



PATIENT	PRESENTING CLINICAL SIGNS
Marley MacPherson	Vom since Sunday - no known toxin, or garbage or food indiscretion noted. Is drinking a lot since vomiting and won't eat and is hiding. No bm since. He is drinking large volumes of water and then vomited the water. Vaccines up to date- no travel history- no medication presently and only eats HP diet ethargic demenour. mild dehydration (5-7%) and crt around 2 seconds and slightly delayed abdomen ok- soft and doughy- did not respond painfully
SPECIES	
Canine	
BREED	ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN
Wheaton X	Urinary System
SEX	The urinary bladder, trigone, and cystourethral junction 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.
MN	
AGE	The area of the aortic trifurcation was free of pathology.
11 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 corticomedullary symmetry and definition expected for the age of the patient. No evidence of pyelectasia was present. No evidence of left or right retroperitoneal inflammation was noted. The left kidney measured 5.6 cm in length. The right kidney measured 5.7 cm in length.
WEIGHT	
11.3 kg	
INTERPRETED BY	Adrenal Glands
R. McKenzie Daniel, DVM, DABVP	The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.71 cm width at the caudal pole and 0.60 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 0.60 cm width at the caudal pole and 0.98 cm width at the cranial pole.
IMAGING PERFORMED BY	Spleen
Kelly Reschny	The spleen exhibited primarily finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. Multifocal, well-defined, symmetrical, non-expansive, echogenic nodules were present primarily in the medial parenchyma. An example of a splenic nodule measured 0.68 cm in diameter. 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 or neoplastic changes were not noted. The echogenic nodules tend to trend benign and are most consistent with benign hyperplasia or myelolipomas.
HOSPITAL NAME	Liver/ Gallbladder
Bronte Village AH	The liver presented enlarged in size. The parenchyma of the liver was subjectively normal in echogenicity compared to the spleen and renal cortices. The liver parenchyma was uniform with a mildly coarse echotexture. The capsule of the liver was symmetrically rounded to mildly swollen in margination. The hepatic and portal vasculature were normal in appearance without signs of
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DATE	
4/5/22	



PATIENT
Marley MacPherson

congestion. The gallbladder was non-distended in size with primarily anechoic luminal content. The cystic and common bile ducts were normal.

Gastrointestinal

SPECIES
Canine

The stomach exhibited moderate distention with primarily retained anechoic fluid. Strongly shadowing curvilinear echo was present in the subjective mid gastric body to potentially antrum, measuring 2.5-3.0 cm in diameter. Concurrent small pockets of reverberating gas were present within the gastric body and in the area of the pylorus. Potential for intermittent benign / reactive mildly prominent mesenteric lymph nodes. No evidence of free fluid was noted.

BREED
Wheaton X

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.

SEX
MN

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

Pancreas

AGE
11 years

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.

Free Abdomen

WEIGHT
11.3 kg

No overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

- INTERPRETED BY**
R. McKenzie Daniel, DVM, DABVP
- IMAGING PERFORMED BY**
Kelly Reschny
- Hypomotile stomach with strongly suspicious shadowing gastric echo
 - Overtly normal small bowel - no evidence of mechanical / metabolic small bowel ileus
 - Vacuolar hepatopathy pattern - subjectively benign
 - Mild chronic renal changes
 - Benign splenic nodules - consistent with probable benign myelolipomas

HOSPITAL NAME
Bronte Village AH

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

In light of the patient's history and clinical signs combined with gastric hypomotility and strongly suspicious shadowing luminal echo, gastric foreign body is considered a primary differential diagnosis with less likely potential for gas artifact.

The kidneys did not appear to be significantly compromised with age-related changes present and did not appear to be end-stage. The azotemia in this patient is suspected to be pre-renal, given the dehydration and renal presentation. Correlation with a full urinalysis is recommended.

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Given the timeframe between ultrasound exam and Interpretation, recheck sonogram and/or endoscopy if available, could be considered for further assessment and conformation of gastric foreign body prior to potential surgical considerations. Correction of dehydration and reassessment of renal parameters prior to potential anesthesia is suggested.



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SPECIES

Canine

BREED

Wheaton X

SEX

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DVM, DABVP

**IMAGING
PERFORMED BY**

Kelly Reschny

HOSPITAL NAME

Bronte Village AH

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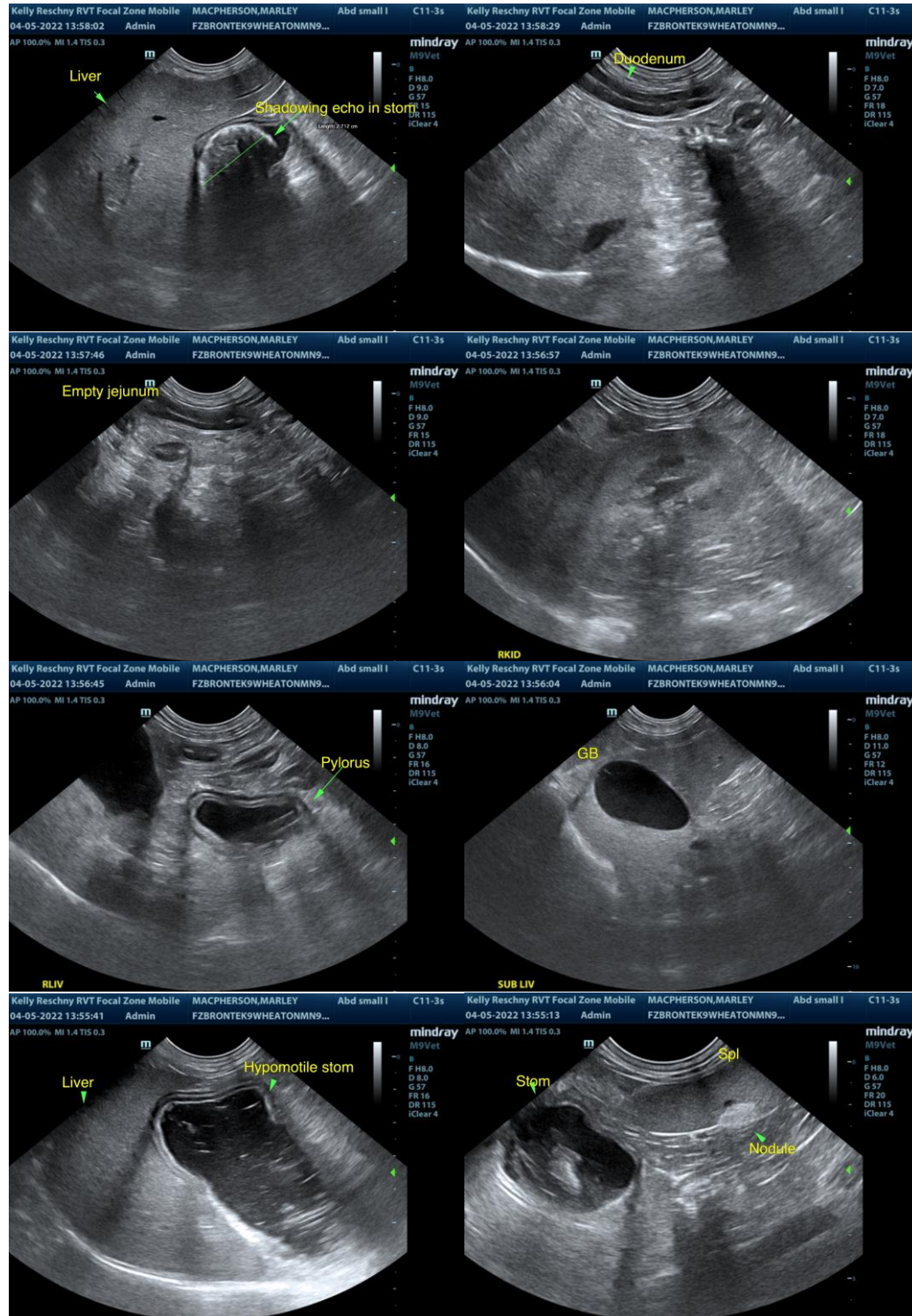
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SPECIES

Canine

BREED

Wheaton X

SEX

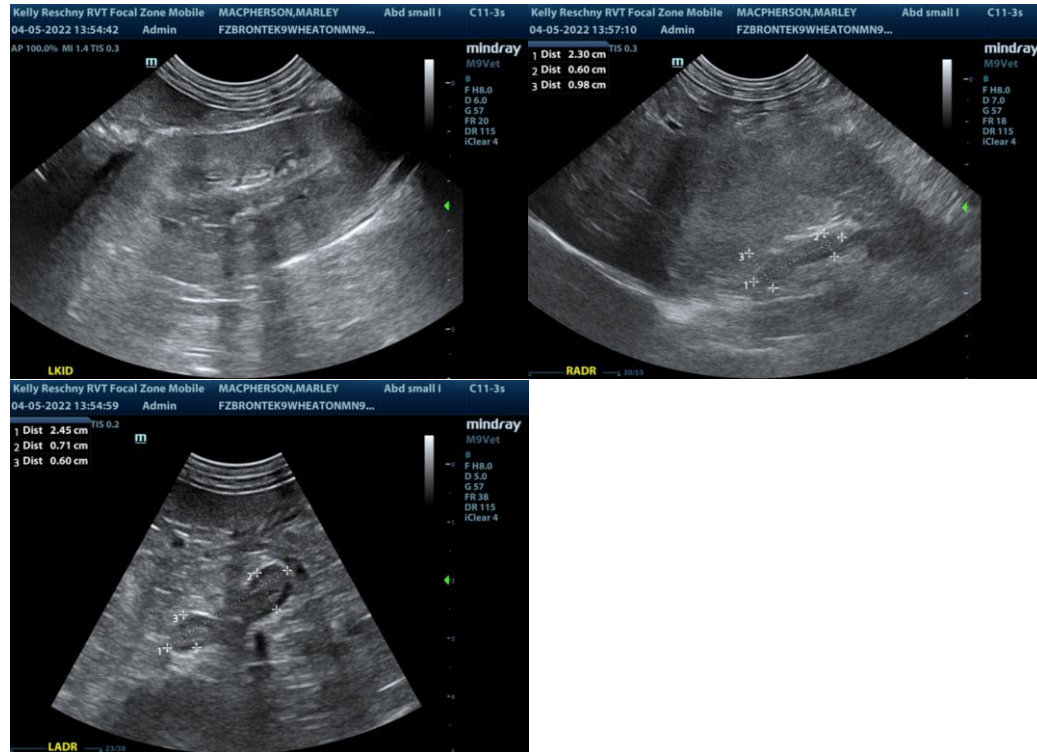
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AGE

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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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