



PATIENT

Jenna Lehman

PRESENTING CLINICAL SIGNS

Eating random things, vomits. Not eating all of her food anymore, tried giving pumpkin.

SPECIES

Canine

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of – cm 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.

BREED

Staffordshire Terrier

No evidence of pathology in the area of the aortic trifurcation or uterine stump.

SEX

Spayed Female

Normal size and margination were present in the kidneys. A normal 1:3 cortex / medulla ratio was maintained. The medulla and cortices were uniform in texture with some increased echogenicity and loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The left kidney measured 5.4 cm. The right kidney measured 6.5 cm.

AGE

10 Years

Adrenal Glands

The left adrenal gland was indistinctly visualized, subjectively measuring 0.4 cm at the cranial pole and 0.47 cm at the caudal pole. The right adrenal gland was not definitively visualized.

WEIGHT

64 Pounds

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.

INTERPRETED BY

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

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 mild, echogenic, nonmineralized biliary sludge. The cystic duct and common bile ducts were normal without evidence of dilation.

IMAGING PERFORMED BY

Dr. Daniel Finch

HOSPITAL NAME

Neighborhood Pet
Health Center

Gastrointestinal

The visualized gastric and pyloric walls were sonographically unremarkable without evidence of mural pathology. However, full evaluation of the stomach walls was limited owing to the presence of strongly shadowing gastric ingesta. Ventral gastric body wall measured 0.39 cm. Ventral pylorus wall measured 0.42 cm. The lumen of the stomach contained moderate, strongly shadowing ingesta.

REFERRING VET

Dr. Daniel Finch

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. No evidence of loss of small intestinal wall layering or visualized intestinal masses. Jejunum wall measured 0.5 cm.

INVOICE

33278

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

DATE

12/3/21



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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

No omental masses, lymphadenopathy or peritoneal effusion. Subtle areas of peri intestinal echogenic mesentery suggestive of regional peri intestinal omental reactivity was present.

PRIMARY FINDINGS

- Generalized intact gastrointestinal wall layering with moderate strongly shadowing gastric ingesta and subtle areas of regional peri intestinal reactive mesentery

SECONDARY FINDINGS

- Mild age related kidneys
- Mild gallbladder debris - incidental

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The gallbladder debris may be secondary to fasting or indicate nonclinical cholestasis.

Given the lack of visualized gastrointestinal pathology, an obvious cause of the microcytic, hypochromic non-regenerative anemia was not definitively evident in this study. Potential for microulceration possible if evidence of melena. Likewise, occult parasitism cannot be excluded, even with negative fecal testing. Alternatively, underlying structurally insignificant gastroenteropathy (given the patient's historical propensity for PICA and potential gastrointestinal signs) may be possible.

Panacur 50 mg/kg PO SID for at least 5 consecutive days with potential repeat protocol in 3 weeks would be warranted even if fecal testing is negative. Adrenal screening with resting cortisol to assess for occult Addison's disease with ACTH stimulation test if resting cortisol is <2.0 would be warranted. Ultimately, gastrointestinal endoscopy for further assessment and potential biopsies for further clarification may be considered. Empirically, conservative therapy for potential inflammatory gastroenteropathy would be warranted.





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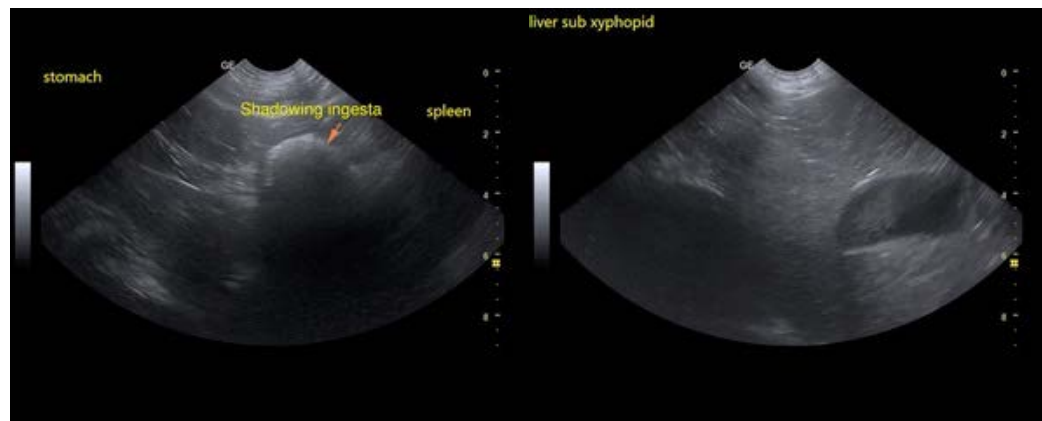
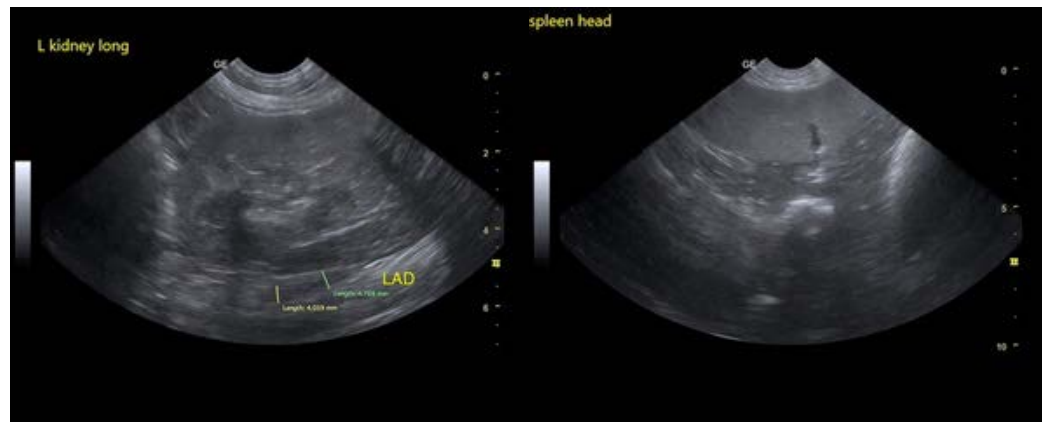
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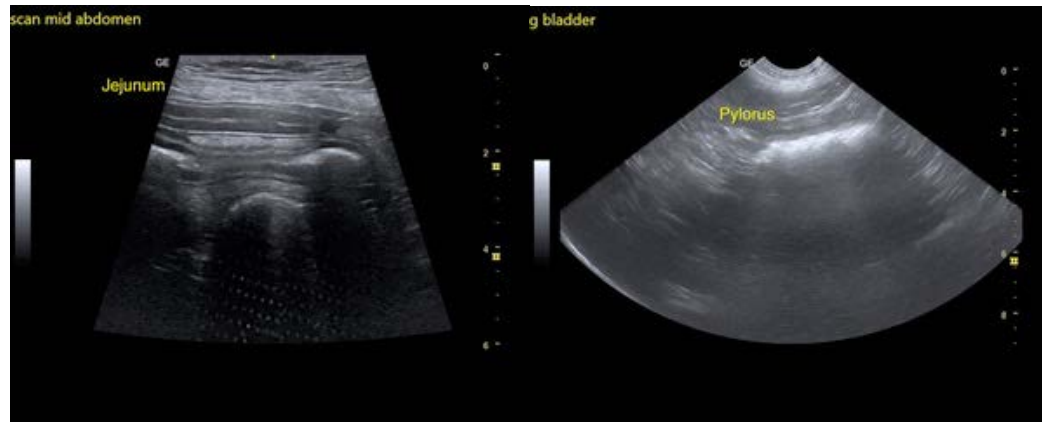
Spayed Female

AGE

10 Years

WEIGHT

64 Pounds



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.

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