



PATIENT

Cooper Fabian

PRESENTING CLINICAL SIGNS

History: Hematesis and hematochezia for 24 hrs Ab x rays inconclusive
Abnormal PE/Chem/CBC/UA Results: Marked elevation amylase and lipase as well as mild leukopenia

SPECIES

Canine

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

BREED

Lab X

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

SEX

Neutered Male

The residual prostate was symmetrically normal in size with uniform parenchyma and slight coarse echotexture measuring 0.82 cm in diameter.

AGE

2.5 Years

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 6.9 cm in length. The right kidney measured 6.8 cm in length.

WEIGHT

28 kg

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.35 cm width at the caudal pole and 0.36 cm width at the cranial pole.

INTERPRETED BY

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

The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.50 cm width at the caudal pole.

IMAGING PERFORMED BY

Dr. Belan

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.

HOSPITAL NAME

McKnight 24-Hour AH

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.

REFERRING VET

Dr. Gruffydd

The gallbladder was non distended in size with mild nondependent to mildly inspissated yet mobile gallbladder debris. The gallbladder was otherwise normal. The cystic duct and common bile ducts were normal without evidence of dilation.

INVOICE

14548

Gastrointestinal

The stomach presented intact yet subjective mild prominent wall layering. The lumen of the stomach contained mild to moderate luminal gas without overt evidence of retained ingesta, fluid or foreign material. The gastric body wall measured 0.25 cm-0.30 cm. Very discreet areas of hyperechoic gastric

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muscularis were present. The pylorus exhibited mildly prominent yet intact wall layering. The pylorus wall measured up to 0.63 cm.

The small intestine presented intact wall layering and maintained 1:3 muscularis/mucosa ratio with segmental to generalized propensity for mildly prominent to echogenic submucosa. The lumen of the small intestine was empty with no evidence of mechanical or metabolic ileus intestinal pattern.

The colon walls presented intact yet mild prominent wall layering with mild thickened to echogenic submucosa. The colon exhibited subjective mild gas distention with semi-formed feces.

Pancreas

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

Free Abdomen

Intermittent, mildly prominent to enlarged jejunocolic lymph nodes were present. The lymph nodes were essentially isoechoic to adjacent omentum without evidence of peripheral inflammation and maintaining a normal width: length ratio (<0.5). An example of lymph node size measured 0.39 cm width.

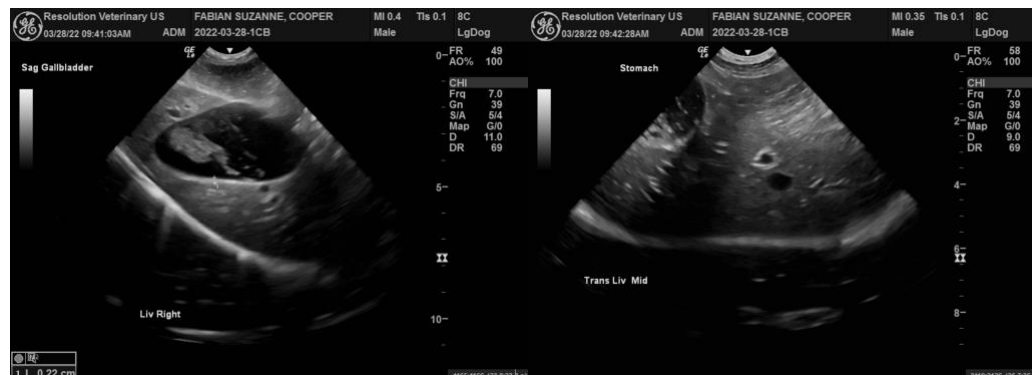
ULTRASONOGRAPHIC FINDINGS

- Acute gastroenterocolitis pattern- subjectively mild
- Associated reactive/benign jejunocolic lymphadenopathy
- Mild gallbladder debris- likely incidental, potentially owing to fasting or nonclinical cholestasis
- Mild heterogeneous pancreas- not sonographically suggestive of primary active pancreatitis

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Given the acute onset of gastrointestinal signs in this patient, dietary indiscretion/food intolerance, occult parasitism or acute gastroenterocolic insult may be considered. However, if persistent or recurrent gastrointestinal signs, low-grade to chronic pancreatitis or structurally insignificant inflammatory bowel disease, both of which may present as sonographically normal, may be possible. The marked elevation in amylase and lipase in this patient is suspected to be secondary or reactive to gastrointestinal inflammation at this time.

Conservative therapy for acute gastroenterocolitis should prove beneficial. No evidence of gastroenterocolic foreign material.





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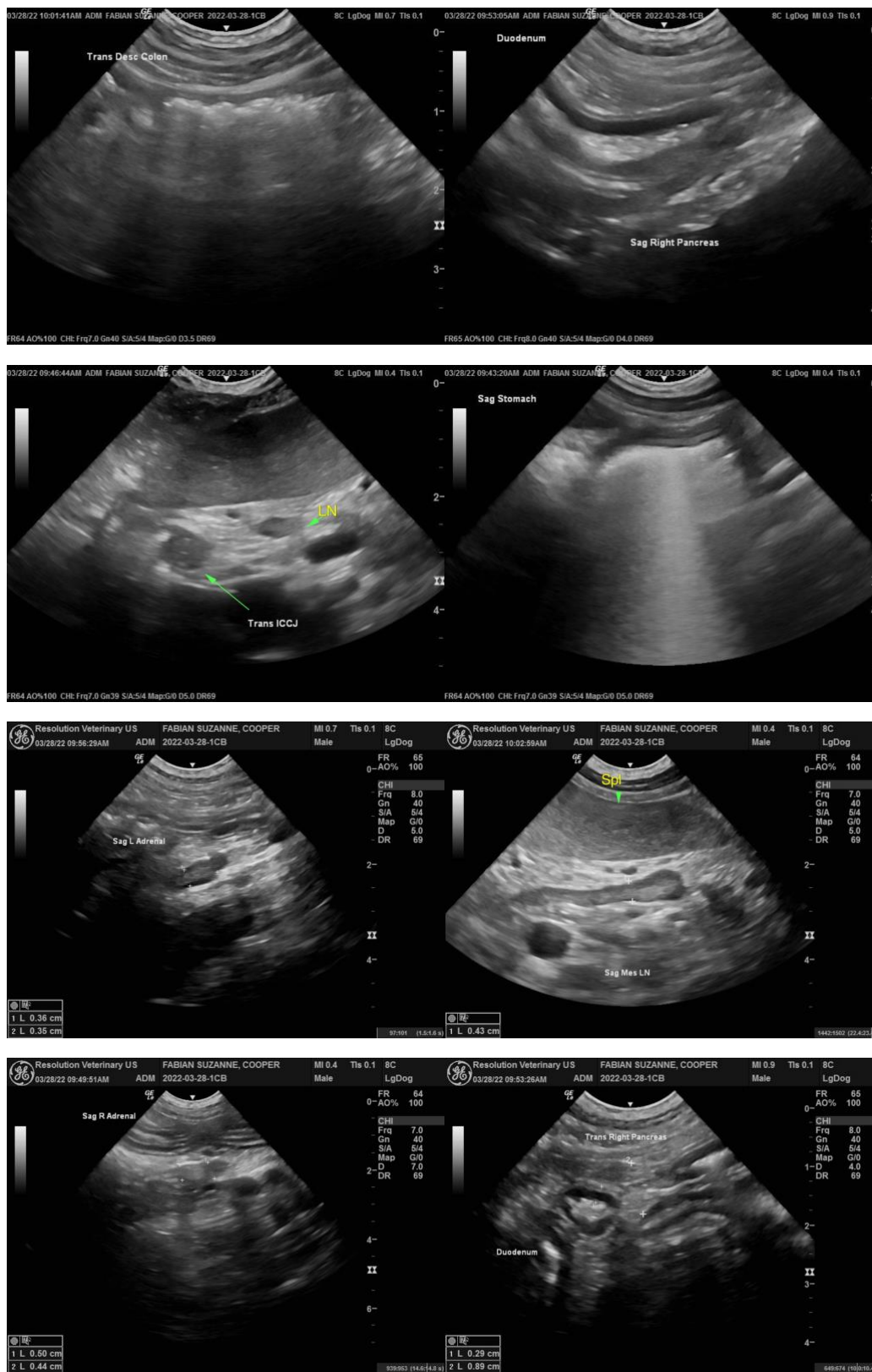
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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