

PATIENT

Kori Eleventh Hour

SPECIES

Canine

BREED

German Shepherd

SEX

Spayed Female

AGE

12 Weeks

WEIGHT

14 Lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Jenn

HOSPITAL NAME

Rockaway AH

REFERRING VET

Dr. Ascot

INVOICE

13928

DATE

2/15/22

PRESENTING CLINICAL SIGNS

History: acute onset cluster seizures off of transport concern for congenital dz (PSS) primary congenital malform epilepsy
Abnormal PE/Chem/CBC/UA Results: HCT 36% WBC 17K Platelets 576 GGT 3 remainder WNL

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.

Both kidneys exhibited overall subjective normal size and maintained 1:3 cortex / medulla ratio with adequate corticomedullary border demarcation. No evidence of pyelectasia noted. Potential focal areas of asymmetrical margination with concurrent increased cortex echogenicity, suggestive of potential focal cortical infarcts noted. The left kidney measured 5.6 cm in length. The right kidney measured 5.7 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 0.44 cm width at the caudal pole and 0.57 cm width at the cranial pole.

The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.59 cm width at the caudal pole and 0.78 cm width at the cranial 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

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. Normal subjective vascular volume was present.

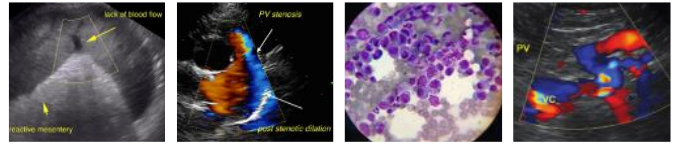
The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.

Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. Minor retained non-shadowing ingesta/chyme was present.

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 formed feces in lumen.



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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.

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Free Abdomen

No overt lymphadenopathy present. Small pockets of scant anechoic free fluid were present- this is not an atypical finding in a young patient and likely incidental, assuming normal albumin levels.

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German Shepherd

ULTRASONOGRAPHIC FINDINGS

SEX

Spayed Female

- Overtly normal liver, exhibiting subjective normal volume
- Mild retained gastric ingesta/chyme
- Possible focal renal cortical infarcts
- Small pockets of scant peritoneal free fluid- likely incidental

AGE

12 Weeks

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No overt evidence of intrahepatic or extrahepatic shunt, given normal hepatic vascular volume and without overt evidence of renal or cystic mineral. Further assessment may include fasting and postprandial bile acids to assess hepatic functionality, yet hepatic functions suspected to be normal, assuming normal albumin, glucose, BUN and cholesterol levels. If elevated postprandial bile acids, suggestive of nonobvious shunt, gold standard CT with contrast may be indicated. Potential mild dysplastic renal changes cannot be definitively excluded.

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The presence of retained gastric ingesta/chyme may be incidental, however, if documented NPO, some degree of mild metabolic gastric stasis may be present. A neurology consult recommended.

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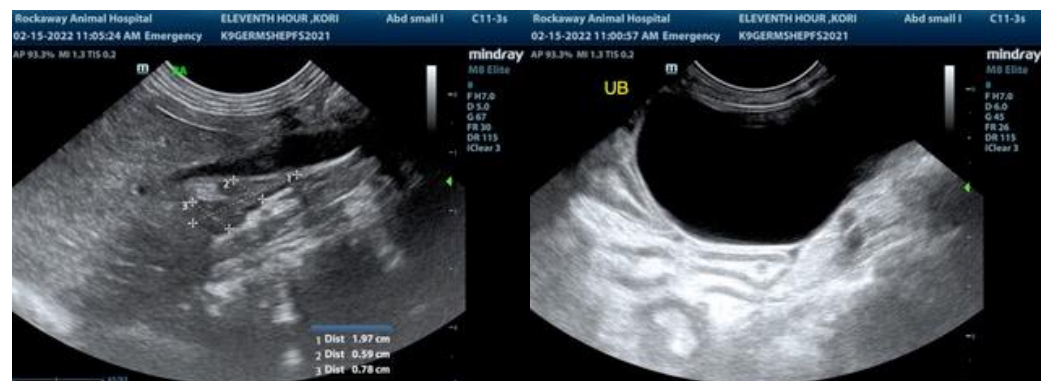
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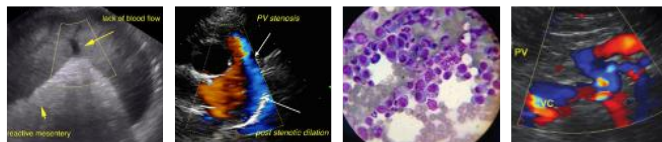
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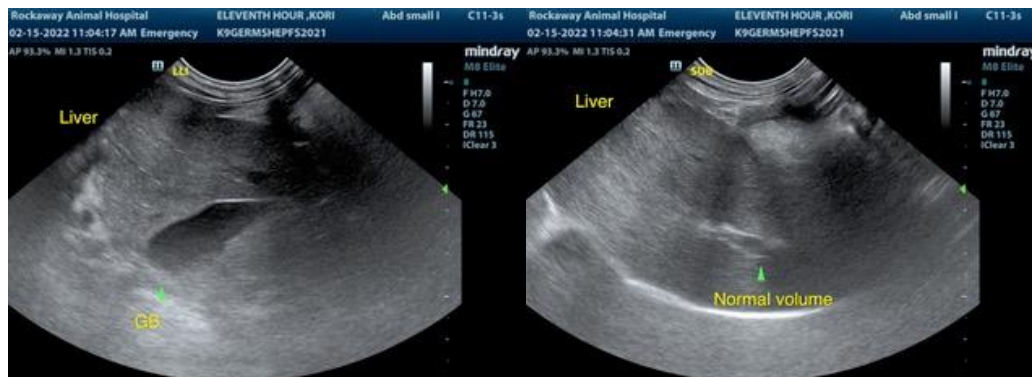
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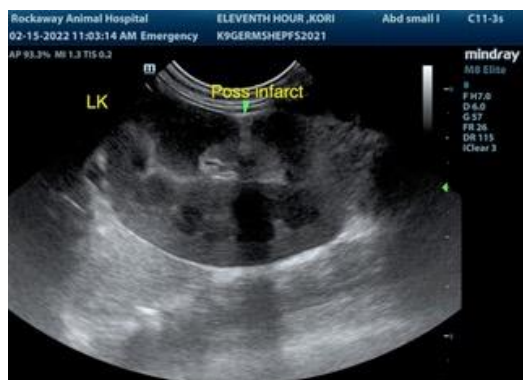
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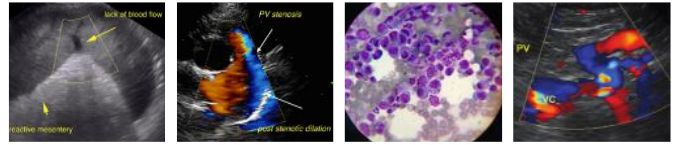
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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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info@SonoPath.com

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