



**PATIENT**

Penelope Ford

**SPECIES**

Canine

**BREED**

Chihuahua

**SEX**

Spayed Female

**PRESENTING CLINICAL SIGNS**

no medications -- no allergies -- vaccinated -- Patient presented for V+ 1x yesterday, ate breakfast, defecated. -- P didn't eat dinner -- wasn't urinating, woke up O with excessive drooling -- O think P ate something

Abnormal PE/Chem/CBC/UA Results: -- PE: Mild dehydration. No other significant abnormalities noted. -- CBC: WNL -- CHEM: Mild hypokalemia -- 2-view abdominal radiographs: The stomach is mildly gas dilated and contains small amounts of ingesta within the pylorus. The SI tract is uniform containing fluid and small amounts of gas. The colon contains small amounts of gas and loose stool in the rectum. No free fluid or free gas appreciated. - Offered outpatient care (accepted) vs. hospitalization and AUS tomorrow (declined) \*\*Plan:\*\* LRS 100 ml SQ Maropitant 3.5 mg IV Provable paste/cap q8/q24 Bland diet Omeprazole 10 mg PO q24 Recheck if no improvement tomorrow 4/10/22 0600: Owner decided to recheck after discharge due to patient discomfort at home. Owner requests abdominal ultrasound if available today (accepted) Placed IV catheter Buprenorphine 0.033 mg IV q8 Plasmalyte w/ KCl 20 mEq/L @ 8 ml/hr (low rate due to previous SQ fluids) Abdominal AUS today UA: pending (following AUS)-- via cysto

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**AGE**

5 Years 10 Months

**Urinary System**

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of - cm exhibited normal thickness and tone. Primarily anechoic urine was present in the lumen. Mild, slightly congealed, non-mineralized sediment was present without evidence of calculus formation, primarily in the dependent lumen. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic mural changes were noted.

**WEIGHT**

3.26 kg

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 3.7 cm. The right kidney measured 3.8 cm.

**INTERPRETED BY**

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

**Adrenal Glands**

The adrenal glands were uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.40 cm at the cranial pole and 0.43 cm at the caudal pole. The right adrenal gland measured 0.34 cm at the caudal pole and 0.87 cm at the cranial pole.

**IMAGING PERFORMED BY**

Patti Mayfield, DVM

**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**

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 primarily anechoic content and mild, hyperechoic, nonmineralized debris. The cystic duct and common bile ducts were normal without evidence of dilation.

**REFERRING VET**

Gordon Bunting, DVM

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4/10/22



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**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.

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Canine

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.

**BREED**

Chihuahua

**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 was evident.

**SEX**

Spayed Female

**ULTRASONOGRAPHIC FINDINGS**

- Minor urinary bladder sediment
- Minor gallbladder debris
- Overtly normal gastrointestinal tract and pancreas

**AGE**

5 Years 10 Months

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Overall, sonographically unremarkable abdomen without evidence of significant visceral pathology, specifically gastrointestinal or pancreatic pathology. Potential for structurally insignificant acute inflammatory bowel episode or dietary indiscretion/food intolerance. Potential for low-grade pancreatitis, which can be sonographically normal, and may be considered if evidence of cranial abdominal or subxiphoid discomfort on palpation. Continued supportive care for gastroenteritis and monitoring of clinical response is recommended. No overt evidence of mechanical gastrointestinal obstruction or foreign material.

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The urinary bladder sediment may suggest cellular / crystalline debris or mucus. Cystocentesis for UA +/- C/S if evidence of inflammatory cells is recommended.

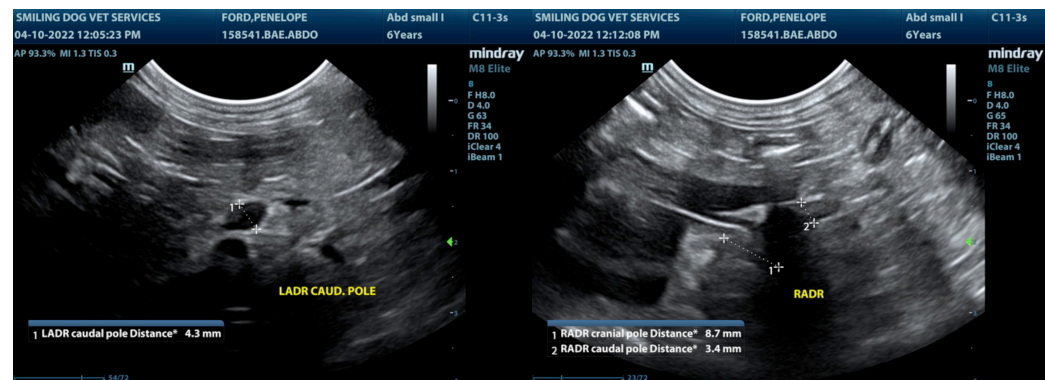
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3-view chest radiographs suggested to rule out occult thoracic or esophageal pathology, if not done.

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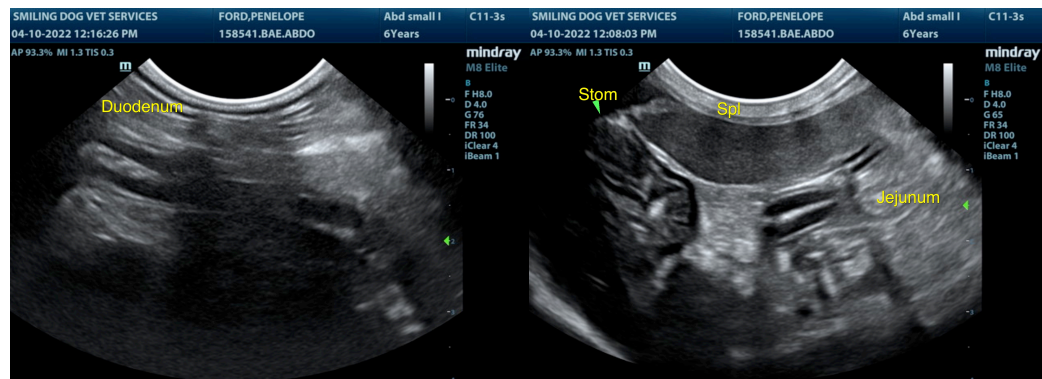
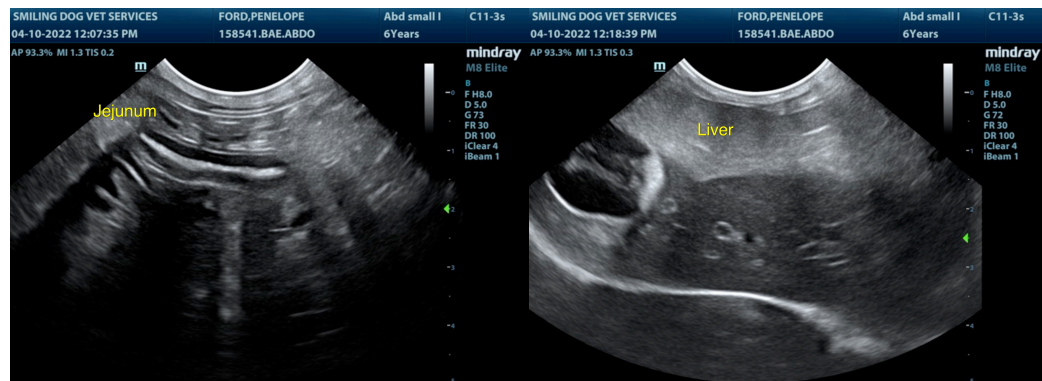
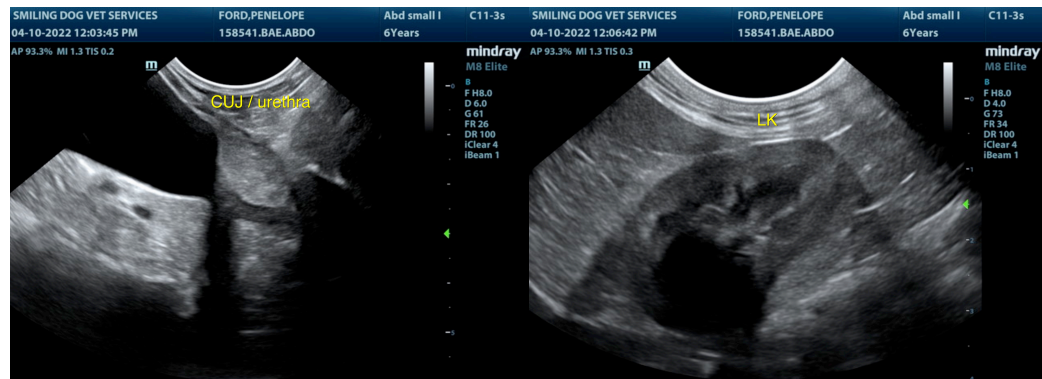
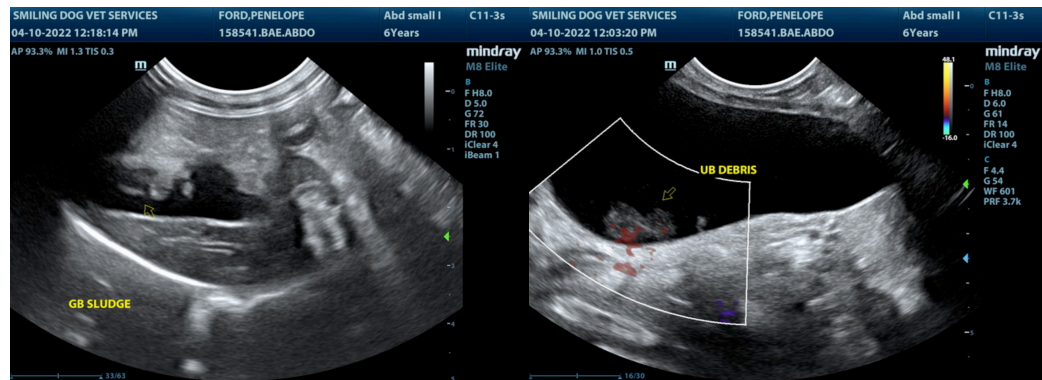
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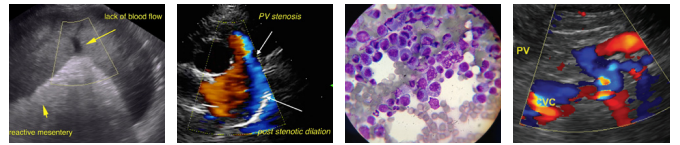
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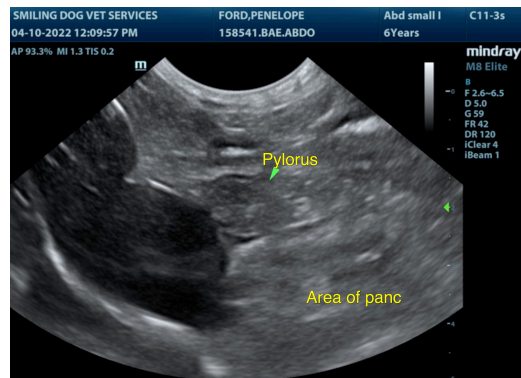
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

**R. McKenzie Daniel, DVM, DABVP (Canine / Feline Practice)**

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