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Clinical Sonography & Telecytology
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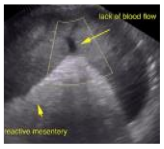

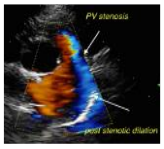

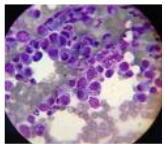
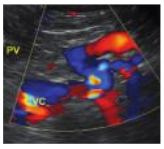

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1-800-838-4268 info@sonopath.com

PATIENT

Loki O'Hara

SPECIES

Canine

BREED

Mixed collie x pitbull

SEX

M/N

AGE

5 years

WEIGHT

61 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Sara Hansen

HOSPITAL NAME

South Willamette VC

REFERRING VET

Dr. Olson

INVOICE

16097

DATE

2/9/23

PRESENTING CLINICAL SIGNS

Hx of eating bathroom trash 1mo ago, vomited and defecated trash right after, random bits found in feces since then. Pt is uncomfortable after lying down for a long time (in the morning, after kenneling), stretches his stomach, then acts as normal. eating/drinking normally, no vomiting, O not always able to monitor fecal output. Pt visually normal, LN's + heart and lung ausc normal with sedated exam.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 5.0 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 was noted.

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

A solitary, medial iliac lymph node was present. The lymph node was essentially isoechoic to adjacent omentum without evidence of peripheral inflammation and maintaining a normal width: length ratio (<0.5). The medial iliac lymph node measured 3.0 cm x 0.85 cm and was not consistent with inflammatory or neoplastic criteria. This lymph node is considered incidental.

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 7.4 cm in length. The right kidney measured 7.2 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 2.5 cm length x 0.50 cm width at the caudal pole. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 2.5 cm length x 0.75 cm width at the caudal pole.

Spleen

The spleen was mildly enlarged owing to sedation. Potential mild folding was present, which is not indicative of underlying splenic pathology and possibly secondary to mild splenomegaly or a possible patient variant.

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.

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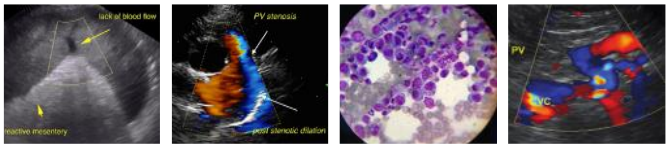

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Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach was empty with mild luminal gas with no signs of ileus, obstruction, or foreign material.

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, obstructive pattern, or foreign material.

Normal visible colon wall layers were present with apparent formed fecal matter 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 were evident.

Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

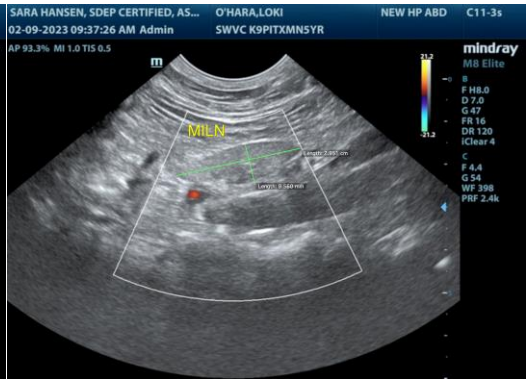
ULTRASONOGRAPHIC FINDINGS

- Sonographically unremarkable abdomen

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No sonographic evidence of significant visceral, specifically gastroenterocolic mural pathology was noted. Underlying structurally insignificant intestinal disease cannot be definitively excluded and may potentially be a contributing factor to the patient's pica if persistent. No evidence of gastrointestinal foreign material, obstructive pattern, or intraabdominal neoplastic criteria.

Empirically, as-needed gastrointestinal support, a bland novel protein, or hydrolyzed diet trial and assessment of behavioral and gastrointestinal response may prove beneficial. A spec cPL may be considered to assess for low-grade pancreatitis, which may present as sonographically normal, as a possible contributing factor.



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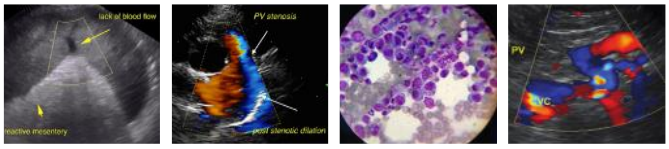

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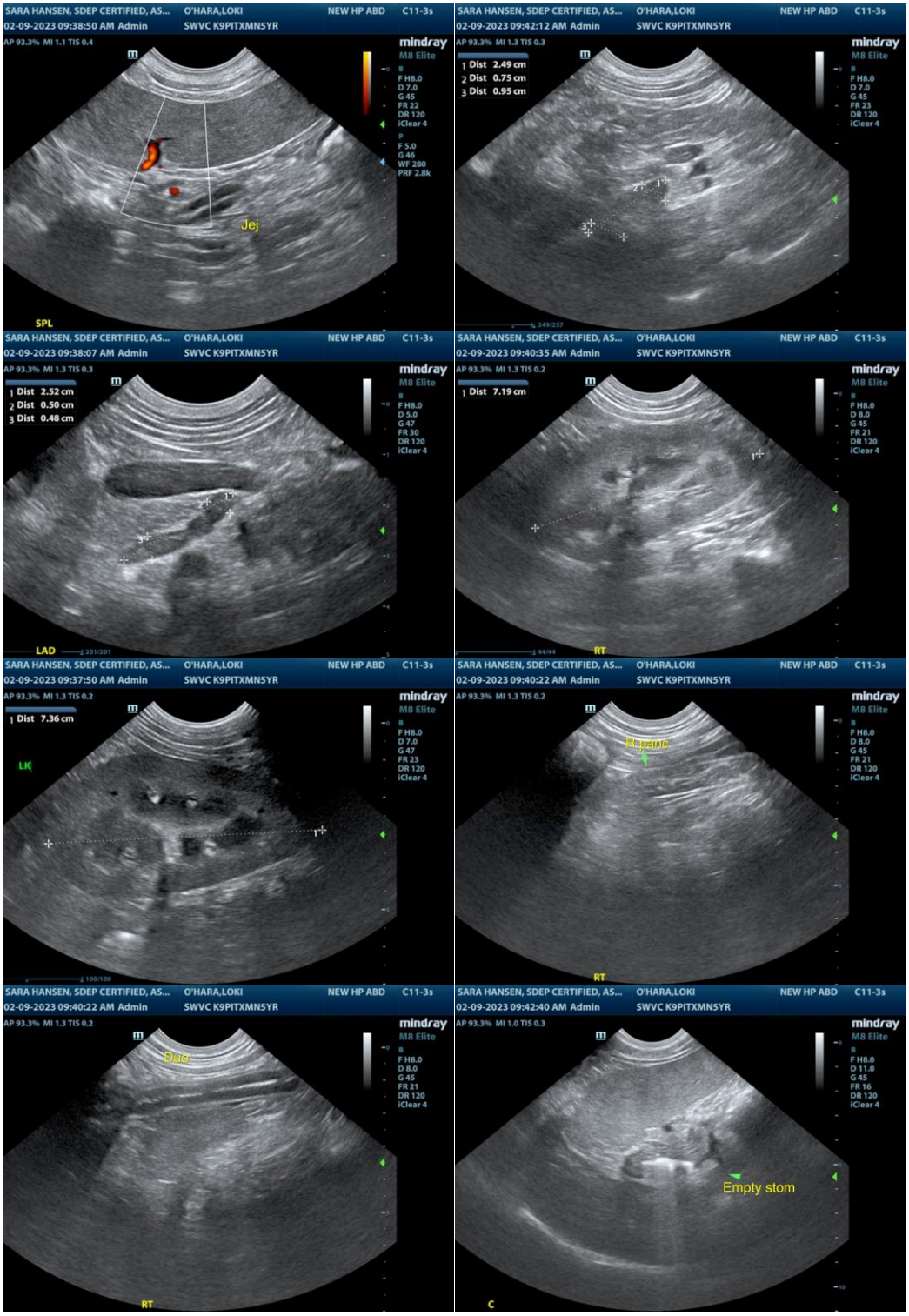

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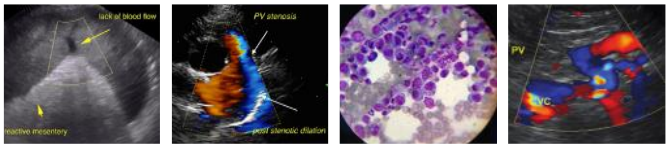

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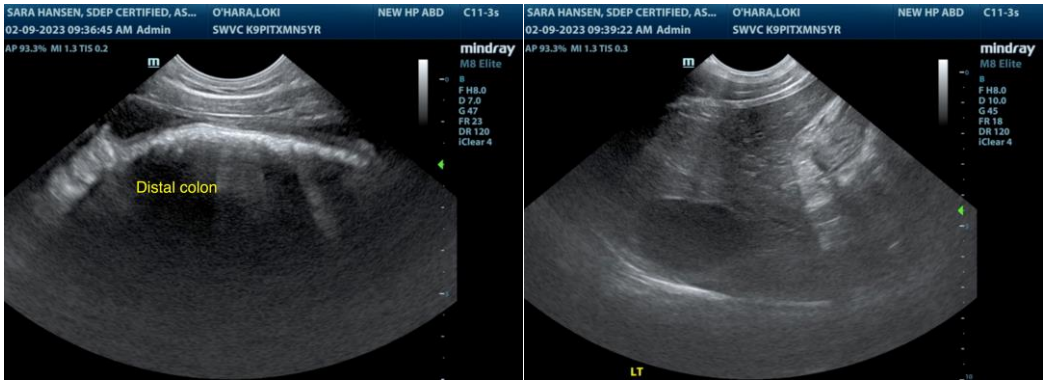

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

Thank you for this referral. If the clinical or image interpretation does not parallel your findings or if I can be of any further assistance please contact me.

R. McKenzie Daniel, DVM, DABVP (Canine / Feline Practice)
info@SonoPath.com