



PATIENT

Bear Bair

SPECIES

Canine

BREED

Australian Shepherd

SEX

MN

AGE

4yr

WEIGHT

74lb

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Byrnes

HOSPITAL NAME

Byrnes Veterinary
Relief Services

REFERRING VET

Animal Emergency
Clinic of the High
Country

INVOICE

13493ag

DATE

04/17/2023

PRESENTING CLINICAL SIGNS

P presented on 4/15/23 for vomiting, diarrhea, and blood in stool. Went hiking yesterday and drank from some puddles. Vomiting started last night and has not stopped since. Not wanting to eat. Tense on mid abdominal palpation. Rads 4/15 mild gas distension of stomach and duodenum, two areas of gas dilation in small intestines. Rads 4/16- gas moving no obstructive pattern this morning

Owner stated that urine looked very dark

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra 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 5.9 cm in length. The right kidney measured 6.3 cm in length.

The area of the aortic trifurcation was free of pathology.

The area of the residual prostate appeared normal and free of pathology although indistinctly visualized.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.50 cm width at the caudal pole. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.36 cm width at the caudal 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/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.

Gastrointestinal

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



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The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. Subjective mildly prominent to hyperechoic mucosal layer was present. The lumen of the small intestine was empty with no signs of ileus, obstruction or foreign material.

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

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

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

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Intermittent mildly prominent to enlarged mesenteric 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 a lymph node measured 3.7 cm x 0.86 cm.

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ULTRASONOGRAPHIC FINDINGS

- Gastroenterocolitis pattern - no evidence of foreign body or mechanical GI obstruction.
- Associated reactive / benign mesenteric lymph nodes - secondary reactive hyperplasia or mild lymphadenitis owing to inflammatory bowel episode.
- Sonographically unremarkable pancreas.
- Normal bilateral kidneys/urinary bladder.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Dietary indiscretion / intolerance, enterotoxin, emerging IBD, occult parasitism, occult Addison's all potentials. Supportive care for inflammatory bowel episode / hemorrhagic diarrhea syndrome should prove beneficial. GI panel and resting cortisol level could be considered if recurrent / progressive GI signs. Possible hydrolyzed diet trial with potential long term dietary therapy may be considered.

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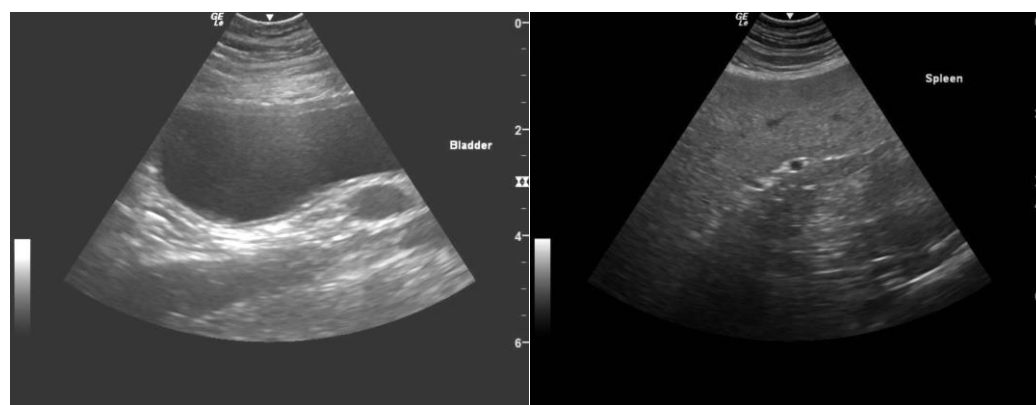
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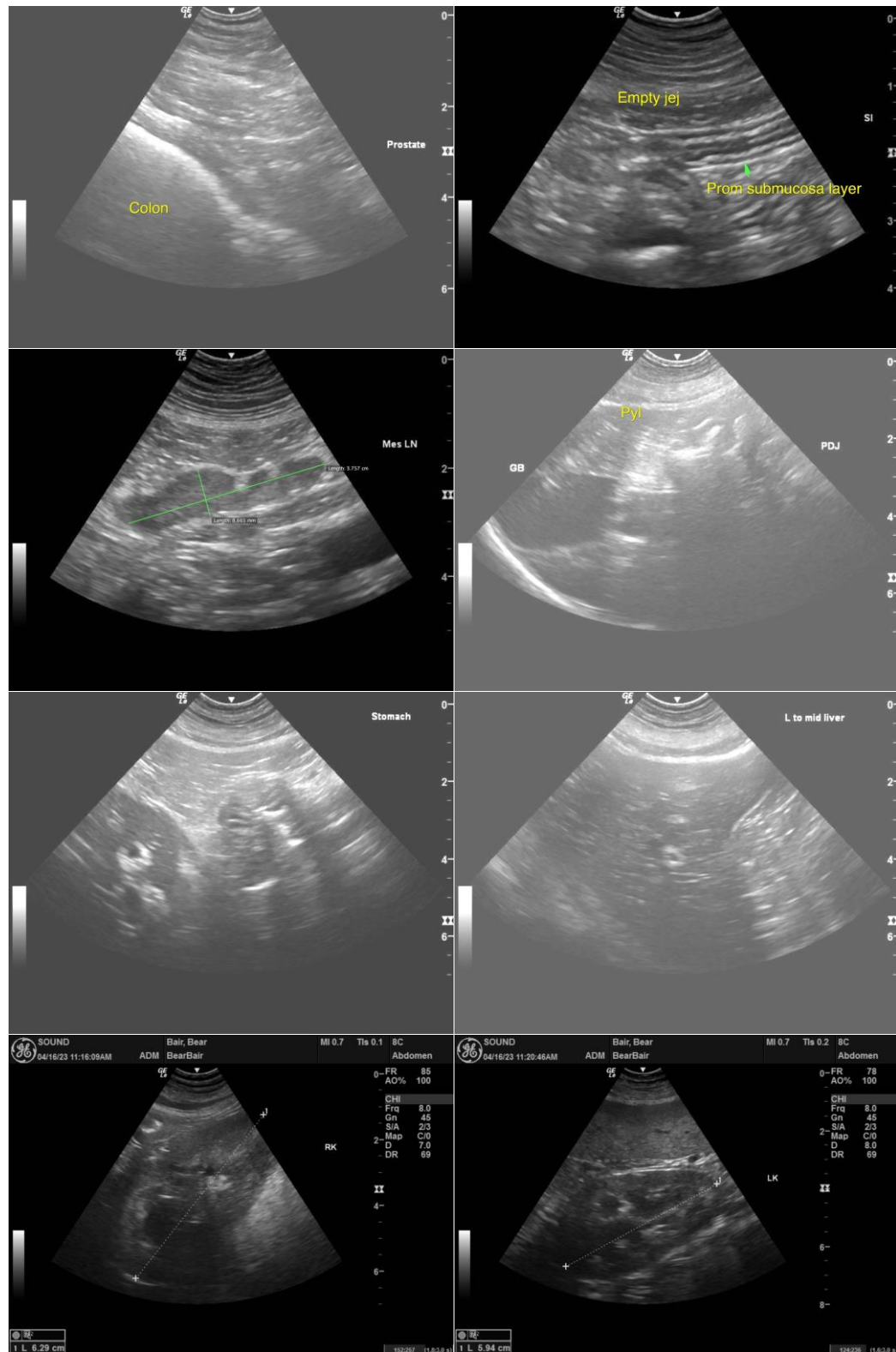
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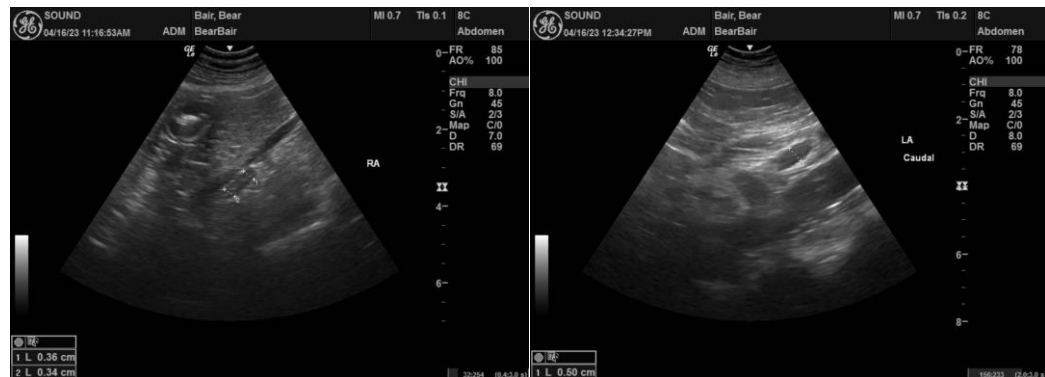
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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mac.daniel@sonopath.com

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