

PATIENT PRESENTING CLINICAL SIGNS

Bowie Spicer History: P been shaking, not eating well and stomach feels tender to O when touched Stool has been thin as per O Suspected constipation Advised O to switch off a raw diet to feed a GI diet and O declined

SPECIES

Canine

Abnormal PE/Chem/CBC/UA Results: Chem/CBC wnl Please see attached bloodwork

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

BREED

Urinary System

JRT X

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 4 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.

SEX

MN

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 4.3 cm in length. The right kidney measured 4.3 cm in length.

AGE

2.5 yr

The area of the aortic trifurcation was free of pathology.

WEIGHT

6.8 kg

The residual prostate was normal measuring 0.6 cm in diameter.

Adrenal Glands

INTERPRETED BY

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

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.32 cm width at the caudal pole and 1.3 cm length. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.40 cm width at the caudal pole and 1.4 cm length.

IMAGING PERFORMED BY

Crystal Hill

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.

HOSPITAL NAME

Beatties East Hamilton
PH

Liver

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.

REFERRING VET

Dr. Nannaykara

INVOICE

10616ag

Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained mild luminal gas with no signs of ileus, obstruction or foreign material.

DATE

05/13/2022

The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. Mild segmental jejunal mucosal speckling was noted. The lumen of the small intestine was empty with no signs of ileus, obstruction or foreign material.



PATIENT

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

Bowie Spicer

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.

SPECIES

Canine

Free Abdomen

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

BREED

JRT X

ULTRASONOGRAPHIC FINDINGS

SEX

- Sonographically unremarkable abdomen
- Segmental jejunal mucosal speckling

MN

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No evidence of significant abdominal visceral pathology as an obvious cause of abdominal discomfort. No GI pathology or evidence of pancreatitis was present. The jejunal mucosal speckling is nonspecific yet has been associated with enteritis. Rectal palpation is recommended if not done. Continued as needed GI support is recommended.

AGE

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WEIGHT

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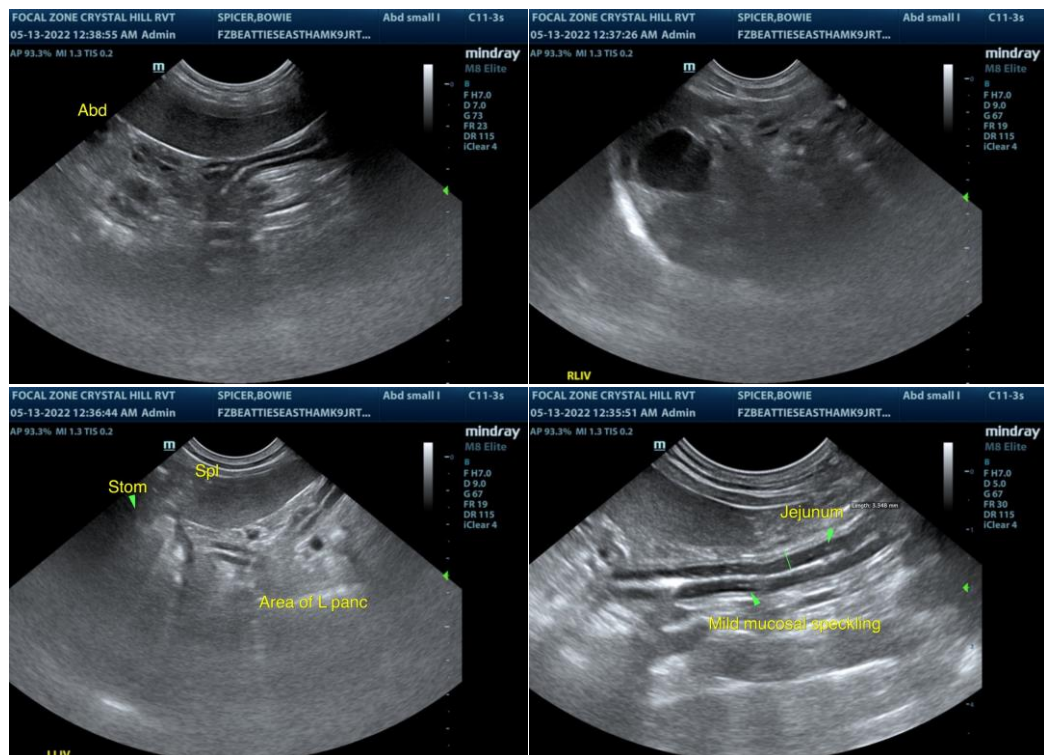
Dr. Nannaykara

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PATIENT

Bowie Spicer

SPECIES

Canine

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JRT X

SEX

MN

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WEIGHT

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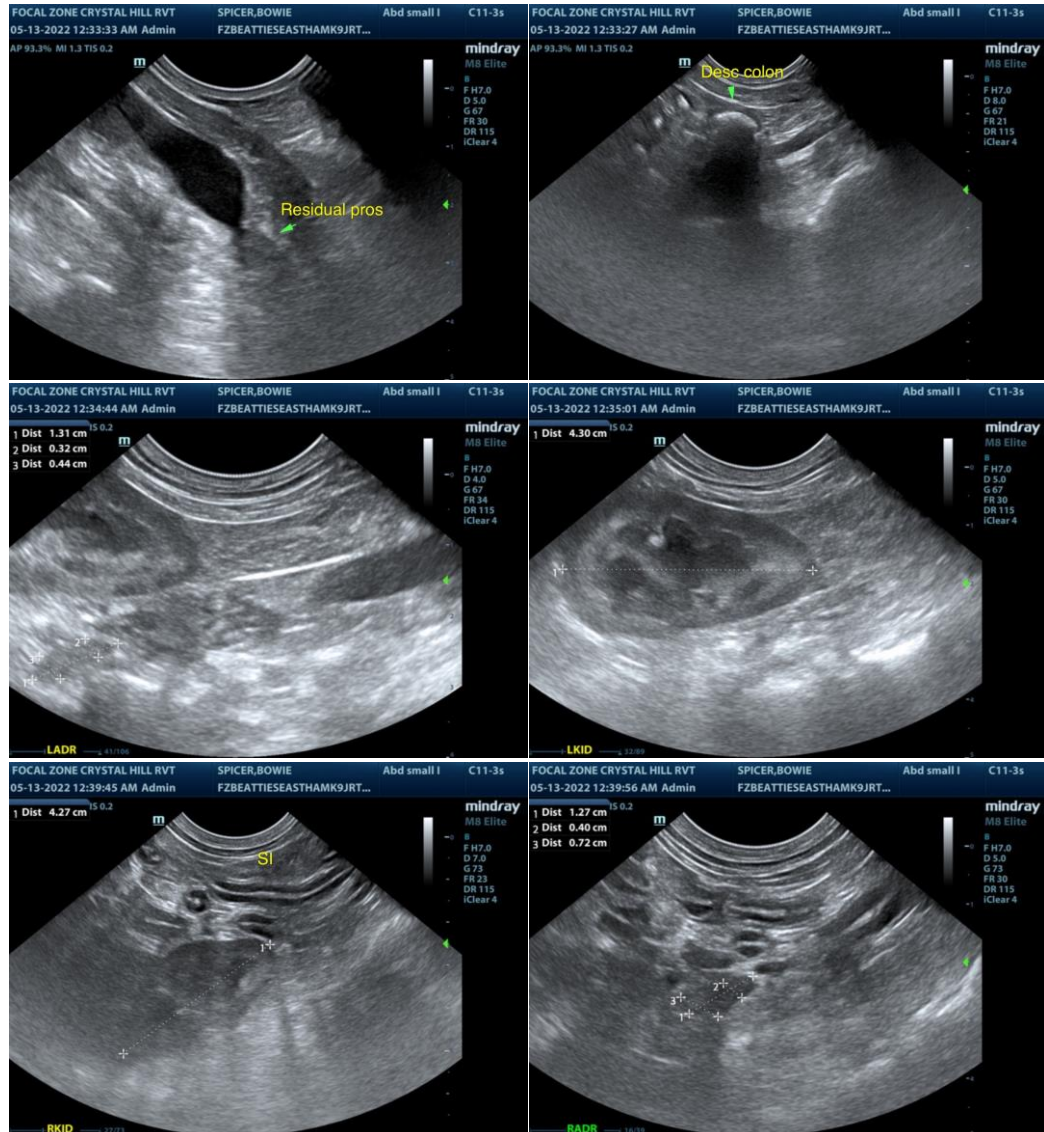
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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