

PATIENT

Buster Kelly

SPECIES

Canine

BREED

Havanese

SEX

MN

AGE

2 years

WEIGHT

6.3 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Belan

HOSPITAL NAME

McKnight 24 Hr AH

REFERRING VET

Dr. Alonso

INVOICE

10453ag

DATE

4/26/22

PRESENTING CLINICAL SIGNS

Vomiting multiple times last 36 hrs . Bright and alert today. AFAST nodule in GB seen. Febrile possible aspiration pneumonia?

Abnormal PE/Chem/CBC/UA Results: Blood work non diagnostic

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

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 was noted.

The residual prostate was symmetrically normal in size with uniform parenchyma and slight coarse echotexture measuring 1.0 cm in diameter.

The area of the aortic trifurcation was free of pathology.

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 4.4 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 0.49 cm width at the caudal pole and 0.39 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 0.57 cm width at the caudal pole and 0.72 cm width at the cranial pole.

Spleen

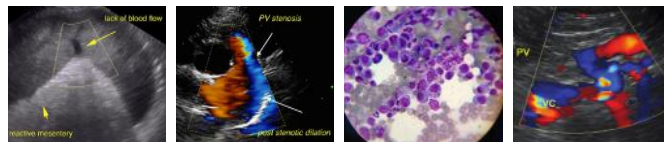
The spleen exhibited a finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. The capsule was smooth and regular without apparent expansion. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis. Acute to chronic inflammatory, neoplastic, or benign parenchyma changes were not noted.

Liver/ 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 and mild congealed sludge in the mid to cranial lumen, gallbladder neck and cystic biliary duct. The cystic and common bile ducts were normal.

Gastrointestinal

The stomach presented intact wall layering with mildly prominent gastric mucosa. The lumen of the stomach contained mild retained nonshadowing echogenic chyme in the area of the pyloric outflow with no signs of ileus, obstruction, or foreign material. The ventral pyloric wall measured 0.40 cm in width



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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. The duodenum wall measured 0.39 cm in width. The jejunum wall measured 0.29 cm in width.

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Normal visible colon wall layers were present with apparent 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 were evident.

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Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

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ULTRASONOGRAPHIC FINDINGS

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- Mild gastritis pattern with minor retained pyloric chyme.
- Mild congealed gallbladder debris.
- Sonographically normal small bowel and pancreas.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No evidence of mechanical GI obstructive pattern or foreign material was present. Acute inflammatory bowel episode, dietary indiscretion, occult parasitism or enterotoxic insult could be possible. No overt evidence of gallbladder pathology with mild nonspecific congealed sludge which may be secondary to fasting in this case or potentially indicative of mild nonclinical cholestasis. Conservative GI support and medical therapy for acute gastroenteritis should prove beneficial.

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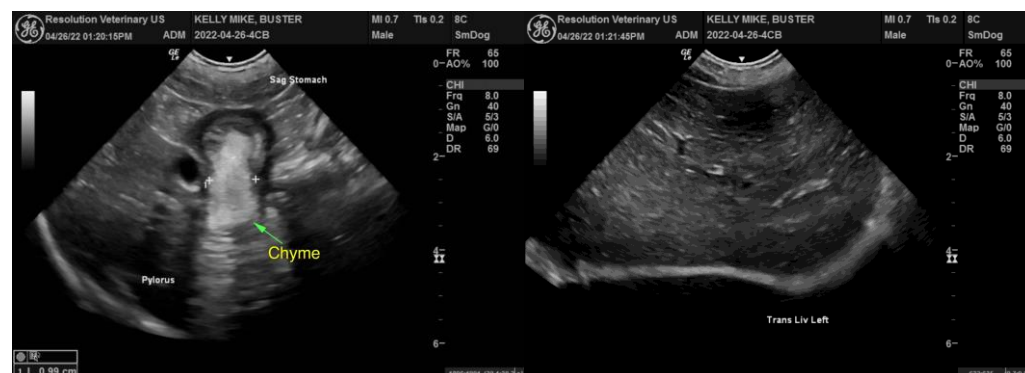
Dr. Alonso

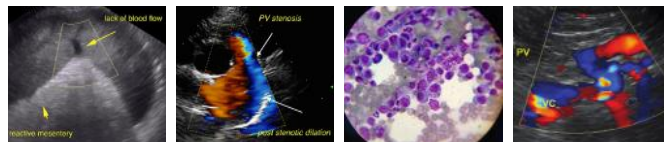
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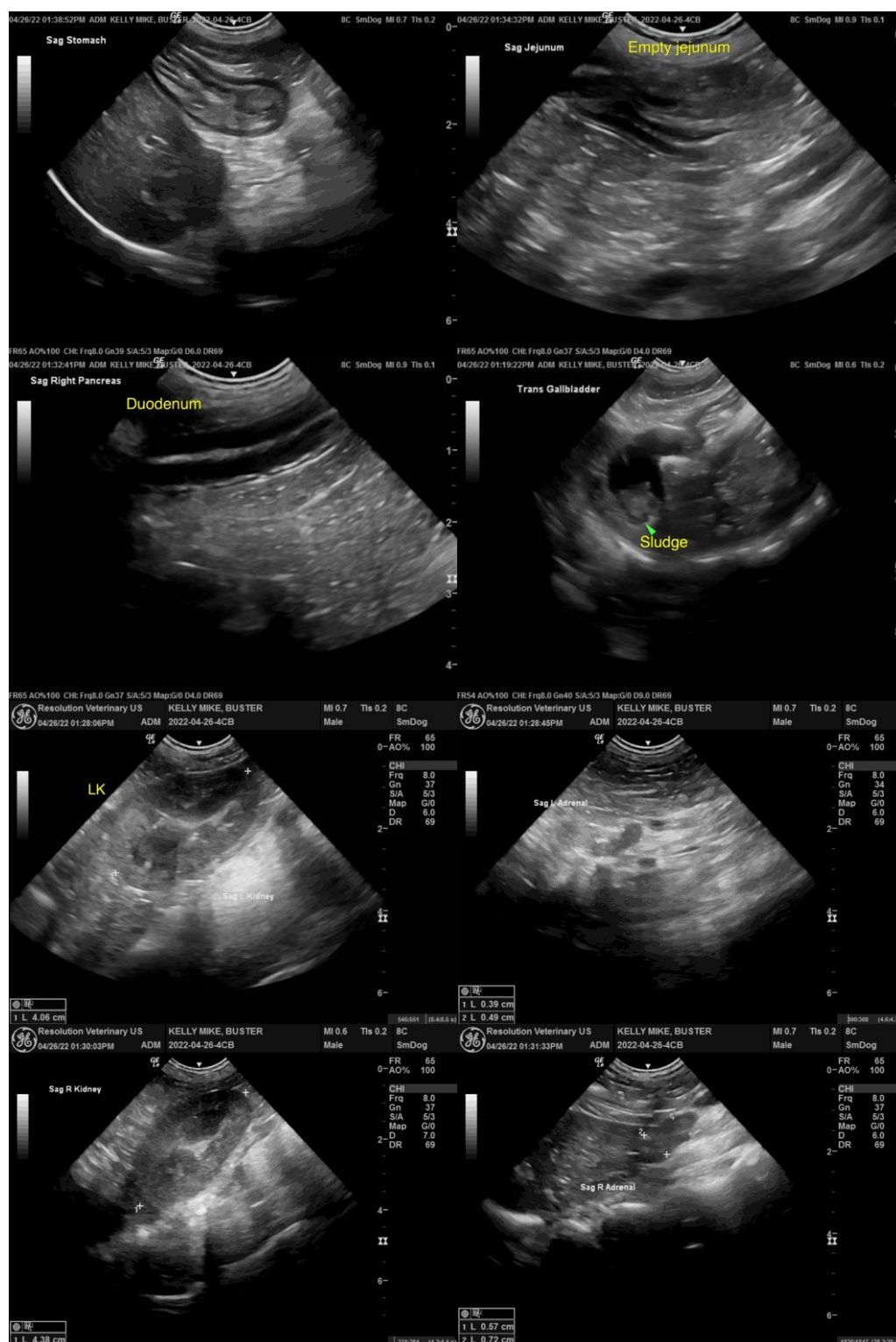
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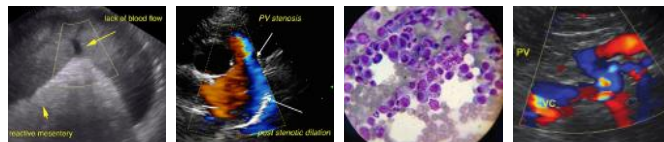
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)
info@SonoPath.com