



PATIENT

Lulu Terrero

PRESENTING CLINICAL SIGNS

Lethargic Vomiting and diarrhea stopped 2 days ago after using cerenia and antibiotics

SPECIES

Canine

Abnormal PE/Chem/CBC/UA Results: Blood work–mild anemia CPLI–negative

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

BREED

Poodle

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.

SEX

F

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 4.3 cm in length.

AGE

6mo

The area of the aortic trifurcation was free of pathology.

Adrenal Glands

WEIGHT

9.5

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.35 cm width at the caudal pole and 0.36 cm width at the cranial pole. The right adrenal gland was not definitively visualized.

INTERPRETED BY

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

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.

IMAGING PERFORMED BY

Dr. Sharkaway

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. Normal vascular volume. No evidence of intra/extrahepatic macroscopic shunt. The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.

HOSPITAL NAME

Kew Gardens Animal
Hospital

REFERRING VET

Dr. Sharkaway

Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained mild to moderate variably echogenic non-shadowing ingesta with no signs of ileus, obstruction or foreign material.

INVOICE

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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.

DATE

04/26/2023

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

Pancreas



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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.

SPECIES

Canine

Free Abdomen

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

BREED

Poodle

ULTRASONOGRAPHIC FINDINGS

- Sonographically unremarkable abdomen.
- Structurally normal GI tract with variably echogenic non-shadowing gastric ingesta.

SEX

F

No overt evidence of significant abdominal visceral specifically GI pathology. At times the sonographic presentation of the gastrointestinal tract may not correlate with recent history of gastrointestinal signs.

AGE

6mo

In patients with ongoing GI signs, considerations including dietary intolerance / food hypersensitivity, enterotoxin insult, infectious disease, occult parasitism, resolving inflammatory bowel episode or occult Addison's disease are all potentials.

WEIGHT

9.5

Given that the patient has improved clinically, continued GI supportive care which may include dietary trial and as needed gastroprotectants would be reasonable. If recurrent/persistent GI signs, a GI panel to include PLI/TLI/Cobalamin/Folate is recommended as well as a resting cortisol level to rule out occult Addison's disease would be suggested.

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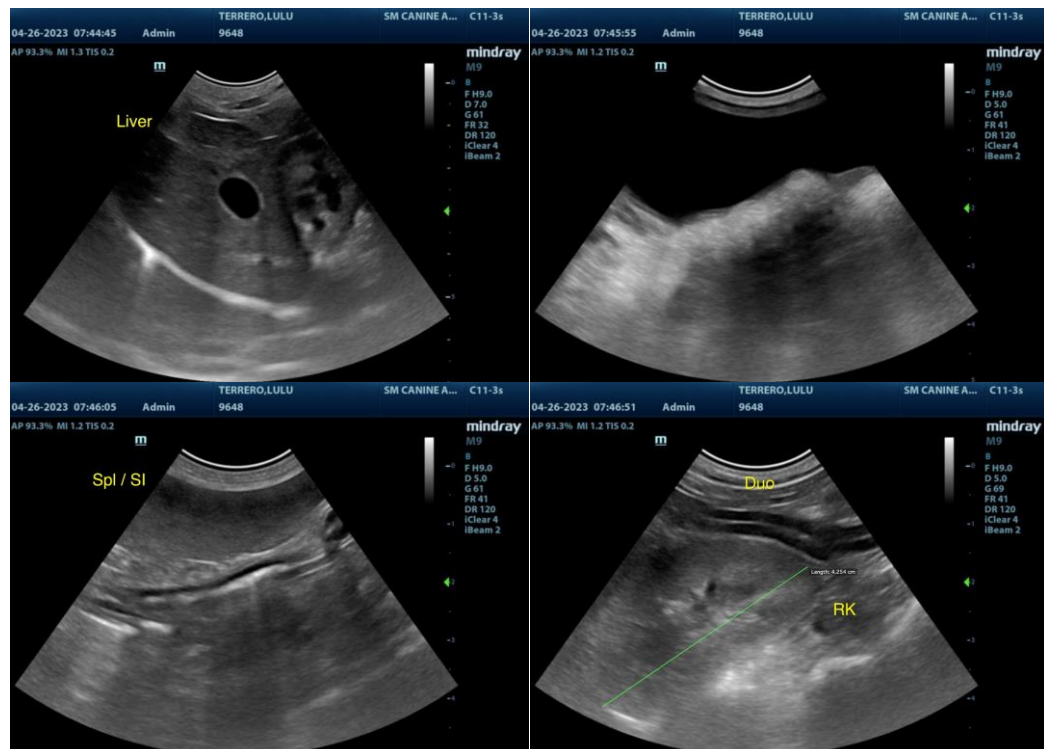
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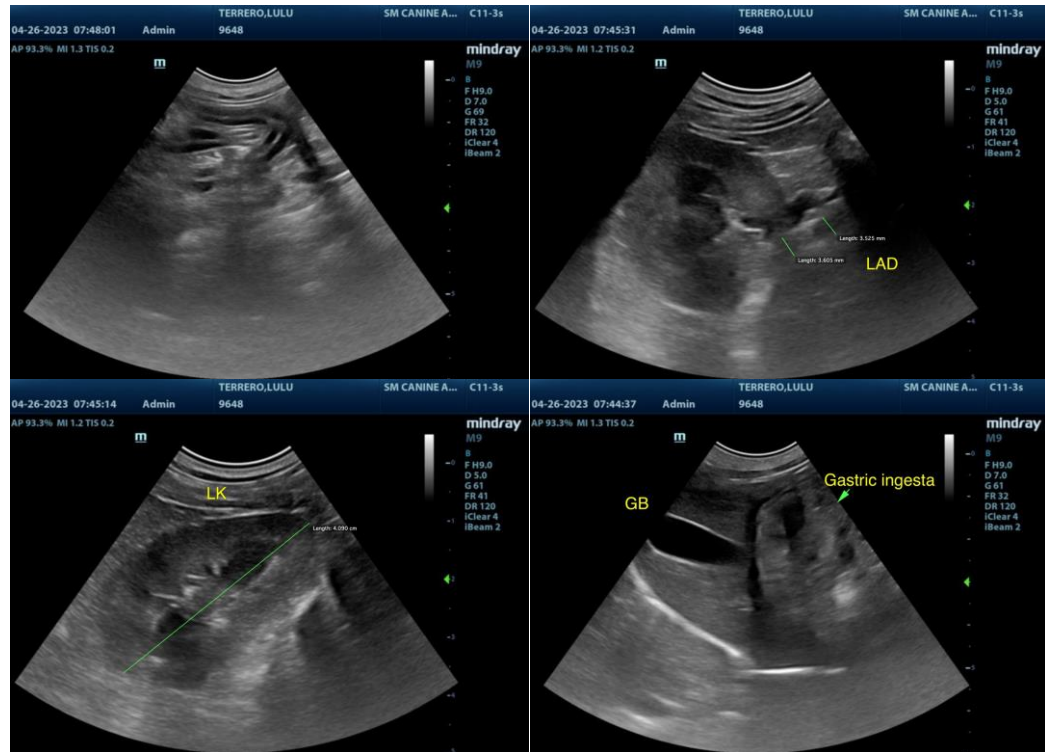
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DATE

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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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