



PATIENT

Rosie Rudd

SPECIES

Canine

BREED

Poodle Mix

SEX

Spayed Female

AGE

6 Months

WEIGHT

10 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Amy Mayhew, LVT

HOSPITAL NAME

SVS Imaging MI

REFERRING VET

Family Pet Practice

INVOICE

14708

DATE

4/11/22

PRESENTING CLINICAL SIGNS

History: Vomited bile 6-7 times this morning prior to AM meal. Ate after vomiting, no vomiting since eating AM meal. Normal stools. Occasionally chews on sticks/debris outdoors. Recent OHE Feb 2022. Small SQ nodule 0.6cmx 0.6cm right lateral to OHE incision. P is BAR, well hydrated. Abnormal PE/Chem/CBC/UA Results: See attached. Unremarkable CBC and chemistry panel.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

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.

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 4.1 cm in length. The right kidney measured 4.5 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 0.33 cm width at the caudal pole and 0.33 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 0.31 cm width at the caudal pole and 0.32 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

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.

Gastrointestinal

The visualized gastric and pyloric walls were sonographically normal. The lumen of the stomach contained moderate echogenic to focally shadowing ingesta. No overt evidence of mechanical pyloric outflow obstruction yet a mild amount of shadowing ingesta was present in the area of the pyloric outflow. The pylorus wall measured 0.37 cm.

The small intestine presented intact wall layering and maintained 1:3 muscularis/mucosa ratio with segmental non-shadowing digesta/chyme. The lumen of the small intestine was empty with no signs of



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ileus, obstruction or foreign material. Subtle duodenal mucosal speckling noted. The duodenum wall measured 0.32 cm. The jejunum wall measured 0.30 cm.

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

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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.

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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 colic lymph node size measured 1.9 cm x 0.66 cm.

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No free fluid was present.

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ULTRASONOGRAPHIC FINDINGS

- Gastric and segmental small intestinal ingesta/chyme, possible mild duodenitis
- Intermittent, mild, benign jejunocolic lymphadenopathy- lymphoid hyperplasia or immunologic immaturity likely

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Overall, sonographically unremarkable abdomen without evidence of significant visceral, specifically gastrointestinal pathology. The presence of gastric and segmental small intestinal ingesta/chyme likely correlates with postprandial presentation. Technically, the possibility of small pieces of gastric foreign material, given the patient history, cannot be definitively excluded. As-needed supportive care with monitoring for normal gastric emptying is recommended.

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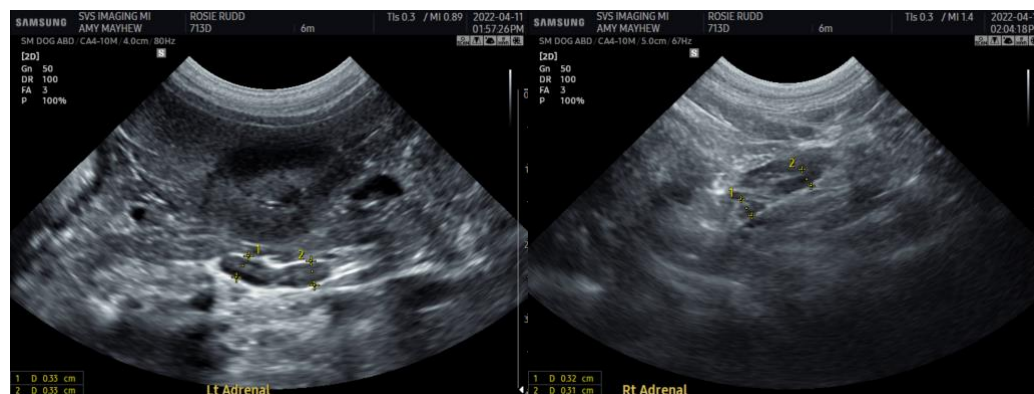
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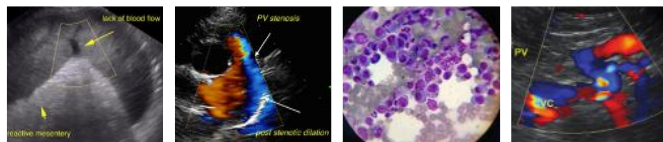


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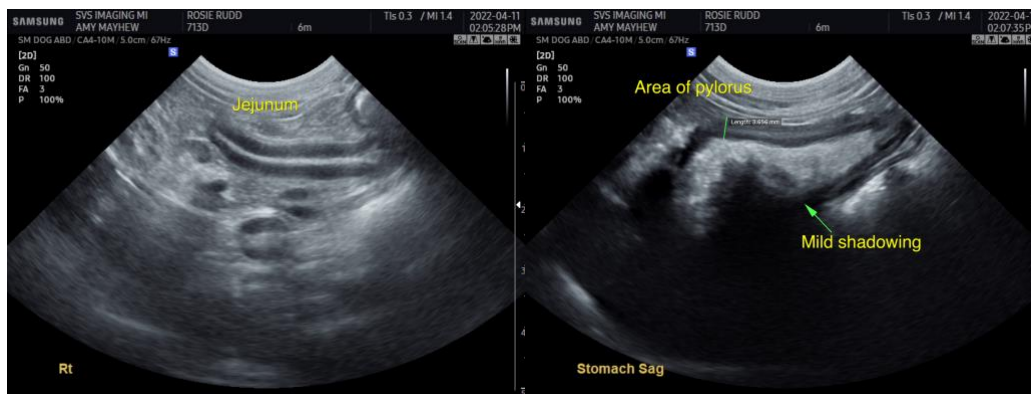
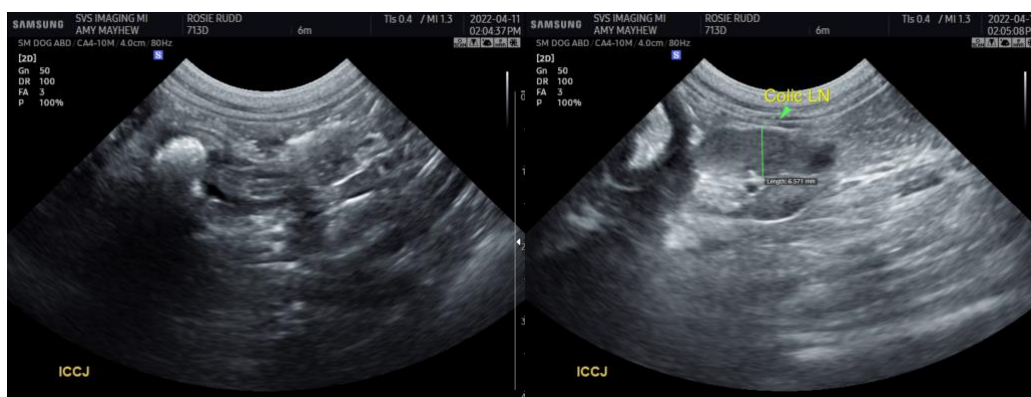
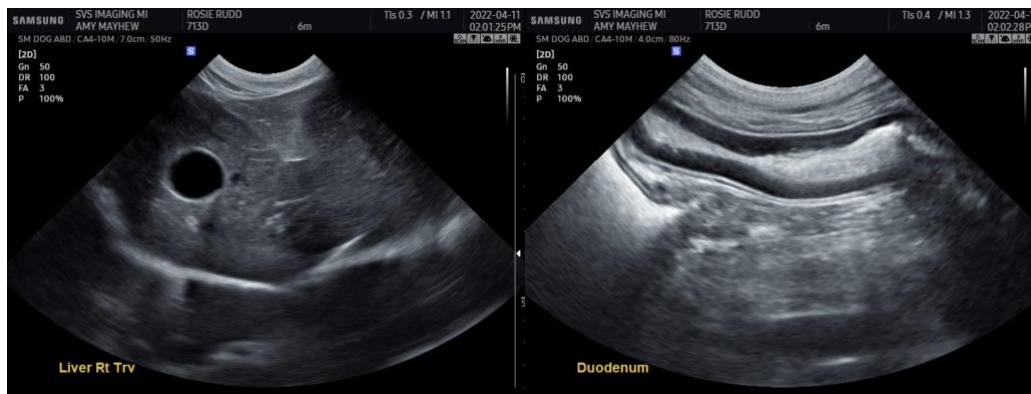
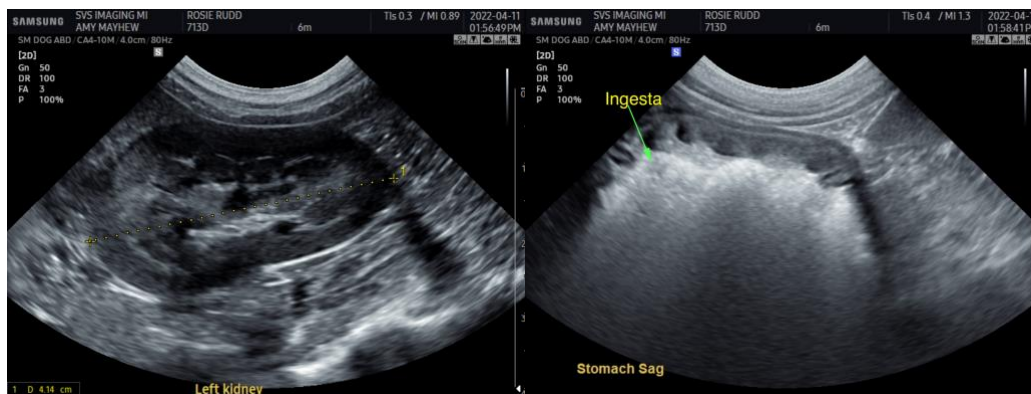
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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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info@SonoPath.com

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