

PATIENT PRESENTING CLINICAL SIGNS

Sweetie Worden

History: Hospitalized through weekend with acute hemorrhagic diarrhea syndrome; is doing better with IV fluids and medical support. There is no history of dietary indiscretion or GI sensitivity.

SPECIES

Abnormal PE/Chem/CBC/UA Results: -Chems: Slight azotemia on admit, lipase >5000, slight elev ALT 197 -CBC w lymphopenia and elev HCT 61% -abdominal rads unremarkable

Canine

BREED

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Bichon

Urinary System

SEX

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of – 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.

Spayed female

AGE

Normal size and margination was present in the kidneys. A normal 1:3 cortex / medulla ratio was maintained. The medulla and cortices were uniform in texture with some mildly increased echogenicity and loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The left kidney measured 4.3 cm in length. The right kidney measured 4.3 cm in length.

13 years

WEIGHT

The area of the aortic trifurcation was free of pathology.

4.8 kg

Adrenal Glands

INTERPRETED BY

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.37 cm width at the caudal pole and 0.43 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 0.39 cm width at the caudal pole and 0.37 cm width at the cranial pole.

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

Spleen

IMAGING

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.

PERFORMED BY

Dr. Callihan

HOSPITAL NAME

Animal Emergency Care

Liver

REFERRING VET

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.

Dr. Baker

Gastrointestinal

INVOICE

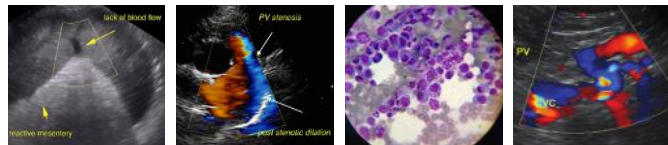
The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained minor retained nonshadowing ingesta/chyme primarily in the antrum and pylorus with no signs of ileus, obstruction or foreign material.

10282ag

DATE

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 jejunum wall

04/02/2022



PATIENT

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measured 0.36 cm in width, the duodenum wall measured 0.40 cm in width. The gastric body wall measured 0.32 cm in width.

SPECIES

Canine

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.

BREED

Bichon

Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

SEX

Spayed female

ULTRASONOGRAPHIC FINDINGS

AGE

13 years

- Gastroenterocolitis.
- Mild heterogeneous pancreas.
- Low grade hepatopathy.

WEIGHT

4.8 kg

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Overall, no overt evidence of significant visceral specifically gastrointestinal, hepatic or pancreatic pathology was noted. The low-grade ALT elevation may indicate reactive hepatopathy or low grade inflammation. No sonographic evidence of active pancreatitis, although low grade or possible chronic pancreatitis which may present sonographically normal could be present. Continued therapy for acute hemorrhagic diarrhea syndrome and potential low-grade pancreatitis should prove beneficial.

INTERPRETED BY

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Recheck sonogram and or GI panel to include PLI/TLI/Cobalamin/Folate could be considered if persistent to recurrent GI signs are present.

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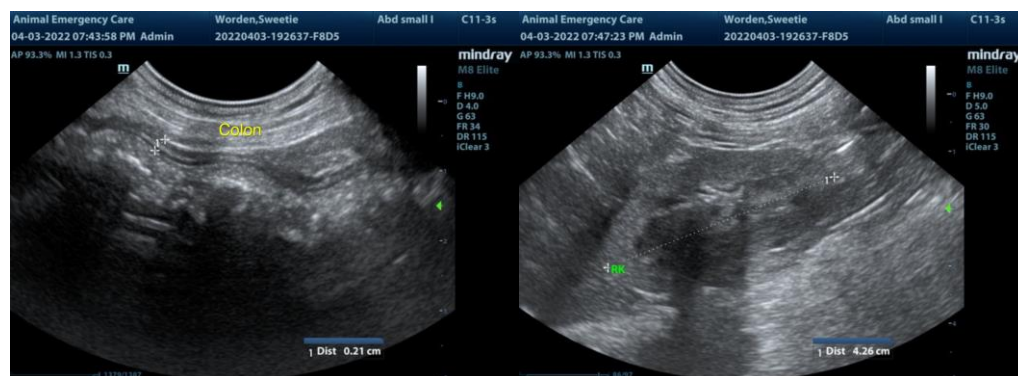
Dr. Baker

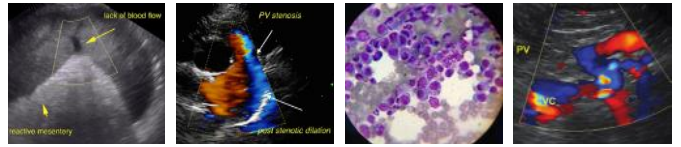
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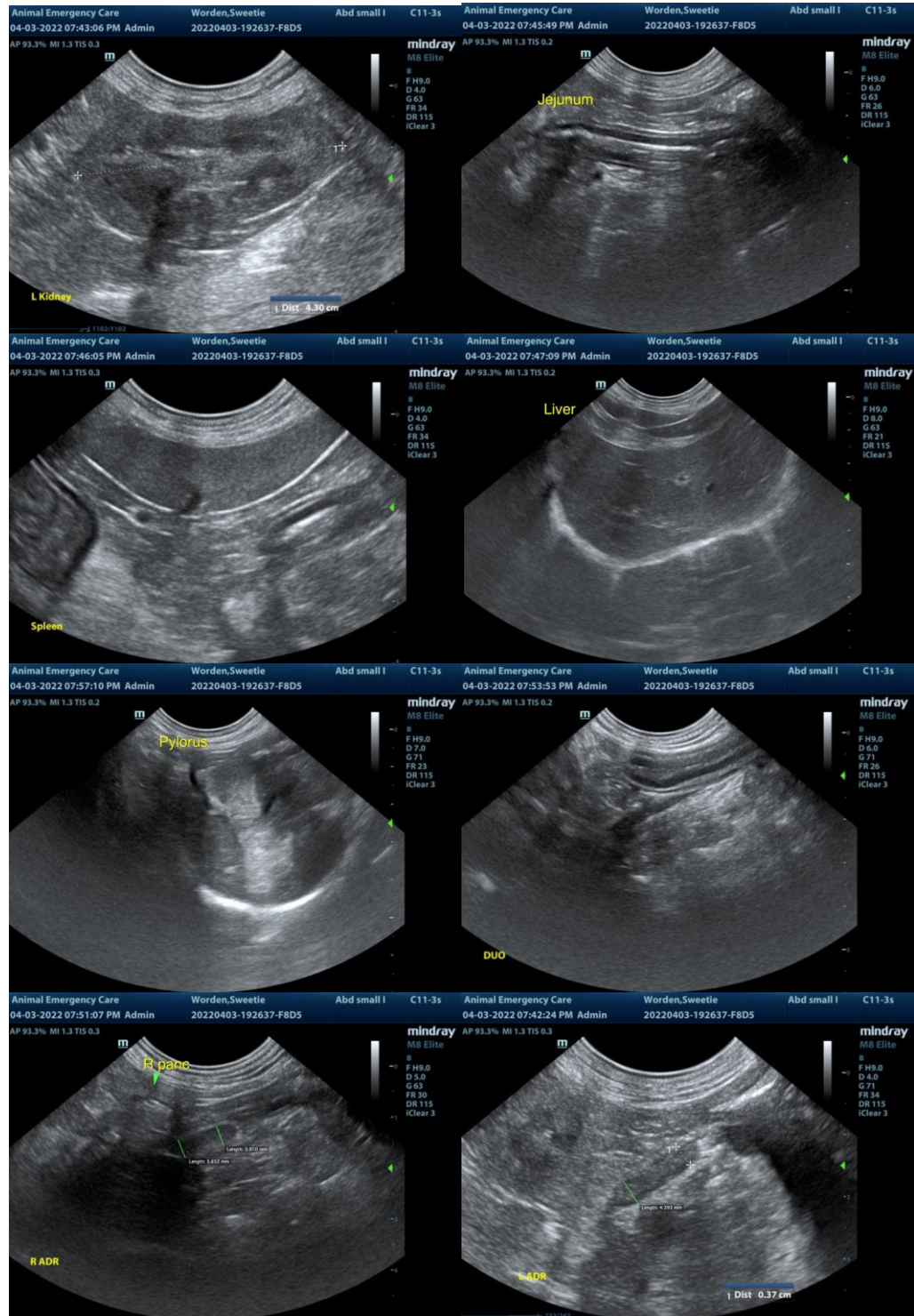
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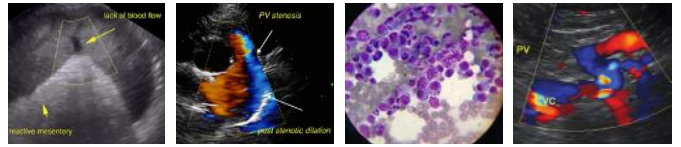
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

SPECIES

Canine

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

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Bichon

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Spayed female

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WEIGHT

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