

**PATIENT**

Ka\$h Retallick 19763B

SPECIES

Canine

BREED

Llewellyn Setter

SEX

Neutered Male

AGE

4 Years 9 Months

WEIGHT

30.1 kg

INTERPRETED BYR. McKenzie Daniel,
DVM, DABVP
(Canine and Feline)**IMAGING
PERFORMED BY**

Tom McNeill

HOSPITAL NAME

SVS Imaging CT

REFERRING VET

Dr. Klein

INVOICE

21142

DATE

2/17/23

PRESENTING CLINICAL SIGNS

History: Ka\$h presented to the MVS Emergency Service on Feb 17, 2023, at (1pm), for evaluation of vomiting, lethargy. Around 2am today vomited once overnight. Didn't come to bed which was odd and was shaking a lot. This morning still shaking, lethargic, pacing around 8am. Vomited twice at 8:30am. Didn't eat but drank and kept that down. Very lethargic and not himself so took to pcDVM. They did some treatments and labs and sent here for further care. He has been fed a raw diet since a puppy. No defecation or urination seen today. No c/s noted. He has a history of getting into neighbors trash.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**Urinary System**

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 3.0 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.

The residual prostate was symmetrically normal in size with uniform parenchyma and slight coarse echotexture measuring 1.1 cm in diameter.

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 6.7 cm in length. The right kidney measured 6.3 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 0.67 cm width at the caudal pole and 0.56 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 0.73 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

The liver was normal in size with subjective mild hypoechoic hepatic parenchyma with subtle increased prominence of portal vascular borders. Hepatic vascular volume was normal.

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 sonographically normal wall layering. The stomach contained a mild to possible moderate amount of luminal gas. No obvious evidence of retained gastric fluid, ingesta or overt foreign material. The pylorus wall measured 0.45 cm.

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fredgromalak@gmail.com



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The duodenum and jejunum exhibited intact wall layering with maintained 1:3 muscularis/mucosa ratio. A mild segmental duodenojejunal nonspecific mildly hyperechoic mucosal speckling was present to the level of the ileum. The generalized ileum exhibited mild mural hypertrophy with indistinct wall layer detail. The ileum contained a mild amount of retained chyme to the level of the ileocolic junction. No evidence of obstructive mural pathology or foreign material. The ileum wall measured 0.43 cm. The duodenum wall measured 0.44 cm. The jejunum wall measured 0.39 cm.

Normal visible colon wall layers were present with subjective formed to semi-formed fecal matter and luminal gas.

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

Regional periileocolic mild hyperechoic omentum was noted with associated mild regional subjective benign/reactive mesenteric lymphadenopathy. An example of mesenteric lymph node measured 4.6 cm x 0.69 cm. A small pocket of scant periileocolic free fluid was noted.

ULTRASONOGRAPHIC FINDINGS

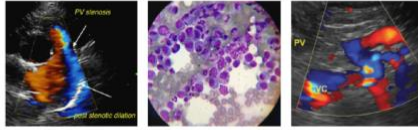
- Enteritis with moderate ileitis
- Associated periileocolic mild reactive mesentery and subjective benign/reactive mesenteric lymphadenopathy, scant regional peritoneal free fluid
- Possible mild hypoechoic liver- nonspecific, likely patient variant, potential for emerging hepatopathy is possible

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Supportive care for enteritis with moderate ileitis should prove beneficial. No evidence of infiltrative neoplastic criteria, mechanical obstructive pattern or foreign material. Dietary indiscretion may be a primary rule out given the patient history, although other inflammatory/infectious etiologies are possible. Assessment of cobalamin levels may be considered. Broad spectrum deworming is suggested even if fecal testing is negative. Recheck sonogram is suggested if persistent/progressive clinical signs are present. Correlation with subjective mild hypoechoic liver with assessment of hepatic enzymes, if not done, is suggested.

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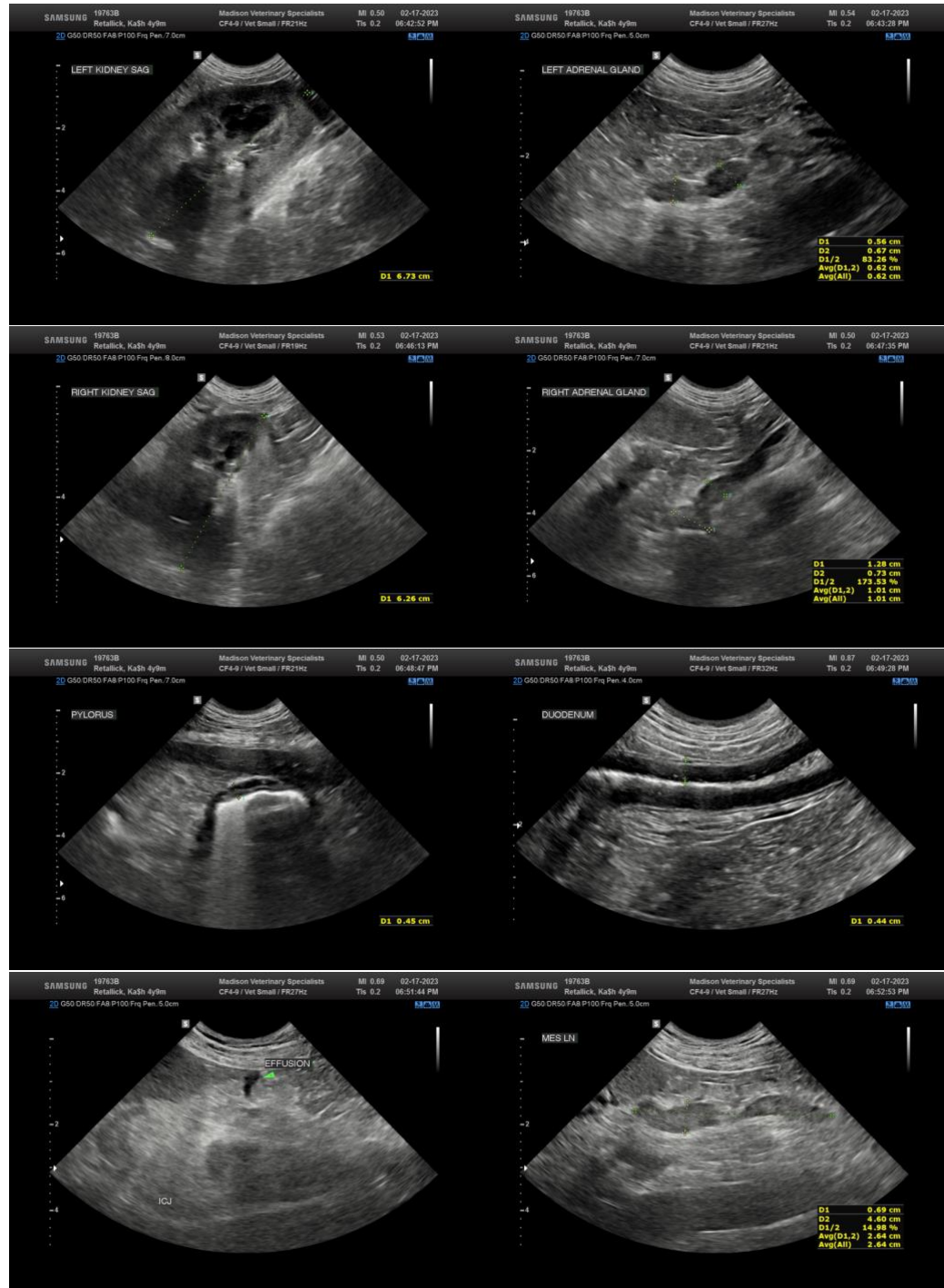
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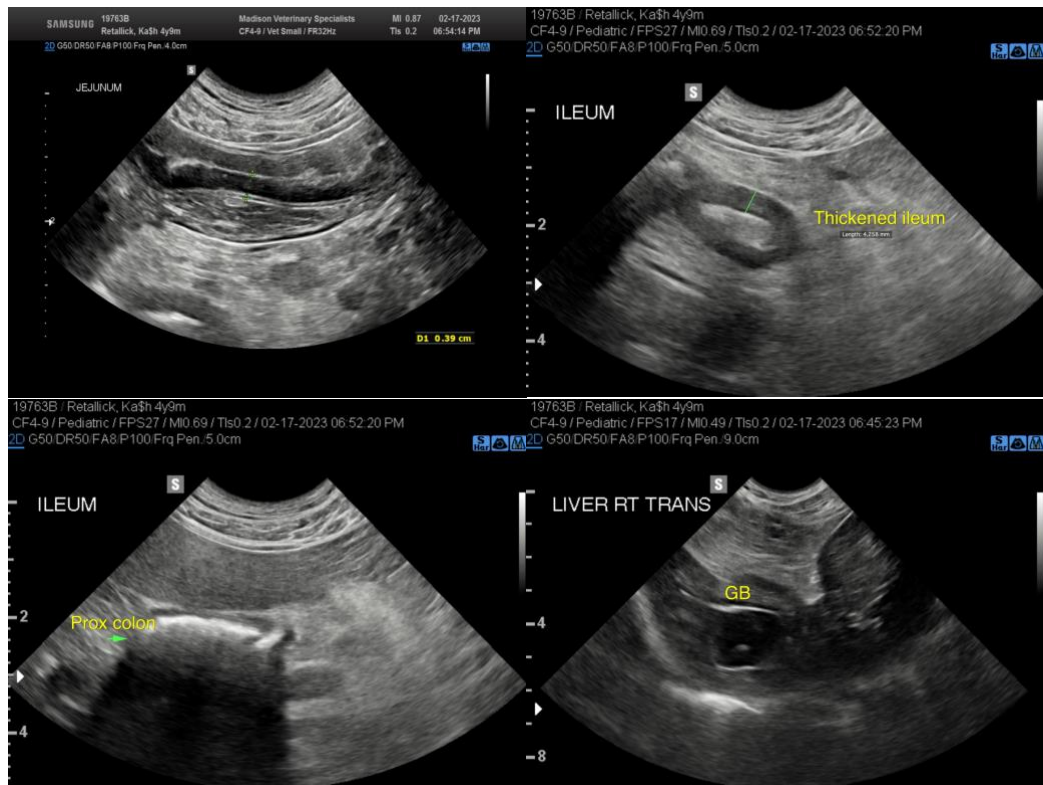
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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