

PATIENT PRESENTING CLINICAL SIGNS

Sarah Janszen History: Appearance: Overweight O notes vomiting and diarrhea

SPECIES Abnormal PE/Chem/CBC/UA Results: Collected blood sample for Lab7 in house bloodwork (no remarkable results) and cPL to IDEXX Radiographic Findings Got results from X-rays and it states that there might be a foreign body or if not bile duct blockage.

Canine

BREED ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Chi X **Urinary System**

SEX The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2.0 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. Aortic trifurcation was normal.

Spayed Female

AGE 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 5.2 cm in length. The right kidney measured 5.3 cm in length.

7 Years

WEIGHT 27.2 Pounds

Adrenal Glands

INTERPRETED BY The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 1.8 cm in length x 0.56 cm width at the caudal pole.

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

The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 2.5 cm in length x 0.45 cm width at the caudal pole.

IMAGING PERFORMED BY

Sara Hansen

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.

HOSPITAL NAME

Orchard View VC

Liver

REFERRING VET

Dr. Rowland

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.

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The gallbladder was non-distended in size. The gallbladder walls were overtly normal without evidence of overt inflammatory changes. Anechoic content was present in the gallbladder extending into the cystic biliary duct. The cystic biliary duct appeared to be mildly distended containing anechoic content, along with solitary luminal calculus, measuring approximately 0.87 cm in diameter. The common bile duct, distal to the cystic biliary duct, was sonographically normal without evidence of dilation, stasis or obstruction.

DATE

4/18/22



PATIENT

Gastrointestinal

Sarah Janszen

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained mild to moderate retained ingesta/chyme, exhibiting areas of minor progressive distal acoustic shadowing. Overt evidence of a strongly shadowing gastric or pyloric echo was not present.

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Canine

The small intestine exhibited primarily intact wall layering and maintained 1:3 muscularis/mucosa ratio with segmental propensity for mildly prominent to indistinct wall layering, exhibiting nonuniform increased mucosa echogenicity and segmental nonobstructive corrugation, subjectively, primarily involving the jejunum. The jejunum measured up to 0.40 cm. No evidence of mechanical or metabolic ileus as well as no overt evidence of small intestinal foreign material.

BREED

Chi X

SEX

Spayed Female

Normal visible colon wall layers were present with semi formed feces in lumen, consistent with reported diarrhea.

AGE

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Pancreas

The pancreas was normal in size and contour with isoechoic to heterogeneous parenchyma compared to adjacent omentum. No signs of active inflammation or neoplasia.

WEIGHT

27.2 Pounds

Free Abdomen

Associated regional periintestinal reactive mesentery was present along with potential scant pockets of peritoneal free fluid. No overt lymphadenopathy.

INTERPRETED BY

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ULTRASONOGRAPHIC FINDINGS

- Segmental enteropathy, exhibiting prominent to mild altered wall layering, nonuniform increased mucosa echogenicity and segmental nonobstructive corrugation
- Associated segmental periintestinal reactive mesentery and potential scant free fluid
- Overtly normal gallbladder, mildly dilated cystic duct with focal nonobstructive calculus
- Mild pancreatic remodeling
- Mild to moderate progressively shadowing gastric ingesta

IMAGING PERFORMED BY

Sara Hansen

HOSPITAL NAME

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

REFERRING VET

Dr. Rowland

The presence of gastric ingesta is nonspecific and may correlate with recent meal ingestion, however, given the patients reported vomiting, some degree of gastric stasis with less likely potential for gastric foreign material. Although the potential for subtly shadowing gastric foreign material cannot be definitively excluded. In cases of gastrointestinal signs, inflammatory bowel disease, dysbiosis, dietary indiscretion/food intolerance, mild to low-grade pancreatitis, which may present as sonographically normal, could be considered. In this case, underlying intestinal disease, such as IBD or other enteropathy is suspected.

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Further assessment may include a GI panel to include PLI/TLI/Cobalamin/Folate as well as three view chest radiographs and neurological / musculoskeletal examination are recommended to assess for or



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rule out occult disease which may cause weight loss. Serial monitoring for evidence of cholestasis or clinical signs suggestive of posthepatic biliary obstruction given the presence of the gallbladder calculus +/- ursodiol therapy is suggested.

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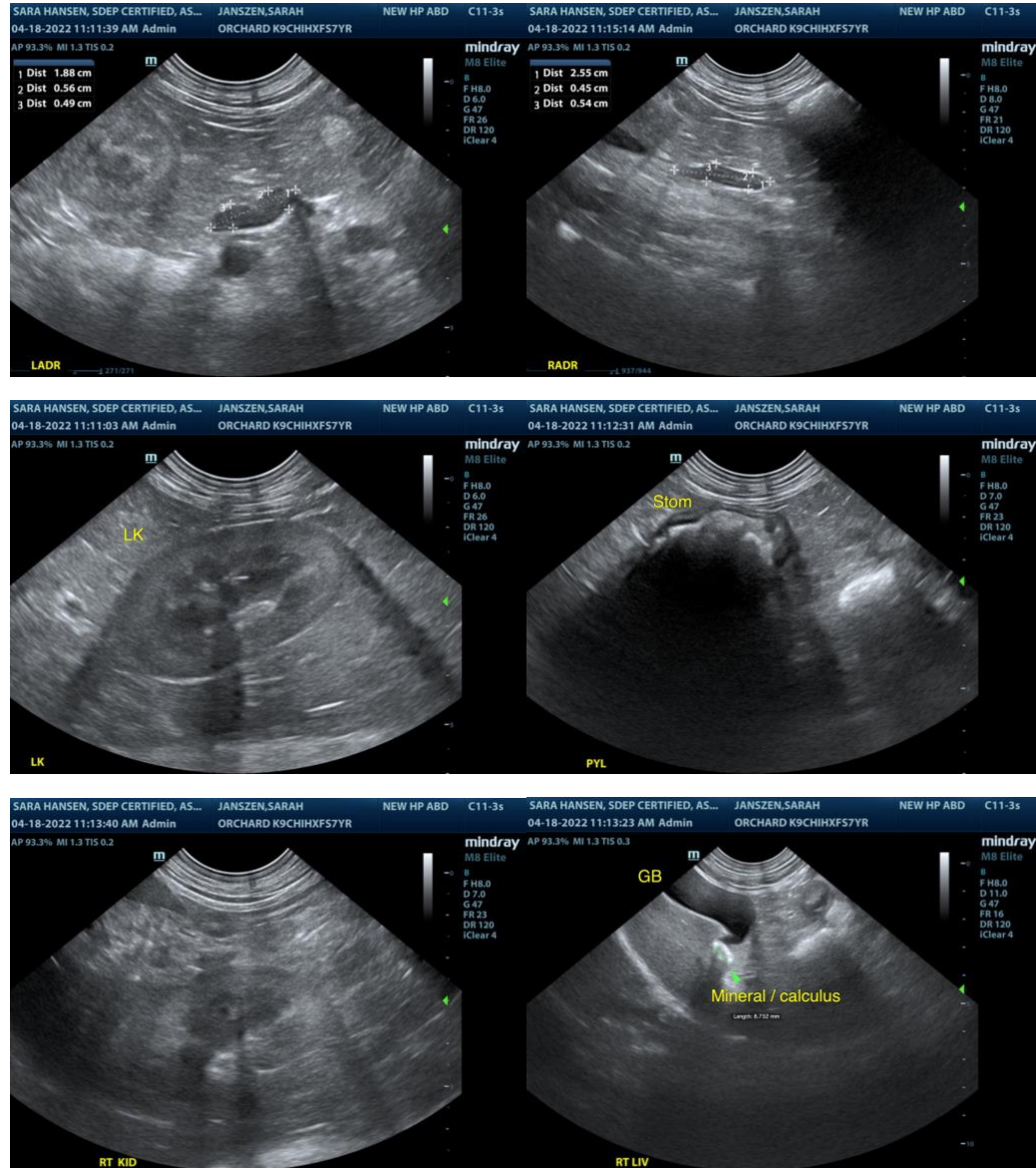
Dr. Rowland

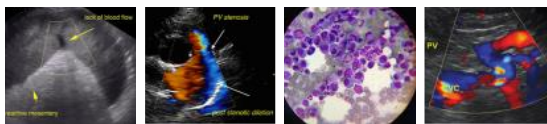
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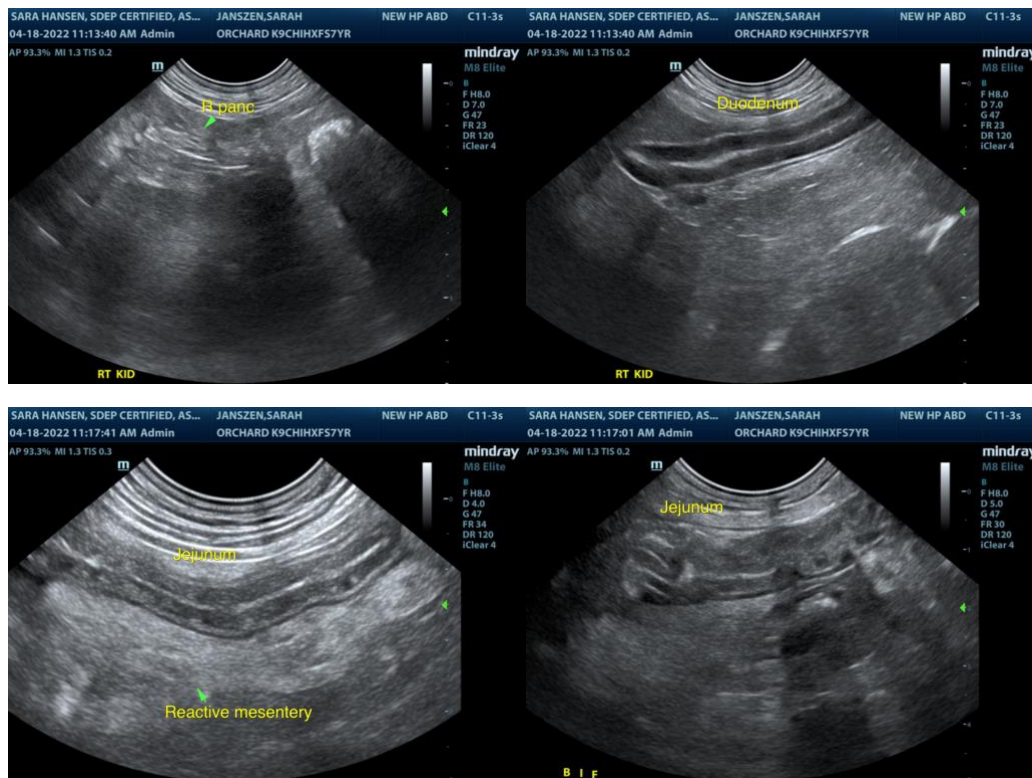
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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