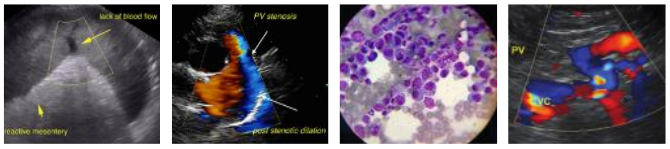
SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™



SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Betty Wight

SPECIES

Canine

BREED

English Lab

SEX

Spayed Female

AGE

3 Years

WEIGHT

80 Lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Saum Hadi

HOSPITAL NAME

Bethany Family PC

REFERRING VET

Saum Hadi

INVOICE

13722

DATE

2/2/22

PRESENTING CLINICAL SIGNS

History: P started vomiting on Monday a few hours after ingestion of normal food. P become hyporexic last night, will eat today. Was fasted for ultrasound this morning. P lethargic but improving today.
Abnormal PE/Chem/CBC/UA Results: Chem 10, CBC, cPL WNL

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. Aortic trifurcation was normal.

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 6.4 cm in length. The right kidney measured 6.7 cm in length.

Adrenal Glands

The left adrenal gland was indistinctly visualized yet without overt pathology, subjectively measuring 0.64 cm width at the caudal pole.

The right adrenal gland was not definitively visualized.

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.

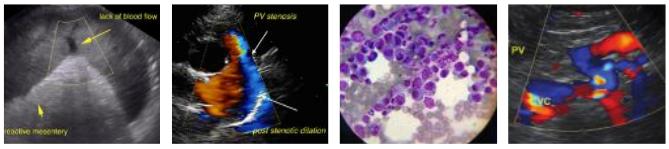
Liver

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. 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.

Gastrointestinal

The stomach presented wall thickening secondary to echogenic mucosa hypertrophy. Intact wall layering was maintained and distinct. The ventral gastric body wall measured 0.69 cm width. Mild to moderate retained anechoic to mildly echogenic fluid was present in the stomach lumen without evidence of overt retained ingesta or foreign material.

The small intestine presented intact wall layering with maintained 1:3 muscularis/mucosa ratio. No evidence of mechanical small intestinal obstruction or overt foreign material. No evidence of loss of intestinal wall layering or overt intestinal masses.



SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Betty Wight

SPECIES

Canine

BREED

English Lab

SEX

Spayed Female

AGE

3 Years

WEIGHT

80 Lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Saum Hadi

HOSPITAL NAME

Bethany Family PC

REFERRING VET

Saum Hadi

INVOICE

13722

DATE

2/2/22

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 was evident.

Free Abdomen

Regional to generalized primarily periintestinal hyperechoic mesentery was present. Very small pockets of scant free fluid were noted around the small intestine as well as in the lateral abdomen. No overt or significant lymphadenopathy.

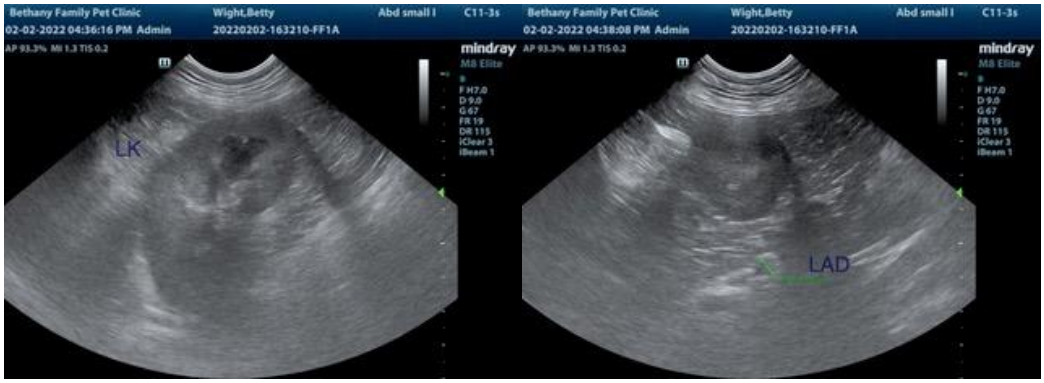
ULTRASONOGRAPHIC FINDINGS

- Acute gastroenteritis pattern, exhibiting mild gastric hypomotility
- Associated primarily periintestinal reactive mesentery, intermittent small pockets of scant peritoneal free fluid

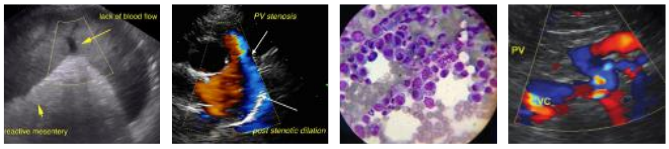
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The overall appearance of the gastrointestinal tract was nonspecific yet suggestive of acute gastroenteritis or inflammatory bowel episode. Potential causes may include dietary indiscretion/food intolerance, gastroenterotoxic insult, infectious gastroenteritis or other gastroenteropathy. No overt evidence of infiltrative or neoplastic gastrointestinal disease, which is considered a less likely differential diagnosis.

Further assessment may include a GI panel, to include PLI, TLI, cobalamin and folate as well as resting cortisol level to rule out occult Addisons disease, if persistent gastrointestinal signs are noted. Empirically, supportive care for acute inflammatory bowel episode should prove effective. Recheck sonogram may also be considered if persistent gastrointestinal signs for reassessment of progressive inflammatory gastrointestinal mural changes or increasing evidence of gastric stasis. No overt indication for surgical intervention.



SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™



SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Betty Wight

SPECIES

Canine

BREED

English Lab

SEX

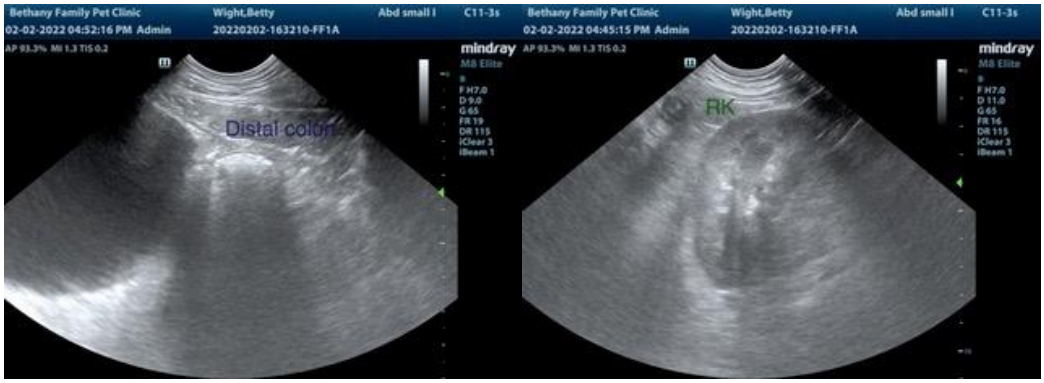
Spayed Female

AGE

3 Years

WEIGHT

80 Lbs.



INTERPRETED BY

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

IMAGING PERFORMED BY

Saum Hadi

HOSPITAL NAME

Bethany Family PC

REFERRING VET

Saum Hadi

INVOICE

13722

DATE

2/2/22

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