



PATIENT

Abby McCulloch

SPECIES

Canine

BREED

Shep X

SEX

Female Spay

AGE

9

WEIGHT

28 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Belan

HOSPITAL NAME

McKnight 24 Hr AH

REFERRING VET

Dr. Gruffydd

INVOICE

13578

DATE

3/30/22

PRESENTING CLINICAL SIGNS

Vomiting diarrhea suspect AHDS.

Abnormal PE/Chem/CBC/UA Results: Polycythemic and dehydrated

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 3.0 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 area of the aortic trifurcation was free of pathology.

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 7.3 cm in length. The right kidney measured 7.3 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 0.64 cm width at the caudal pole and 0.46 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 0.80 cm width at the caudal pole and 0.42 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/ 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 mild gallbladder debris in the gallbladder neck. This is likely incidental potentially owing to fasting given the patient's gastrointestinal signs. The cystic and common bile ducts were normal.

Gastrointestinal

The stomach presented wall thickening secondary to echogenic mucosa hypertrophy. Intact wall layering was maintained and distinct. Mild gastric distension with minor retained pyloric fluid was present.



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The small intestine presented intact wall layering and primarily maintained a 1:3 muscularis/mucosa ratio with segmental propensity for mildly prominent mucosa and submucosa with subtle segmental duodenojejunal corrugation.

SPECIES

Canine

The colon walls presented intact yet mild prominent wall layering with mild thickened to echogenic submucosa. The colon contained semi-formed to soft feces, consistent with diarrhea, with lumen dilation.

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Pancreas

The pancreas was normal in size and contour with heterogeneous to subtly echogenic parenchyma compared to adjacent omentum. Potential for mild peripancreatic reactive mesentery around the right pancreatic limb was noted. No signs of active inflammation or neoplasia.

SEX

Female Spay

Free Abdomen

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Intermittent mesenteric 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).

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ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Acute gastroenterocolitis
- Subjective heterogeneous to mildly echogenic pancreas with potential minor peripancreatic reactive mesentery - potential for low-grade possibly resolving pancreatitis
- Associated intermittent minor benign / reactive mesenteric lymphadenopathy

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(Canine and Feline)

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Empirical therapy for acute gastroenterocolitis / HGE and potential low-grade possibly resolving pancreatitis is warranted. If recurrent or persistent gastrointestinal signs are noted, dietary intolerance / food hypersensitivity, dysbiosis / antibiotic responsive diarrhea given the breed, persistent low-grade to chronic pancreatitis, Inflammatory bowel disease, or occult parasitism could be possible.

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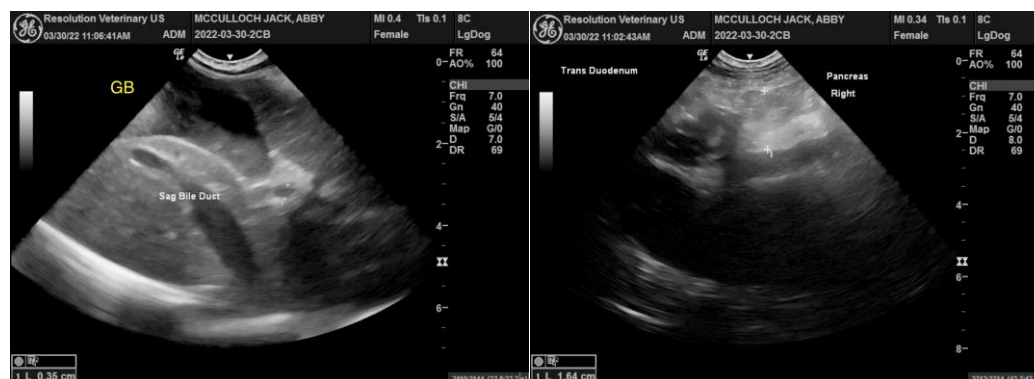
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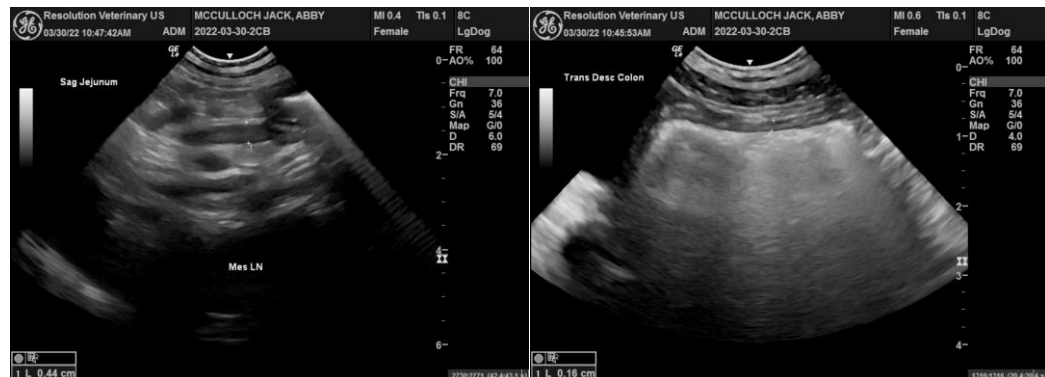
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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