



PATIENT PRESENTING CLINICAL SIGNS

Mattie Litz 1 week duration decreased appetite, lethargy, increased drinking, mucousy stool with recent blood, painful cranial abdomen Medication: Metoclopramide, Metronidazole, Cerenia, IVF

SPECIES Low amylase, mild elevated RBC

Canine

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

BREED *Urinary System*

X 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.

SEX

FS

No evidence of pathology in the area of the aortic trifurcation.

AGE

2014

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. A solitary caudal cortical cyst was present in the left kidney measuring 0.95 cm in diameter. The left kidney measured 6.8 cm in length. The right kidney measured 7.0 cm in length.

WEIGHT

28.2 kg

Adrenal Glands

INTERPRETED BY

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

The bilateral adrenal glands exhibited potential for mild subnormal size yet overall normal capsule contour and uniform parenchyma. The left adrenal gland measured 2.7 cm length x 0.50 cm width at the caudal pole. The right adrenal gland measured 3.1 cm length x 0.42 cm width at the caudal pole.

IMAGING

PERFORMED BY

Rebekah Jakum, CVT
ARDMS/RVT

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

Abby Road VH

Liver/ Gallbladder

REFERRING VET

Dr. Gerenser

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.

INVOICE

13462

Gastrointestinal

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

DATE

3/9/22



PATIENT

Mattie Litz

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, obstruction, or foreign material.

Normal visible colon wall layers were present with apparent formed feces in lumen.

SPECIES

Canine

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.

BREED

X

Free Abdomen

No omental masses, lymphadenopathy or peritoneal effusion were present.

SEX

FS

ULTRASONOGRAPHIC FINDINGS

AGE

2014

- Sonographically unremarkable abdomen
- Solitary left kidney cortical cyst - incidental
- Subjective mild subnormal bilateral adrenals

WEIGHT

28.2 kg

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No overt evidence of abdominal visceral, specifically gastrointestinal, pathology was noted.

The recent stool with mucus and hematochezia is suggestive of potential intermittent to recurrent low-grade colitis. Likewise, the possibility of structurally insignificant gastroenteropathy could be present. Low-grade pancreatitis may present as sonographically normal, yet is considered unlikely given the lack of elevated pancreatic enzymes.

A GI panel to include PLI/TLI/Cobalamin/Folate, as well as three-view chest radiographs if not done area suggested to rule out occult pathology as a potential cause of the patient's clinical signs.

Although the bilateral adrenal gland appearance was nonspecific, resting cortisol to assess for or rule out occult Addison's Disease, given the patient's vague clinical signs and without evidence of abdominal visceral pathology, is suggested.

Empirically, continued supportive care is recommended. Hospitalization with 24-48 hour supportive IV fluids, given the patient's dehydration, may prove beneficial.

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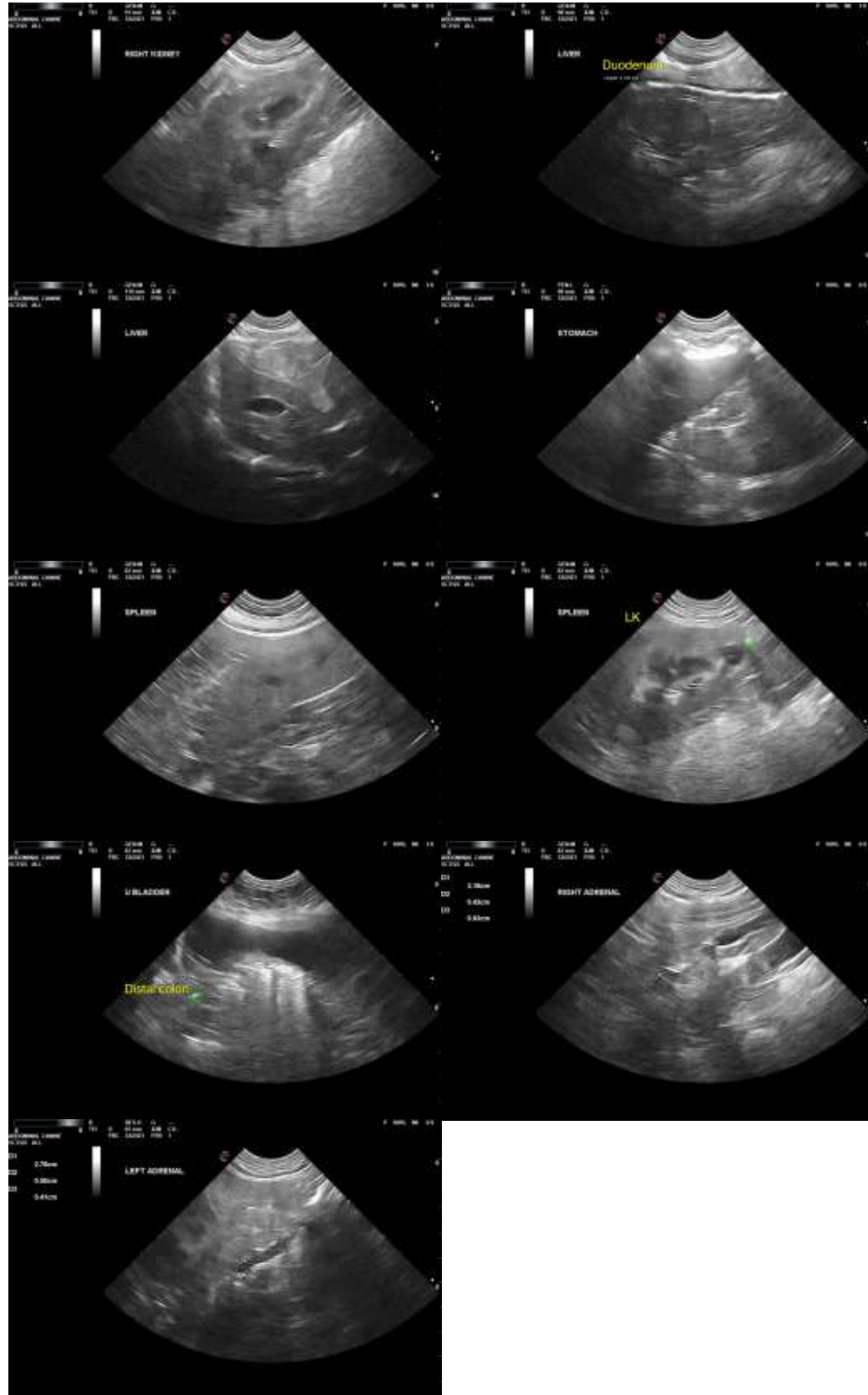
Dr. Gerenser

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PATIENT

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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.

SPECIES

Canine

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.

BREED

X

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