



PATIENT

Charlotte Fugate

SPECIES

Canine

BREED

Pit Bull

SEX

Spayed Female

AGE

11 Years

WEIGHT

62 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Jasmine Palacios

HOSPITAL NAME

Rivers Edge PMC

REFERRING VET

Dr. David Gray

INVOICE

46527

DATE

4/9/23

PRESENTING CLINICAL SIGNS

P presented today for vomiting; symptoms started on 4/6. P ate chicken on 4/7, not interested in eating regular food since 4/5. P seen at rDVM and started P on Cerenia, Carprofen, Prilosec, SQF administered yesterday. No exposure to fish, not known to eat foreign objects. P currently hosp on IVF, started on buprenex and usasyn.

Abnormal PE/Chem/CBC/UA Results: WBC 2.1, neutrophils 0.05, sodium to potassium ratio 38, unremarkable liver enzymes. Rads: possible mass effect.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2.0 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.

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 7.0 cm. The right kidney measured 7.9 cm.

Adrenal Glands

The adrenal glands were uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.75 cm at the caudal pole. The right adrenal gland measured 0.61 cm at the caudal pole.

Spleen

The spleen presented subjective mild enlargement with maintained symmetrical capsule contour and finely textured homogeneous splenic parenchyma. No masses or nodules. Normal splenic vascularity. The spleen was folded.

Liver

The liver presented normal in size. The hepatic parenchyma revealed diffuse reduced echogenicity compared to the spleen and renal cortical parenchyma with a mild coarse echotexture. Increased portal vein prominence was evident. The capsule of the liver was normal in margination. Distinct masses or nodules were not evident. The hepatic and portal vasculature were normal in appearance. The gallbladder was non-distended in size with primarily anechoic luminal content. The cystic and common bile ducts were normal.

Gastrointestinal

The stomach presented wall thickening secondary to echogenic mucosa hypertrophy. Intact yet mildly prominent wall layering was noted. The stomach was empty with mild luminal gas. No evidence of gastric distention with retained ingesta, fluid, or foreign material.

The intestinal walls demonstrated intact wall layering and maintained 1:3 muscularis / mucosa ratio. The mucosa exhibited mild decreased echogenicity with occasional mucosal speckling. A segmental to diffuse ileus pattern consisting of mild fluid accumulation in the intestinal lumen was present without obstruction or foreign material.



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The colon presented sonographically normal wall layering. The colon exhibited generalized distention with non-formed fecal matter.

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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 was evident.

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Free Abdomen

Intermittent, mildly prominent to enlarged mesenteric nodes were present. The lymph nodes were essentially isoechoic to adjacent omentum without evidence of peripheral inflammation and maintaining a normal width: length ratio (<0.5).

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No peritoneal effusion or omental masses.

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No evidence of pathology in the area of the uterine remnant.

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ULTRASONOGRAPHIC FINDINGS

- Acute gastroenteritis pattern with segmental mild jejunal ileus – dietary indiscretion, inflammatory bowel, enterotoxin insult, infectious disease, occult neoplasia (less likely), occult parasitism are all potentials.
- Generalized distended colon with non-formed fecal matter
- Intermittent mild benign/reactive mesenteric lymph nodes
- Folded spleen – subjectively benign.
- Mild hypoechoic liver
- Sonographically unremarkable pancreas

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No overt evidence of mechanical gastrointestinal obstruction or foreign material. Sonographically, the appearance of the pancreas was not consistent with significant or active pancreatitis, although low-grade pancreatitis may present sonographically normal. Occult Addison's disease is considered less likely, given normal adrenal appearance and current sodium to potassium ratio. This patient is at risk for sepsis, given the severe degree of neutropenia. Assessment of serum cobalamin and folate levels +/- resting cortisol and fecal analysis warranted. Hospitalization with aggressive therapy for acute gastroenteritis, including broad-spectrum antibiotics and as-needed gastrointestinal support is recommended. Sonographic reassessment suggested if persistent or progressive gastrointestinal signs.

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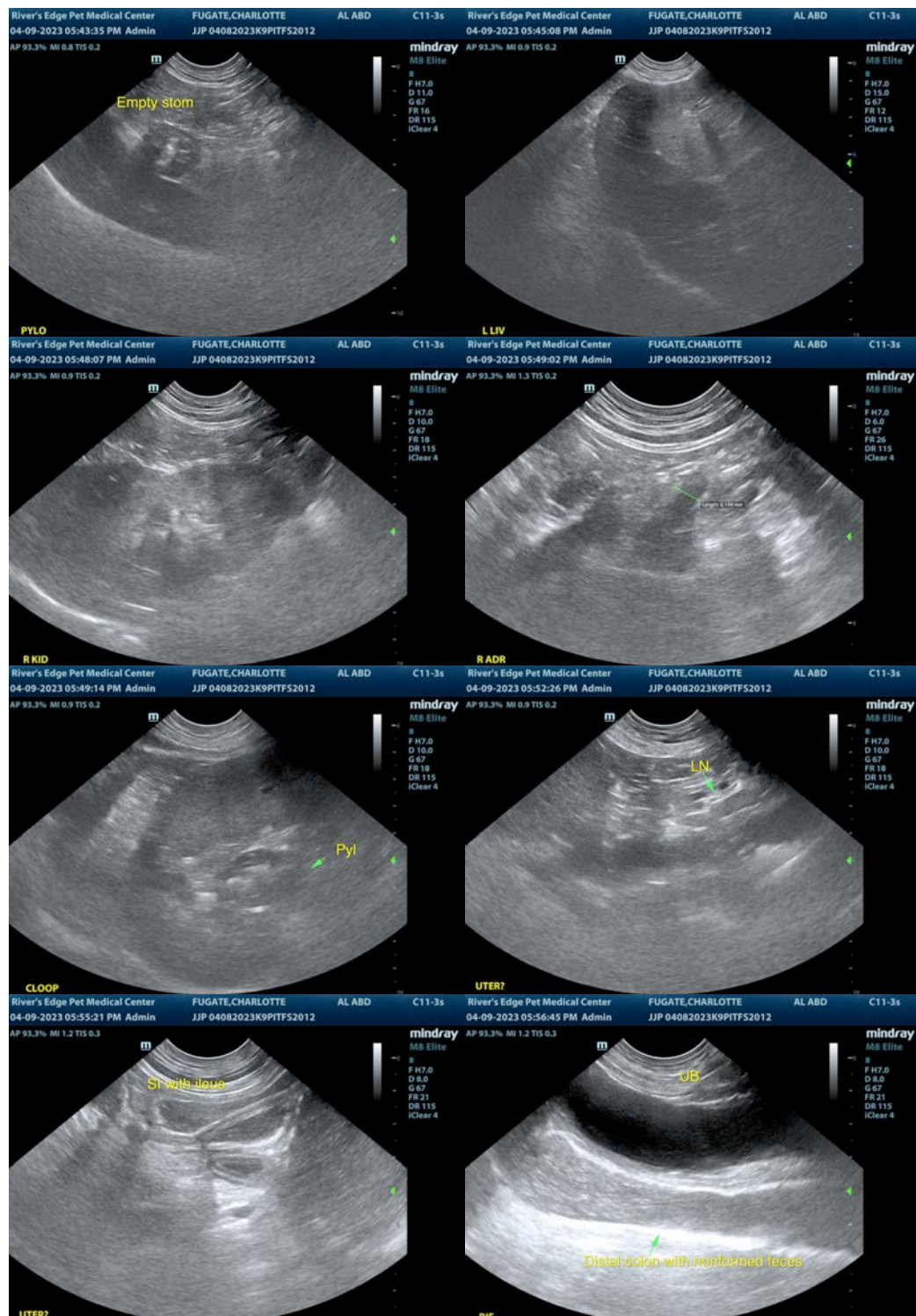
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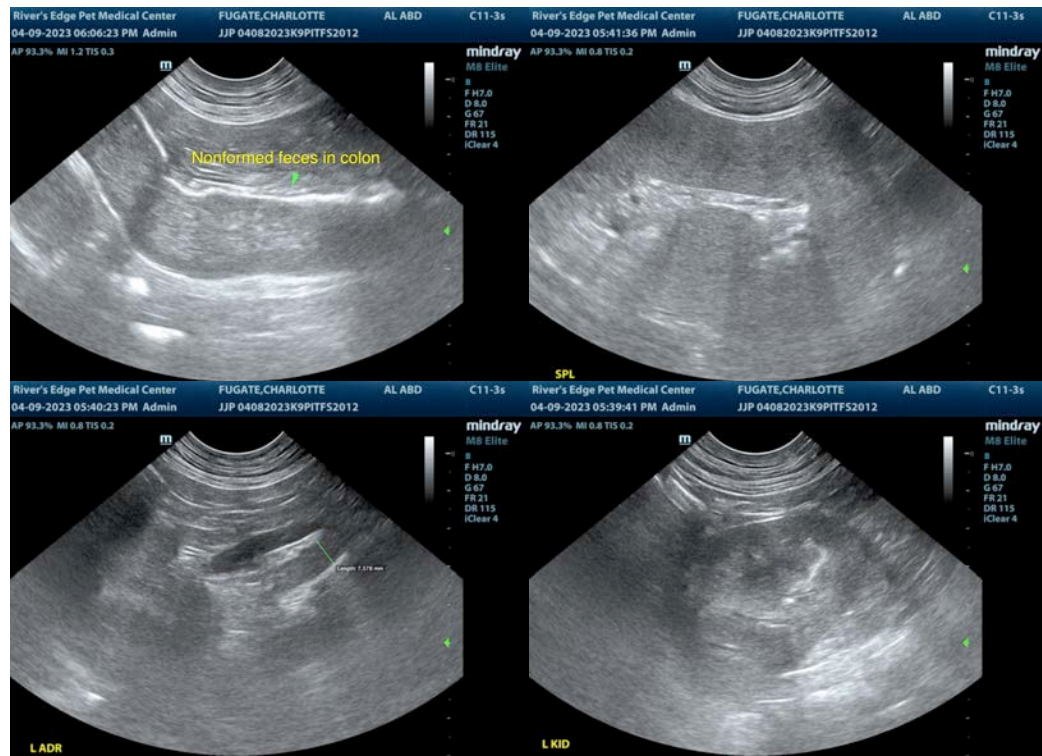
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)

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