



PATIENT PRESENTING CLINICAL SIGNS

Emmy Lou Metz GI issues - is on limited diet - if not, she vomits and gets diarrhea. Recent weight loss and fussy appetite. Labs essentially normal. R/O any significant abdominal abnormalities. On Fluoxetine 20 mg SID. *Sedated with butorphanol/Alfaxalone

SPECIES

Canine

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

BREED *Urinary System*

Hound Mix The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 3.0 cm exhibited normal thickness and tone. Primarily anechoic urine was present in the lumen. Mild nondependent particulate sediment was present without evidence of calculus formation. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic mural changes were noted.

SEX

FS

The area of the aortic trifurcation was free of pathology.

AGE

10 years

Normal size and margination were present in the kidneys. A normal 1:3 cortex / medulla ratio was maintained. The medulla and cortices were uniform in texture with some increased echogenicity and mild loss of corticomodullary symmetry and definition expected for the age of the patient. Scant pyelectasia was present in the left kidney. The left kidney measured 7.4 cm in length. The right kidney measured 7.0 cm in length.

WEIGHT

63 lbs.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.70 cm width at the caudal pole and 0.62 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 0.74 cm width at the caudal pole and 0.50 cm width at the cranial pole.

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

Pamela Harrigan, RDCS

HOSPITAL NAME

Norfolk County VS

Liver/ Gallbladder

The liver was subjectively normal in size, structure, and contour. The liver parenchyma was mildly nonuniform and hypoechoic to the spleen with a moderate coarse echotexture and subjective mild to benign parenchymal remodeling. The hepatic and portal vasculature were normal in appearance without signs of congestion.

REFERRING VET

Christina Poor,
 BVetMEd

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The gallbladder was non-distended in size with thin walls. Anechoic content was present with concurrent moderate congealed to nondependent hyperechoic sludge. No evidence of peripheral gallbladder inflammation. The cystic and common bile ducts were normal.

DATE

4/28/22

Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained moderate non-shadowing ingesta/chyme, extending into the upper duodenum.



PATIENT

Emmy Lou Metz

The small intestine presented intact wall layering and primarily maintained 1:3 muscularis/mucosa ratio. The duodenum wall measured 0.54 cm. Mild segmental duodenal ileus pattern noted, exhibited by mild retained duodenal digesta/chyme. No overt evidence of mechanical jejunal obstruction, although mild oral/aboral movement of the retained jejunal chyme was noted. No evidence of loss of intestinal wall layering or mechanical obstruction.

SPECIES

Canine

Normal visible colon wall layers were present with semi-formed to soft feces in lumen.

BREED

Hound Mix

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.

SEX

FS

Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

AGE

10 years

Primary Findings

- Mild hepatic parenchymal remodeling
- Moderate congealed to nondependent gallbladder sludge (non-mucocele)
- Intact stomach and small bowel walls with moderate gastric and minor segmental retained ingesta/chyme

WEIGHT

63 lbs.

Secondary Findings

- Mild chronic renal changes with scant left kidney pyelectasia and mild urinary bladder sediment

INTERPRETED BY

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 DABVP (Canine and
 Feline)

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No overt evidence of significant gastrointestinal mural pathology. However, the segmental retained jejunal chyme may suggest mild segmental jejunal ileus with suspected subtle inflammatory mural changes. At times the gastrointestinal signs in the patient do not always correlate with sonographic presentation. In patients with recurrent gastrointestinal signs, low-grade to mild pancreatitis, dietary indiscretion/food intolerance (likely top differential given the patient history), dysbiosis, inflammatory bowel disease could be considered.

IMAGING

PERFORMED BY

Pamela Harrigan, RDCS

Given the patient recent weight loss, a GI panel to include PLI/TLI/Cobalamin/Folate is suggested. Long term limited antigen to hydrolyzed diet is likely indicated as is recommended. Ursodiol is suggested if evidence of cholestasis.

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 BVetMED

The urinary bladder sediment may suggest cellular / crystalline debris or mucus. Cystocentesis for UA +/- C/S if evidence of inflammatory cells is recommended.

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IMAGING PERFORMED BY

Pamela Harrigan, RDMS

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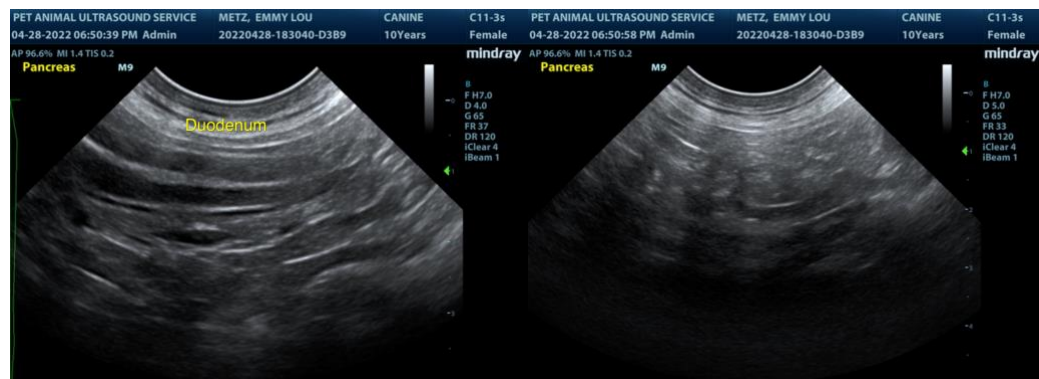
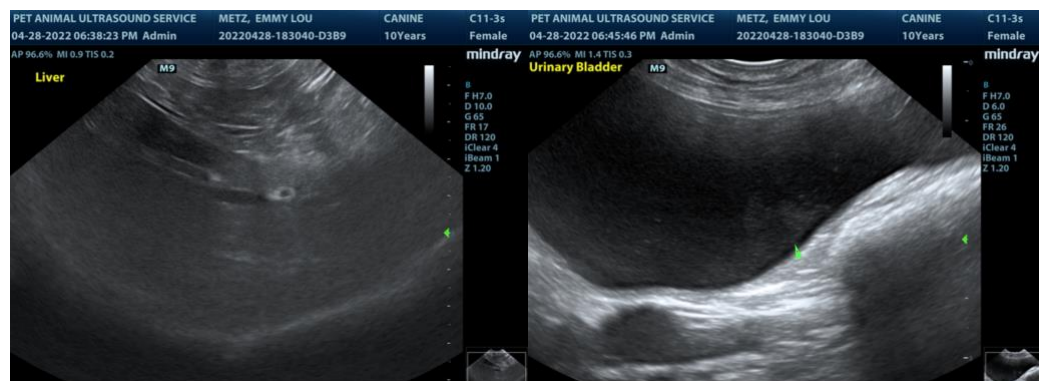
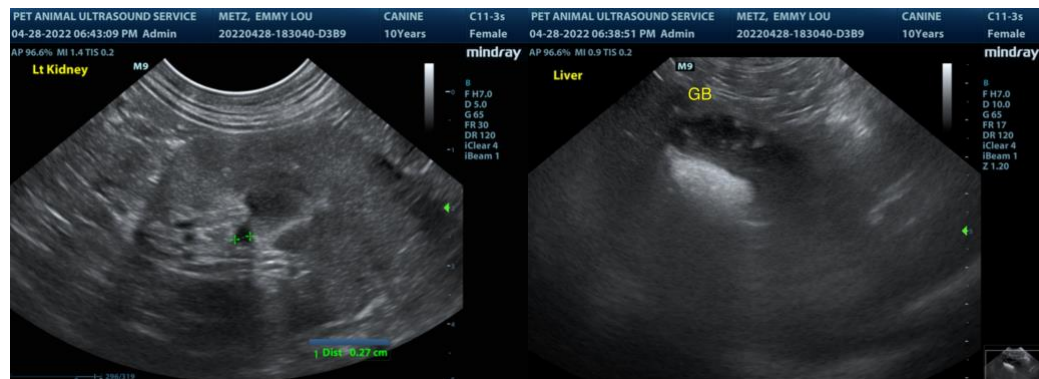
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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