



PATIENT

Penny Musick

SPECIES

Canine

BREED

Chihuahua Mix

SEX

Spayed Female

AGE

3 Years

WEIGHT

15.8 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Amy Mayhew, LVT

HOSPITAL NAME

SVS Imaging Michigan

REFERRING VET

Dr. Foster

INVOICE

21232

DATE

2/23/23

PRESENTING CLINICAL SIGNS

History: Recheck from yesterday. Patient went home and vomited large amount of rug/carpet. Continues to gulp and act nauseous. Eating small amount. Abnormal PE/Chem/CBC/UA Results: Mildly tense abdomen.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra 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.

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 3.8 cm in length. The right kidney measured 4.0 cm in length.

Adrenal Glands

No overt pathology in the area of the left or right adrenal glands.

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 appeared to be less distended as compared to the previous ultrasound with less retained nonshadowing ingesta/chyme. Persistent strongly shadowing gastric luminal echoes were present within the gastric body and subjectively within the pyloric outflow. An example measured 1-2 cm in diameter. Overtly normal gastric wall layering was present.

The small intestine presented intact, overtly normal wall layering wall layering with 1:3 muscularis/mucosa ratio. The lumen of the small intestine was primarily empty with persistent segmental areas of ingesta/echoes, exhibiting near field hyperechogenicity with distal acoustic shadowing. No definitive evidence of small intestinal obstructive pattern.

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

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.

SPECIES

Canine

Free Abdomen

Discrete to mild benign/reactive mesenteric lymph nodes were noted. No evidence of peritoneal effusion.

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Chihuahua Mix

ULTRASONOGRAPHIC FINDINGS

- Persistent shadowing gastric echoes, less nonshadowing gastric ingesta/chyme compared to the previous study
- Persistent segmental strongly shadowing/echoes with concurrent empty small bowel- no evidence of progressive obstructive pattern

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Spayed Female

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

AGE

3 Years

Given similar findings compared to the previous study with less retained nonshadowing ingesta/chyme and in conjunction with recent patient history, gastric and segmental nonobstructive intestinal foreign material appears to be persistent. Exploratory laparotomy with expectation toward gastrotomy, segmental enterotomy and with intestinal biopsies recommended despite exploratory findings to assess for underlying intestinal disease as a potential cause of pica is recommended.

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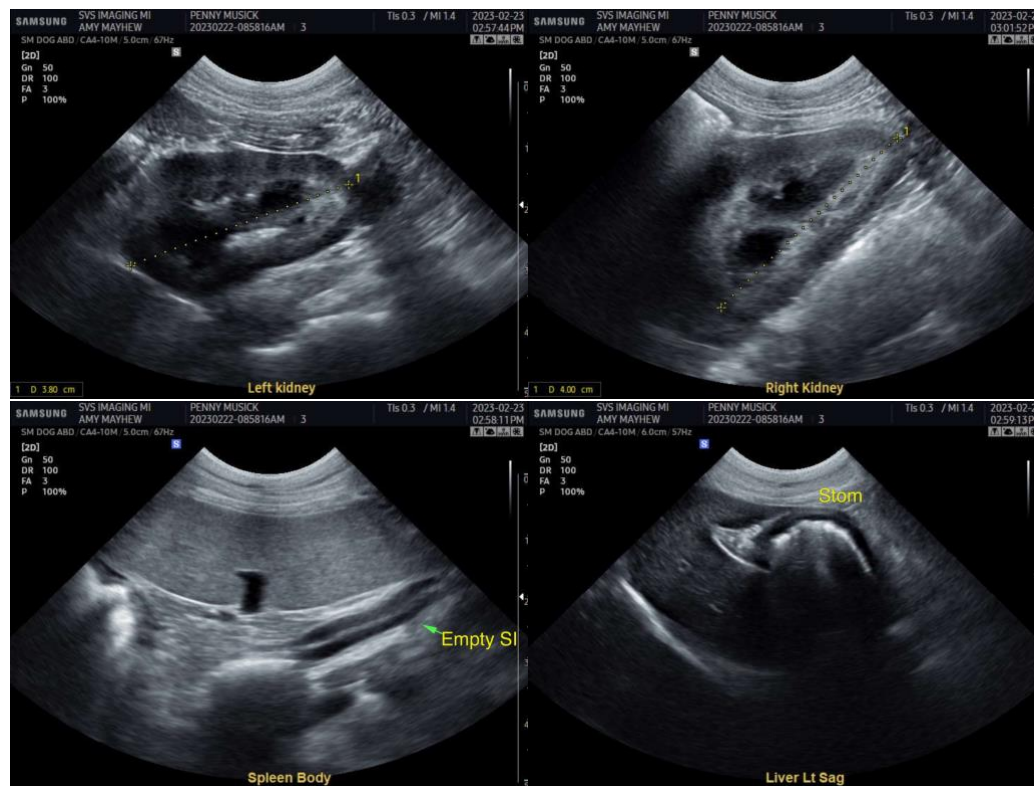
Dr. Foster

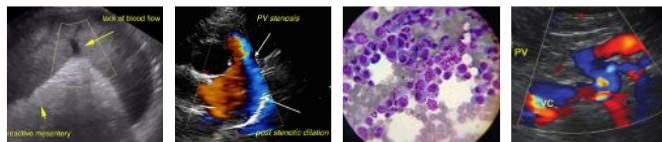
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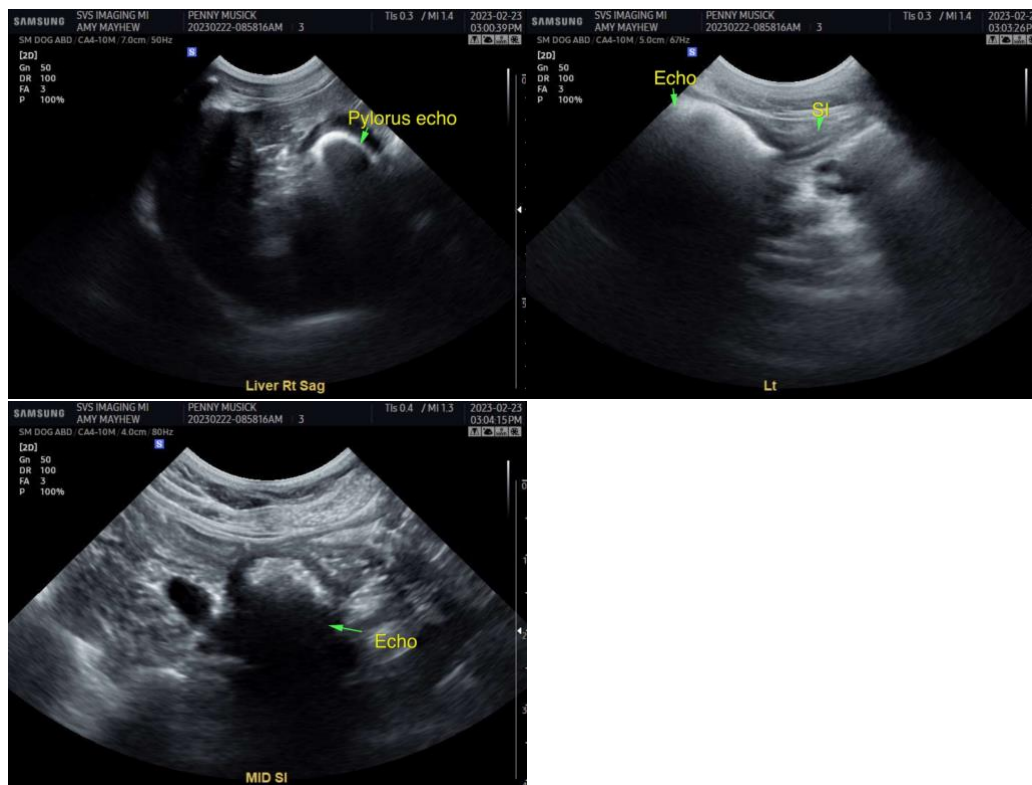
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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