



PATIENT

Cassey Madden

PRESENTING CLINICAL SIGNS

Anorexia and vomiting of 5-6 days duration. Does eat foreign material sometimes.

SPECIES

Canine

Abnormal PE/Chem/CBC/UA Results: PE unremarkable. No overt abd pain. CBC WNL Chem mild ALP (498). No UA. XR report: The small volume gastric luminal foreign material can characterize incidental medication, but can also characterize an irritant/toxic gastritis. Mild volume peritoneal effusion can be consistent with transitive or exudative processes.

BREED

Lab

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 3 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.

SEX

FS

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 mild loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The left kidney measured 6.8 cm in length. The right kidney measured 6.7 cm in length.

AGE

8yr

WEIGHT

29.4kg

The area of the aortic trifurcation was free of pathology.

Adrenal Glands

The bilateral adrenal glands were normal in size. Mild parenchyma heterogeneity and mild capsule asymmetry was present without suspicion for overt neoplasia. The left adrenal gland measured 3.1 cm length and 0.58 cm width in the caudal pole. The right adrenal gland measured 2.9 cm length and 0.70 cm width in the caudal pole. Potential for discrete emerging nodular left adrenal changes which may suggest adenomatous change without evidence of neoplastic criteria possible.

INTERPRETED BY

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

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.

IMAGING PERFORMED BY

Dr. Guenther

HOSPITAL NAME

Central Island
Veterinary Emergency

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.

REFERRING VET

Dr. Guenther

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Gastrointestinal

The stomach presented intact mildly prominent wall layering with a normal wall layer ratio. Mildly prominent rugal folds were present. The lumen of the stomach contained moderate retained anechoic to mildly echogenic fluid and non-specific variably echogenic ingesta in the area of the pyloric outflow measuring ~ 3.0 cm.

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02/14/2023



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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.

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

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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.

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Free Abdomen

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

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ULTRASONOGRAPHIC FINDINGS

AGE

8yr

- Hypomotile gastritis pattern with moderate retained fluid and non-specific highly suspicious variably echogenic pyloric ingesta/echoes
- Overtly normal small bowel
- Benign mild hepatopathy-suspect metabolic, reactive or vacuolar hepatopathy
- Mild to early age related renal/adrenal changes

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

WEIGHT

29.4kg

Although potential for retained pyloric ingesta and/or medication if clinically applicable, high suspicion for mechanical pyloric outflow obstruction given the patient history and possible dietary indiscretion. If available gastric endoscopy is likely ideal for further clarification.

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(Canine and Feline)

Hospitalization with 24-36 hour IVF and GI supportive protocol with monitoring of the stomach and pyloric outflow following documented fast could be considered however exploratory laparotomy with gastrotomy +/- GI biopsies despite exploratory findings may be indicated.

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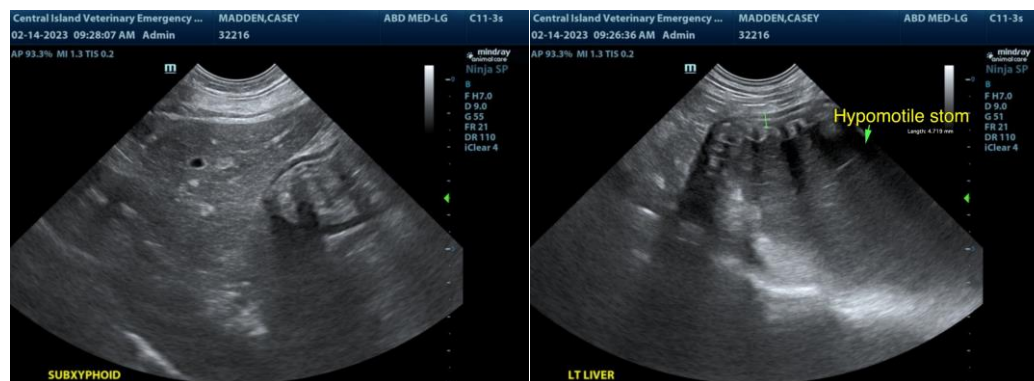
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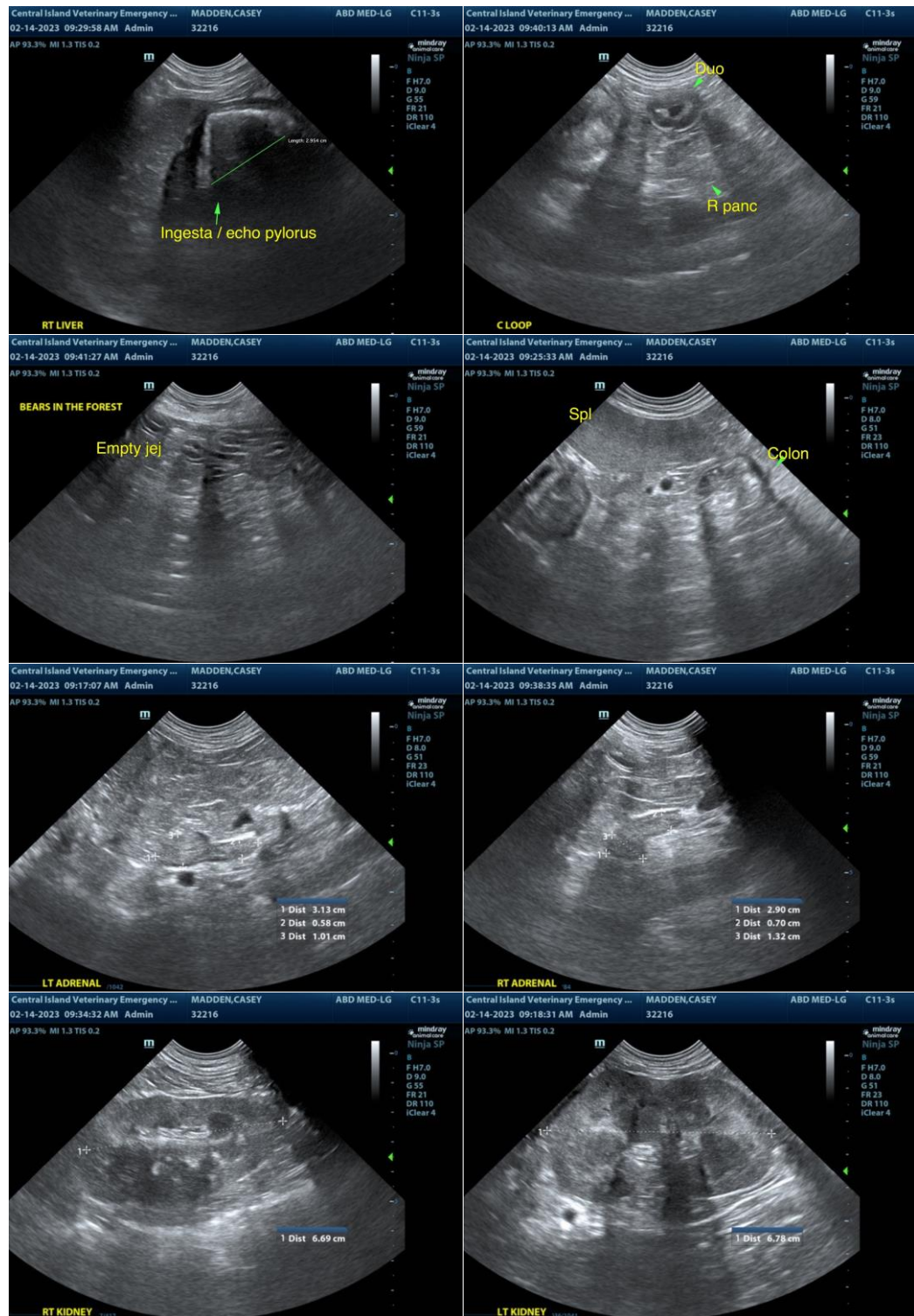
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

Thank you for this referral. If the clinical or image interpretation does not parallel your findings or if I



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can be of any further assistance, please contact me.

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