



PATIENT PRESENTING CLINICAL SIGNS

Violet Smoot acute onset anorexia 6 days ago with vomiting. Has not eaten since then. Drinking well. Lethargic. Euthermic. Dehydrated 6-8%. Mild discomfort in cranial abdomen with palpation. Lost 3 lbs since last friday. CBC/Chem - wnl

SPECIES

Canine

BREED

Scottish Terrier

SEX

FS

AGE

6yr

WEIGHT

15.8

INTERPRETED BY

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

IMAGING PERFORMED BY

Jenna Walsh CVT

HOSPITAL NAME

West Hills Animal
Hospital

REFERRING VET

Dr. Fogarty

INVOICE

13252ag

DATE

03/21/2023

Current Medications IV fluid therapy, ondansetron, cerenia

Radiographic Assessment: Suggestion of gastric and small intestinal ileus, minimal formed faecal material with clinical presentation would be compatible with enteritis (which could be viral, bacterial, dietary, toxic or parasitic). Other differentials to consider include gastritis/esophagitis,pancreatitis, infiltrative conditions of the gastrointestinal mucosa e.g. inflammatory bowel disease or neoplasia etc. Endocrinopathy such as hypoadrenocorticism cannot be excluded. There is no evidence of small intestinal obstruction on this examination. There is no evidence of gastric foreign body. There is slight rounded enlargement of the spleen. The main consideration would be venous congestion, or splenomegaly associated with administration of chemical restraint. Infiltrative neoplasia is considered highly unlikely.

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 left kidney measured 4.4 cm in length. The right kidney measured 4.6 cm in length.

The area of the aortic trifurcation was free of pathology.

The area of the uterine remnant appeared normal and 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 0.49 cm width at the caudal pole and 1.7 cm length. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.46 cm width at the caudal pole and 2.2 cm length.

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/Gallbladder



PATIENT	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. Focal to intermittent non-disruptive non-homogenous hypoechoic nodules were present, an example measured 2.0 cm in diameter. 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 with mild non-organized hyperechoic debris. No evidence of gallbladder or peripheral gallbladder inflammation was present. The cystic and common bile ducts were normal.
Violet Smoot	
SPECIES	
Canine	
BREED	Gastrointestinal
Scottish Terrier	The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained moderate retained anechoic and mild echogenic non-shadowing chyme with no signs of ileus, obstruction or foreign material. The pylorus wall measured 0.47 cm in width.
SEX	
FS	The segmental upper to mid small intestine including the duodenum exhibited mild distention with retained mildly echogenic fluid. Within the intestinal segments a well circumscribed shadowing echo measuring ~ 2.3 cm in diameter was present in the intestinal lumen. Mild fluid dilated intestine noted proximal with empty small intestine subjectively distal.
AGE	
6yr	Normal visible colon wall layers were present with apparent formed to semi formed feces in lumen.
WEIGHT	Pancreas
15.8	The pancreas was normal in size and contour with isoechoic to heterogeneous parenchyma compared to adjacent omentum. No signs of active inflammation or neoplasia.
INTERPRETED BY	Free Abdomen
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	No overt lymphadenopathy or peritoneal effusion was present. Subtle evidence of mild peri intestinal hyperechoic omentum around the fluid dilated intestinal segments.
IMAGING PERFORMED BY	ULTRASONOGRAPHIC FINDINGS
Jenna Walsh CVT	<ul style="list-style-type: none"> • Small intestinal foreign body with proximal partial to mild obstructive pattern, empty small intestine distal-consistent with probable jejunal location. • Heterogenous pancreas-no sonographic evidence of significant or active pancreatitis. Patient variant or low-grade pancreatitis possible. • Non-specific hepatic intraparenchymal nodules- hematopoiesis, hyperplasia, emerging areas of vacuolar hepatopathy, granuloma, less likely nodular neoplastic criteria possible. • Gallbladder debris (non-mucocele) • Sonographically unremarkable spleen.
HOSPITAL NAME	INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS
West Hills Animal Hospital	Exploratory laparotomy with enterotomy is recommended. Intestinal biopsies may be considered to assess for underlying intestinal disease. Gross inspection of the liver and liver nodules at the time surgery +/- sampling is recommended.
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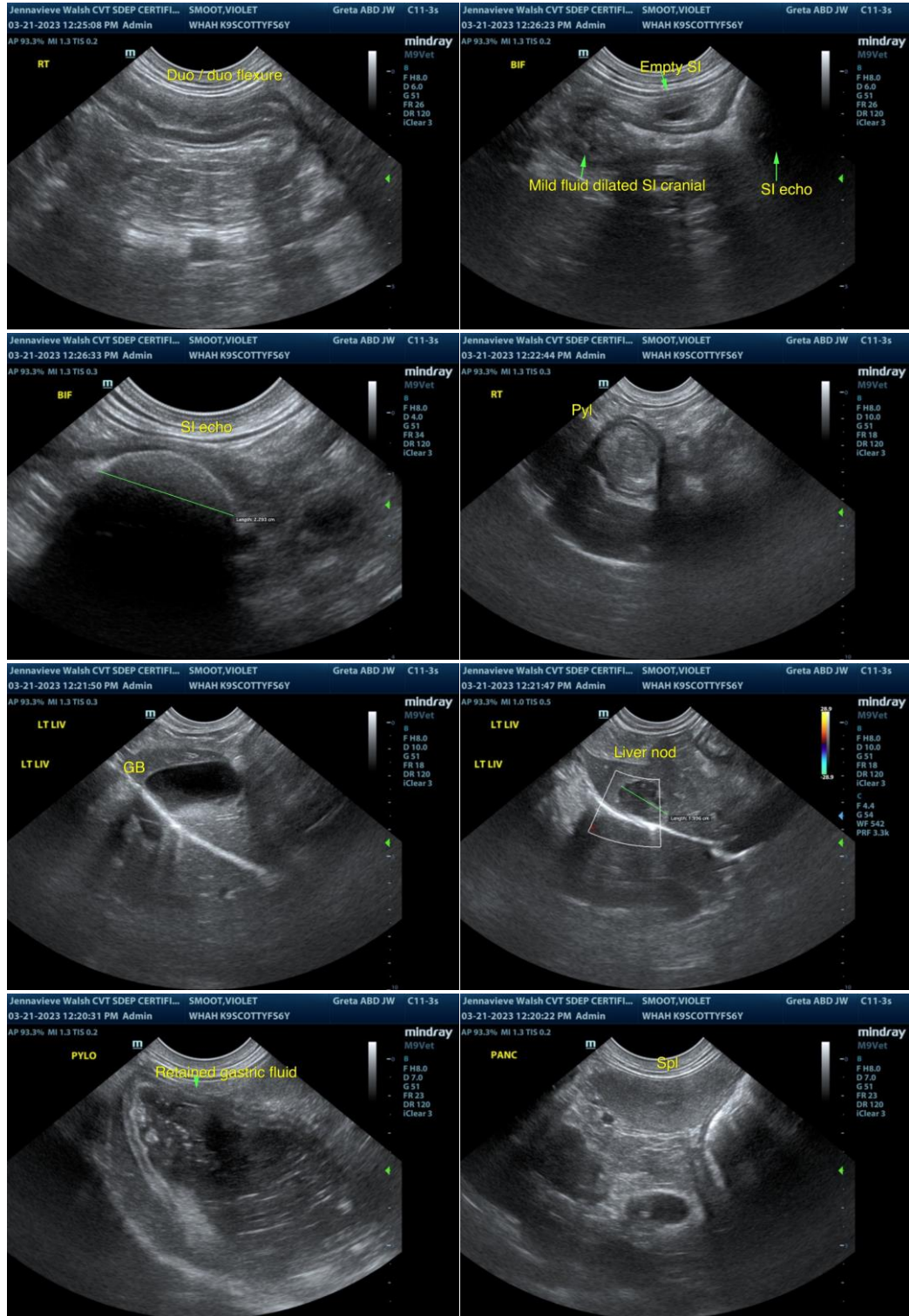
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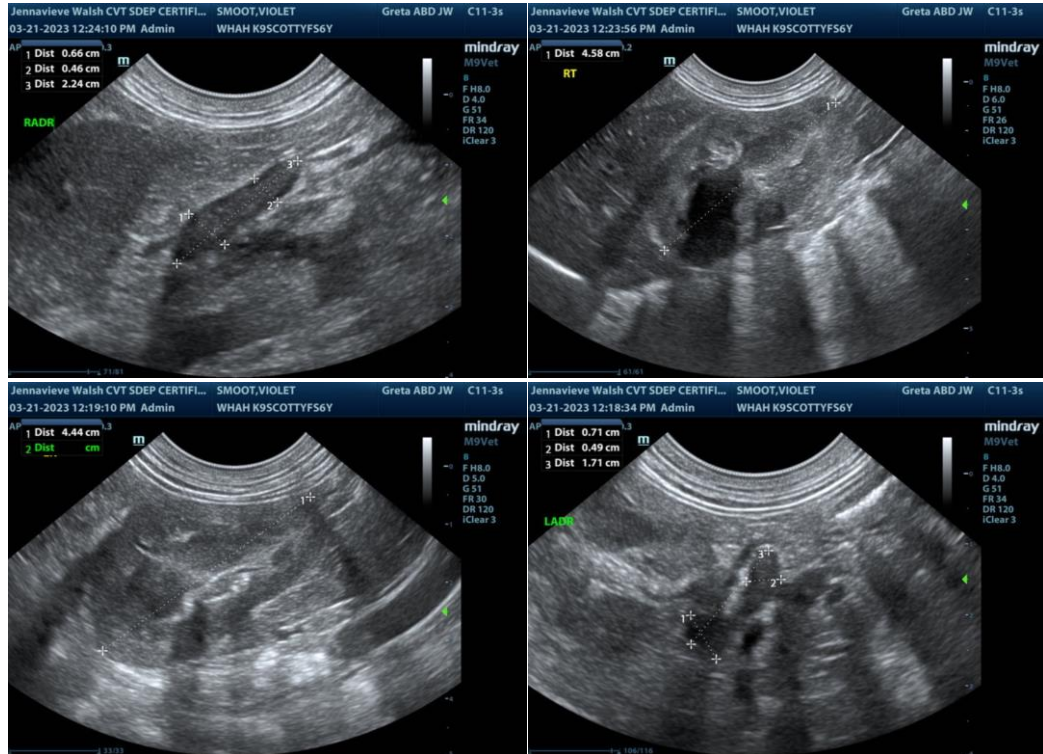
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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