



PATIENT PRESENTING CLINICAL SIGNS

PATIENT Kimber Farmer
SPECIES Canine
BREED German Shepherd

PRESENTING CLINICAL SIGNS
 History: P has not eaten since Saturday. P ate a very small amount this AM. P is acting lethargic. P does have hx of eating things she shouldn't (glasses, Christmas lights, fake plant, etc) but passes them later on. Unknown if P got into anything on Saturday. O pulled grass out of rear end. No history of potential exposure to salmon/trout. Current medications: Cerenia tablets, Metronidazole 500 mg and Fortiflora

Abnormal PE/Chem/CBC/UA Results: See attached lab results: mild monocytosis and neutrophilia, hyperglobulinemia. cPL: normal. See attached radiographs: no obvious obstructive pattern or mass effect, suspect splenomegaly. Suspect liver enlargement with gastric access.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

SEX *Urinary System*

SEX Spayed female
AGE 6 years

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 3 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.

WEIGHT 88 pounds

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 7.0 cm in length. The right kidney measured 8.5 cm in length.

The area of the aortic trifurcation was free of pathology.

INTERPRETED BY *Adrenal Glands*

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

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.53 cm width at the caudal pole and 0.49 cm width at the cranial pole. The right adrenal gland was not definitively visualized.

IMAGING PERFORMED BY *Spleen*

IMAGING PERFORMED BY Jasmine Palacios

The spleen exhibited mild to moderate generalized enlargement and maintained a symmetrical capsule contour with subtle parenchymal heterogeneity. No masses or nodules were noted. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis.

HOSPITAL NAME *Liver*

HOSPITAL NAME Rivers Edge Pet Medical Center

The liver presented enlarged in size. The parenchyma of the liver was subjectively normal in echogenicity compared to the spleen and renal cortices. The liver parenchyma was uniform with a mildly coarse echotexture. The capsule of the liver was symmetrically rounded to mildly swollen in margination. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended in size with primarily anechoic luminal content. The cystic and common bile ducts were normal. 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 *Gastrointestinal*

REFERRING VET Dr. Travis Gibson

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained moderate ingesta exhibiting progressive to strong distal acoustic shadowing. The ventral gastric body wall measured 0.46 cm in width.

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DATE

04/13/2022



PATIENT

Kimber Farmer

The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. Mild segmental non obstructive ileus along with focal areas of non shadowing non specific digesta/chyme was present. Segmental mild gas pattern was present.

SPECIES

Canine

Normal visible colon wall layers were present with apparent formed feces and luminal gas.

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.

BREED

German Shepherd

Free Abdomen

SEX

Spayed female

No overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

AGE

6 years

- Moderate progressive to strongly shadowing gastric ingesta.
- Overtly normal small bowel with segmental mild ileus and luminal gas.
- Splenomegaly-subjectively benign.
- Possible mild hepatomegaly-benign.

WEIGHT

88 pounds

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The splenomegaly although not specific is not overtly consistent with neoplastic criteria. Considerations include patient variant, breed associated hypersplenism, hyperplasia, hematopoiesis, potential incidental splenitis. No overt evidence of splenic neoplastic criteria. An ultrasound guided FNA of the spleen using a 25g needle could be considered primarily to ensure only benign changes are present. Given the patient history and provided radiographs, progressive to strongly shadowing gastric ingesta is concerning for the potential for gastric foreign material in light of relatively consistent inappetence for several days. Correlation with most recent meal ingestion is suggested. No evidence of mechanical SI obstructive pattern was noted, however given the patient history the possibility of passing foreign material cannot be excluded. Hospitalization with IVF and GI support, documented fast and sonographic/radiographic monitoring for evidence of gastric emptying over the next 24 hours is suggested. Further clarification may include endoscopy if available while exploratory laparotomy with potential gastrotomy should be considered if persistent retained gastric ingesta is noted.

INTERPRETED BY

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

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Jasmine Palacios

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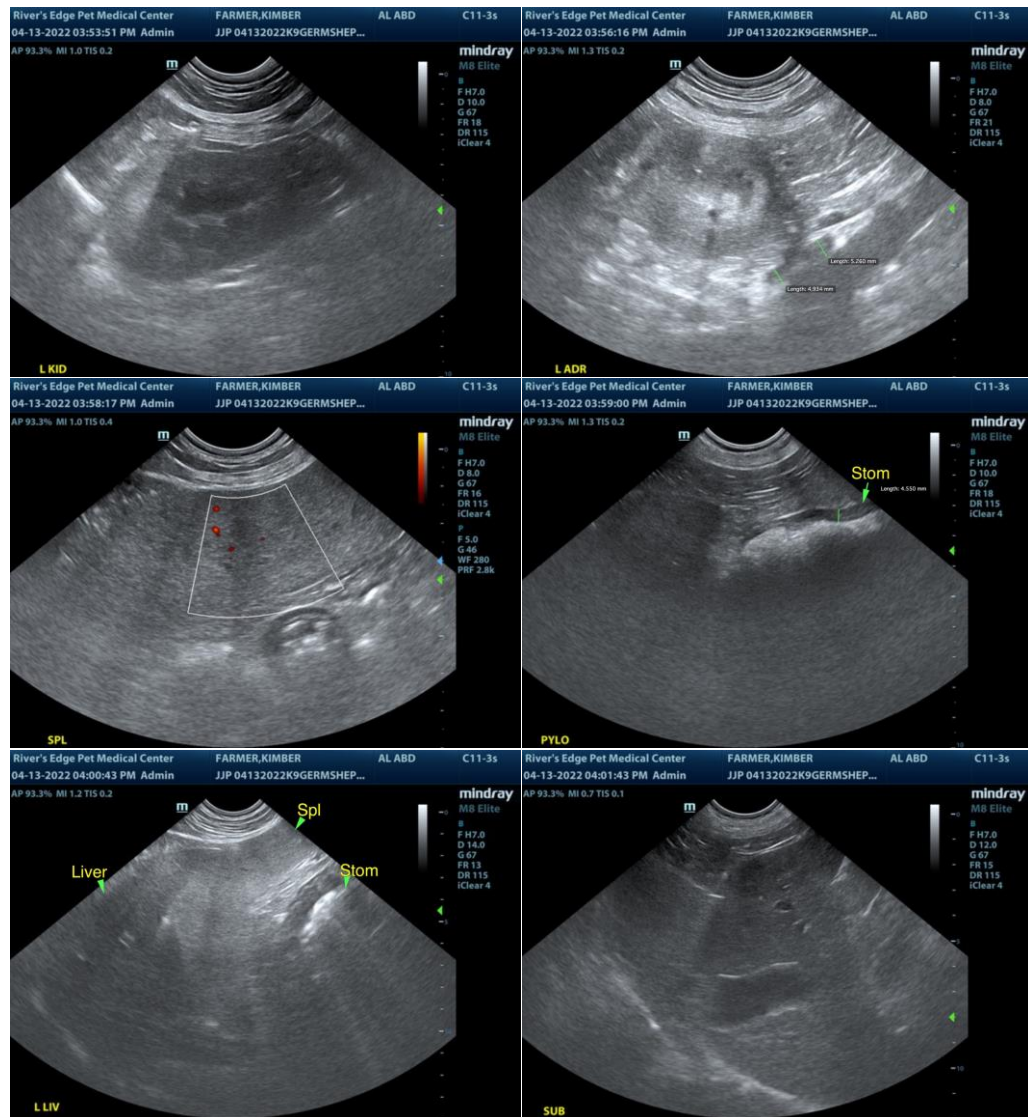
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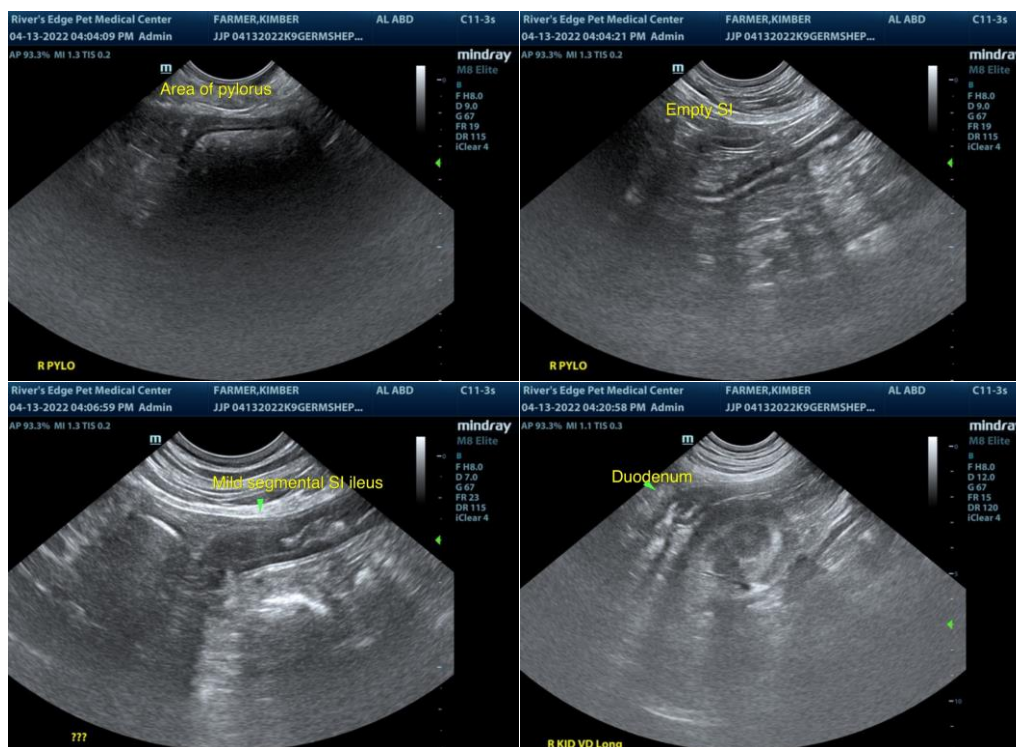
Spayed female

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(Canine and Feline)

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.

IMAGING PERFORMED BY
Jasmine Palacios

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)

HOSPITAL NAME

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