**PATIENT**

Annie Long

**SPECIES**

Canine

**BREED**

Basset Hound

**SEX**

Spayed female

**AGE**

7 years

**WEIGHT**

70 pounds

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

Amy Mayhew LVT

**HOSPITAL NAME**SVS Imaging  
Michigan**REFERRING VET**

Family Pet Practice

**INVOICE**

10099ag

**DATE**

03/01/2022

**PRESENTING CLINICAL SIGNS**

History: Presented this morning for lethargy and not eating breakfast as readily. Urinating dark orange. Previous history of bloody stools and suspect bouts of pancreatitis.

Abnormal PE/Chem/CBC/UA Results: UA showed USG 1.030, pH 8.5, blood 30-50/hpf, protein ++, otherwise inactive sediment. CBC/Chem shows mild increase in HCT/RBC rest NSF.

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN****Urinary System**

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 3 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.

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 right kidney measured 6.5 cm in length. The left kidney measured 6.6 cm in length.

The area of the aortic trifurcation was free of pathology.

**Adrenal Glands**

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.47 cm width at the caudal pole and 0.54 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 0.45 cm width at the caudal pole and 0.52 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. 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 intact wall layering with a normal wall layer ratio. The lumen of the stomach contained moderate echogenic, nonshadowing ingesta exhibiting mild progressive distal acoustic shadowing. The visualized gastric walls were sonographically normal. The gastric body wall measure 0.26 cm.

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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 mechanical/metabolic ileus, obstruction or foreign material. The duodenum wall measured 0.45 cm. The jejunum wall measured 0.41 cm.

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Normal visible colon wall layers were present with subjective formed feces exhibiting moderate distal acoustic shadowing in lumen. The descending colon wall measured 0.2 cm.

**Pancreas****BREED**

Basset Hound

The pancreas was normal in size and contour with isoechoic to mildly heterogeneous parenchyma compared to adjacent omentum. No signs of active inflammation or neoplasia.

**Free Abdomen****SEX**

Spayed female

No overt lymphadenopathy or peritoneal effusion was present.

**ULTRASONOGRAPHIC FINDINGS****AGE**

7 years

- Gastric ingesta, sonographically unremarkable small bowel.
- Subtly heterogeneous pancreas.
- Otherwise an unremarkable abdomen.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS****WEIGHT**

70 pounds

Overall, no overt evidence of significant visceral pathology including no signs of significant gastrointestinal disease or active pancreatitis. Potential for low grade to chronic pancreatitis or structurally insignificant gastroenteropathy could be present yet be sonographically normal.

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The presence of gastric ingesta is nonspecific and may indicate post prandial presentation however if documented NPO and given the patient's history, some degree of non-obstructive gastric stasis or delayed gastric emptying could be present.

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Sonographic monitoring for evidence of normal gastric emptying is recommended. Continued as needed gastrointestinal supportive care for potential structurally insignificant gastroenteritis, acute inflammatory bowel episode and/or low-grade pancreatitis would be reasonable.

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Further renal staging to include urine C/S and protein: creatinine ratio on sterile urine sample may be considered.

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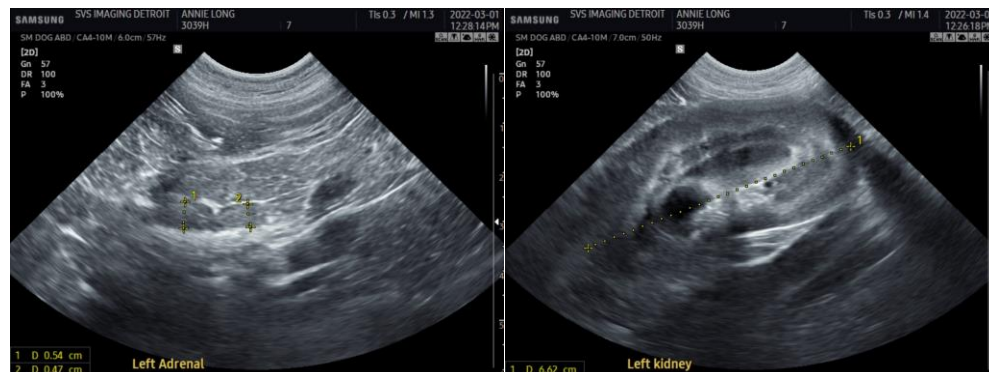
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Clinical Sonography & Telectology  
EDUCATIONAL TELECONSULTATION SERVICES™  
1-800-838-4268 info@sonopath.com SonoPath.com

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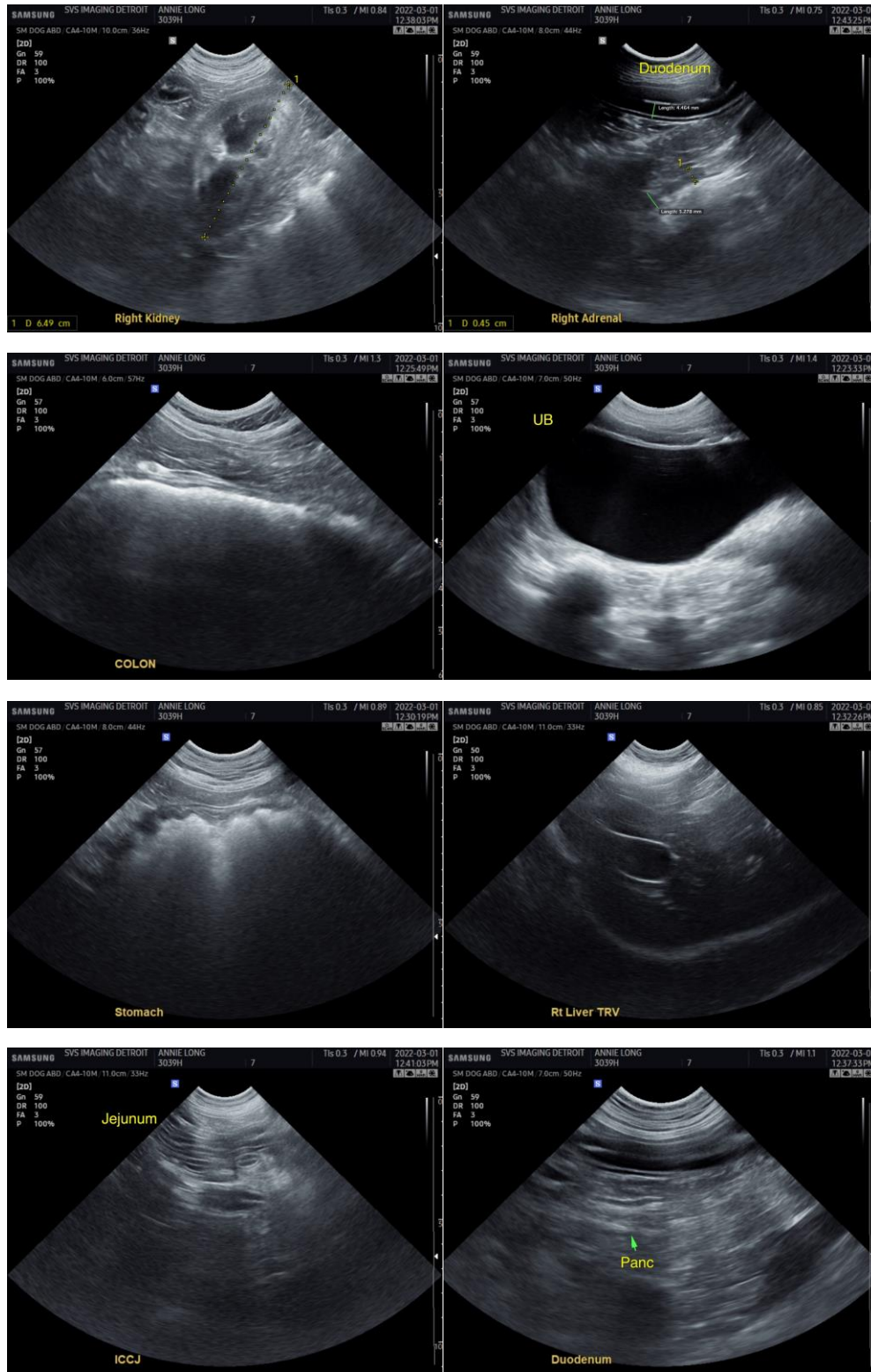
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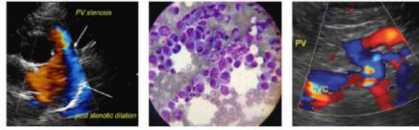
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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.

R. McKenzie Daniel, DVM, DABVP (Canine / Feline Practice)

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