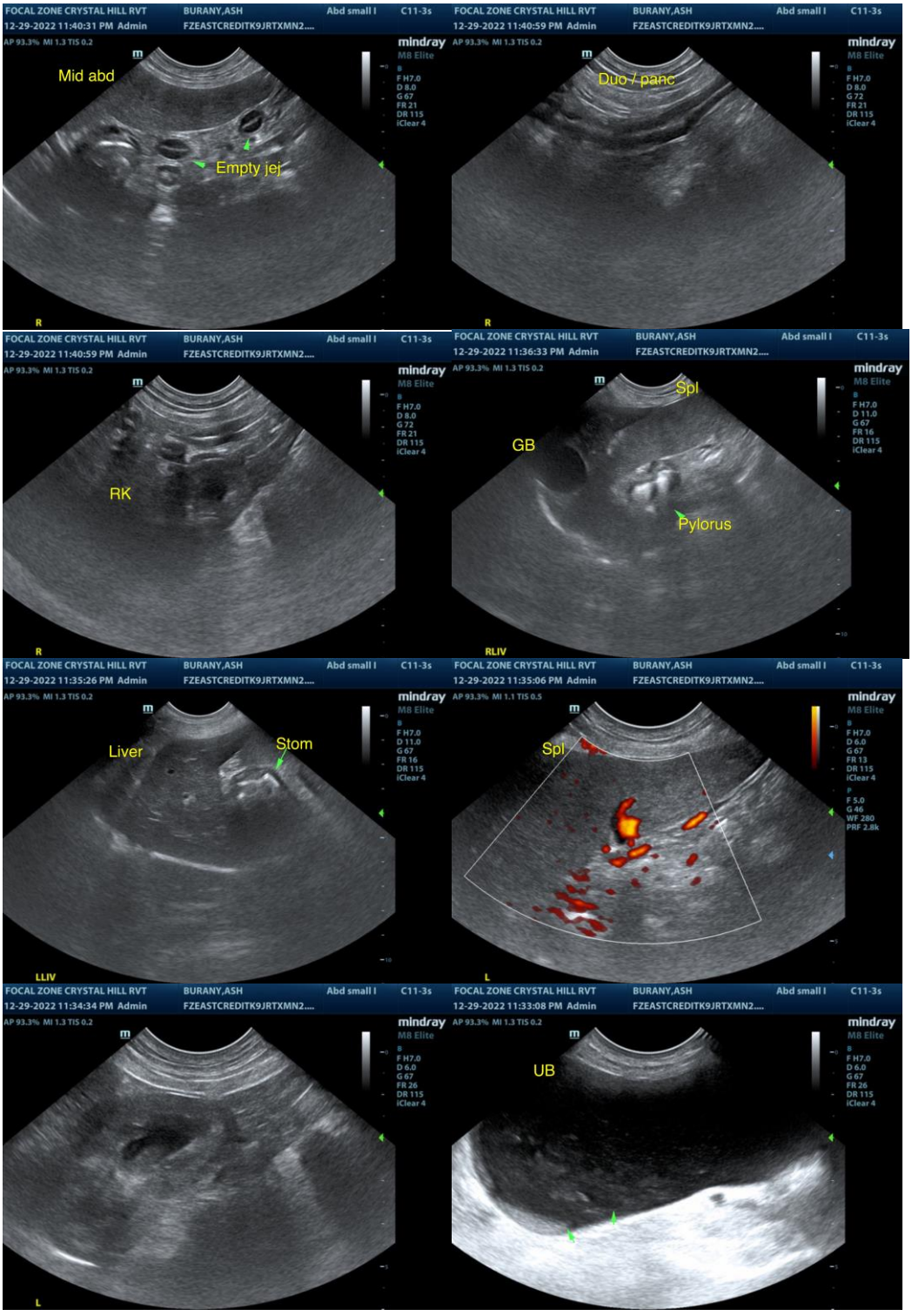

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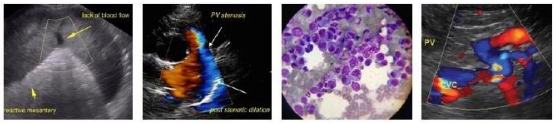

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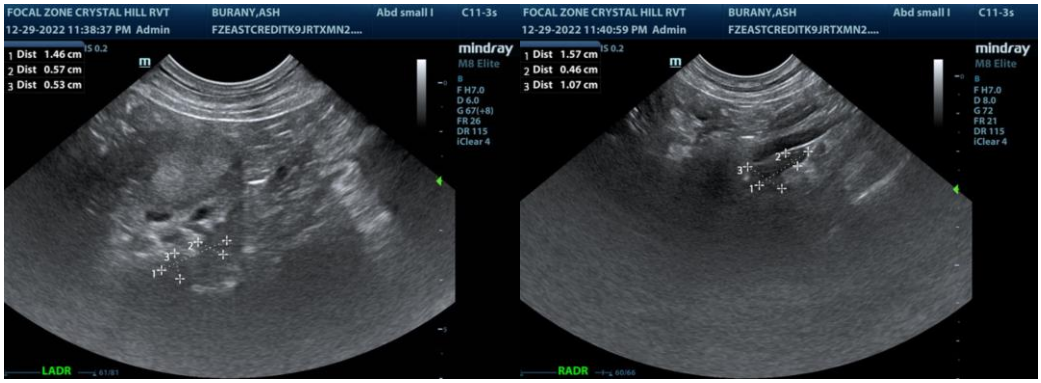

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)
info@SonoPath.com