



PATIENT

Sally George

PRESENTING CLINICAL SIGNS

Patient presented for lethargy abdominal pain and anorexia for 2 days duration. No eating or interested in food. No vomiting or diarrhea.

SPECIES

Canine

Abnormal PE/Chem/CBC/UA Results: CBC: Elevated WBC 26k, (Neuts 20K) CHEM: Cl slightly Low, Amylase 314, Remaining normal. cPLI was normal. Radiographs: slight gas pattern with in the stomach and proximal SI. NO obvious FB and fecal material within the colon. No other abnormal signs in Rads. Patient is BAR, Happy just no interest in food. There is cranial abdominal pain on probe and on palpation. Slightly dehydrated. Treated on out patient with cerenia, famotadine and convenia on Wed with no response. Friday night she was hospitalized on IV therapy and pain medications. SDEP performed this AM.

BREED

Pug

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

SEX

FS

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2 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.

AGE

9yr

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 3.8 cm in length. The right kidney measured 3.9 cm in length.

WEIGHT

15.5

The area of the aortic trifurcation was free of pathology.

INTERPRETED BY

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

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.58 cm width at the caudal pole. The right adrenal gland was not definitively visualized.

IMAGING PERFORMED BY

Garry Gotfredson

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.

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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 thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.

REFERRING VET

Garry Gotfredson
DVM

INVOICE

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Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained moderate retained anechoic fluid with luminal gas with no signs of ileus, obstruction or foreign material. Minor non-shadowing ingesta present in the area of the pyloric outflow.

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04/01/2023



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The intestinal walls demonstrated intact wall layering and maintained 1:3 muscularis / mucosa ratio. The mucosa exhibited mild decreased echogenicity with occasional mucosal speckling. A segmental to diffuse ileus pattern consisting of mild fluid accumulation in the intestinal lumen was present with concurrent segments of empty intestine without obstruction or foreign material. Subtle peri intestinal reactive mesentery was present.

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

Pancreas

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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 was evident.

SEX

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Free Abdomen

No omental masses, overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

AGE

9yr

- Acute gastroenteritis pattern with gastric and segmental intestinal hypomotility.
- Sonographically unremarkable pancreas.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

WEIGHT

15.5

The GI presentation is consistent with inflammatory criteria with potential gastric and segmental intestinal metabolic/functional hypomotility. Given concurrent segments of empty small intestine, the possibility of a non-visualized area of partial intestinal obstruction or foreign body with hypomotile intestinal tract proximal cannot be definitively excluded. No sonographic evidence of significant or active pancreatitis as a definitive contributing factor although potential low grade pancreatitis may present sonographically normal.

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Empirically hospitalization with IVF and GI support with assessment of clinical response and sonographic monitoring of the GI tract over the next 24 hours would be reasonable. If evidence of persistent/progressive segmental to possible generalized hypomotility, exploratory laparotomy for gross inspection of the GI tract and with GI biopsies considered essential may be indicated.

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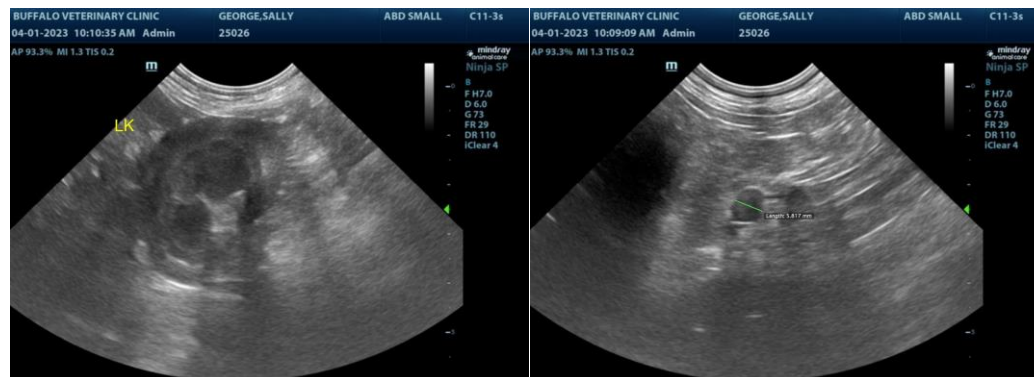
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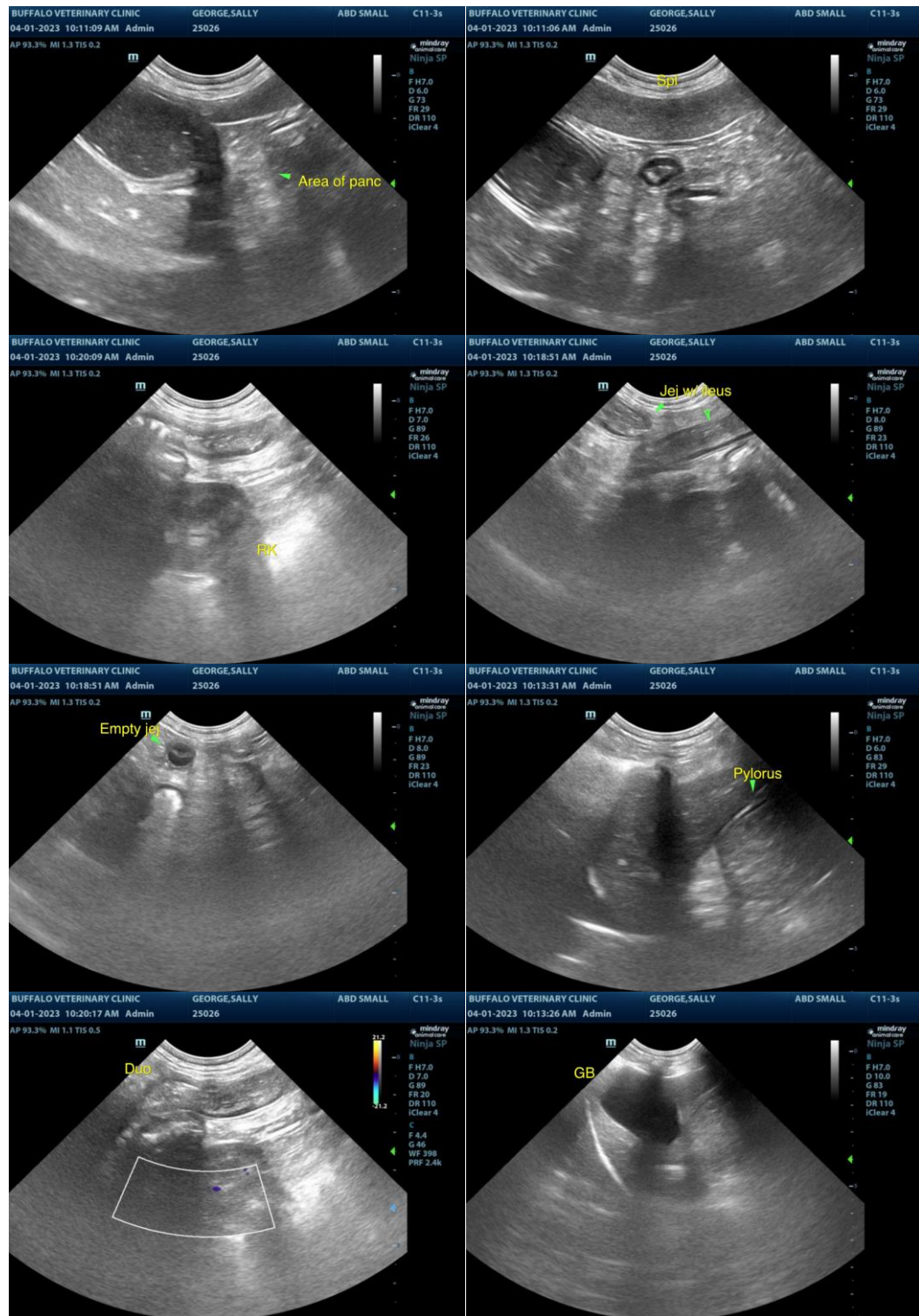
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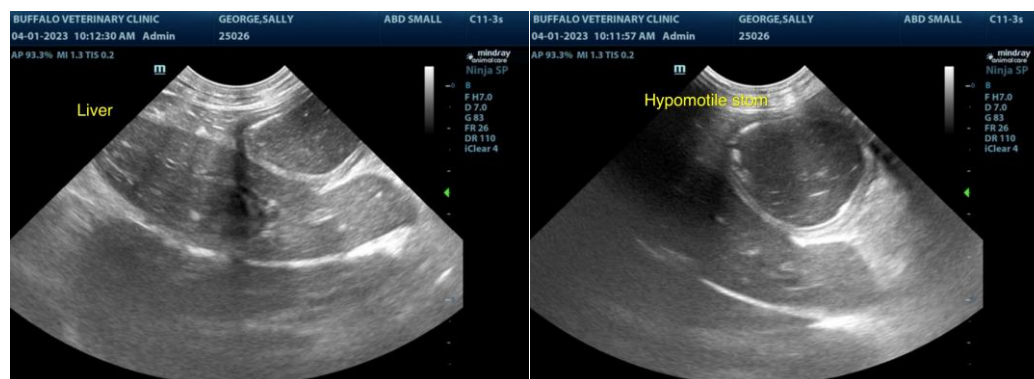
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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