



PATIENT PRESENTING CLINICAL SIGNS

Lexi Osiecki Megaesophagus, last month pneumonia symptoms, developed diarrhea and severe dehydration while on antibiotics, several day duration of regurg, coughing/hacking, seems uncomfortable when trying to sleep, shaking, hiccups, lethargy Metoclopramide 10 bid, apoquel 8, Viagra 15 bid, gasx, metronidazole, gabapentin

SPECIES

Canine CBC- Leukocytosis with neutrophilia

BREED

Lab Mix

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

SEX

FS

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 3.0 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 was noted.

AGE

2016

The area of the aortic trifurcation was free of pathology.

WEIGHT

52.6

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 5.4 cm in length. The right kidney measured 5.8 cm in length.

INTERPRETED BY

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

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 2.7 cm length x 0.62 cm width at the caudal pole. The right adrenal gland was indistinctly visualized yet without overt pathology subjectively measuring 0.40 cm width at the caudal pole.

IMAGING PERFORMED BY

Rebekah Jakum, CVT
 ARDMS/RVT

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

White Haven VH-

REFERRING VET

Dr. Dengler

Liver/ Gallbladder

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.

INVOICE

13904

DATE

5/18/22



PATIENT *Gastrointestinal*

Lexi Osiecki The stomach presented intact wall layering with a normal wall layer ratio. The stomach contained minor retained pyloric nonshadowing chyme. The gastric body wall width measured 0.55 cm.

SPECIES 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 width measured 0.43 cm. The duodenum wall width measured 0.48 cm.

BREED The colon exhibited sonographically unremarkable wall layering with subjective mild colonic distention containing semi-formed to soft feces.

Lab Mix

Pancreas

SEX 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.

FS

AGE *Free Abdomen*

2016 No overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

WEIGHT

52.6

- Overtly normal gastrointestinal tract with minor retained pyloric chyme
- Mildly distended colon containing semi-formed to soft feces

INTERPRETED BY

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DVM, DABVP
(Canine and Feline)

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Overall, no evidence of a significant visceral specifically gastroenterocolic pathology was noted. Continued gastrointestinal supportive care and therapy for megaesophagus are recommended. Potential limited antigen or hydrolyzed diet and high colony count probiotics such as Proviabie may prove beneficial if recurrent diarrhea.

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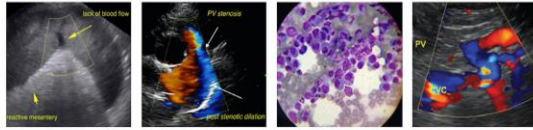


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SPECIES

Canine

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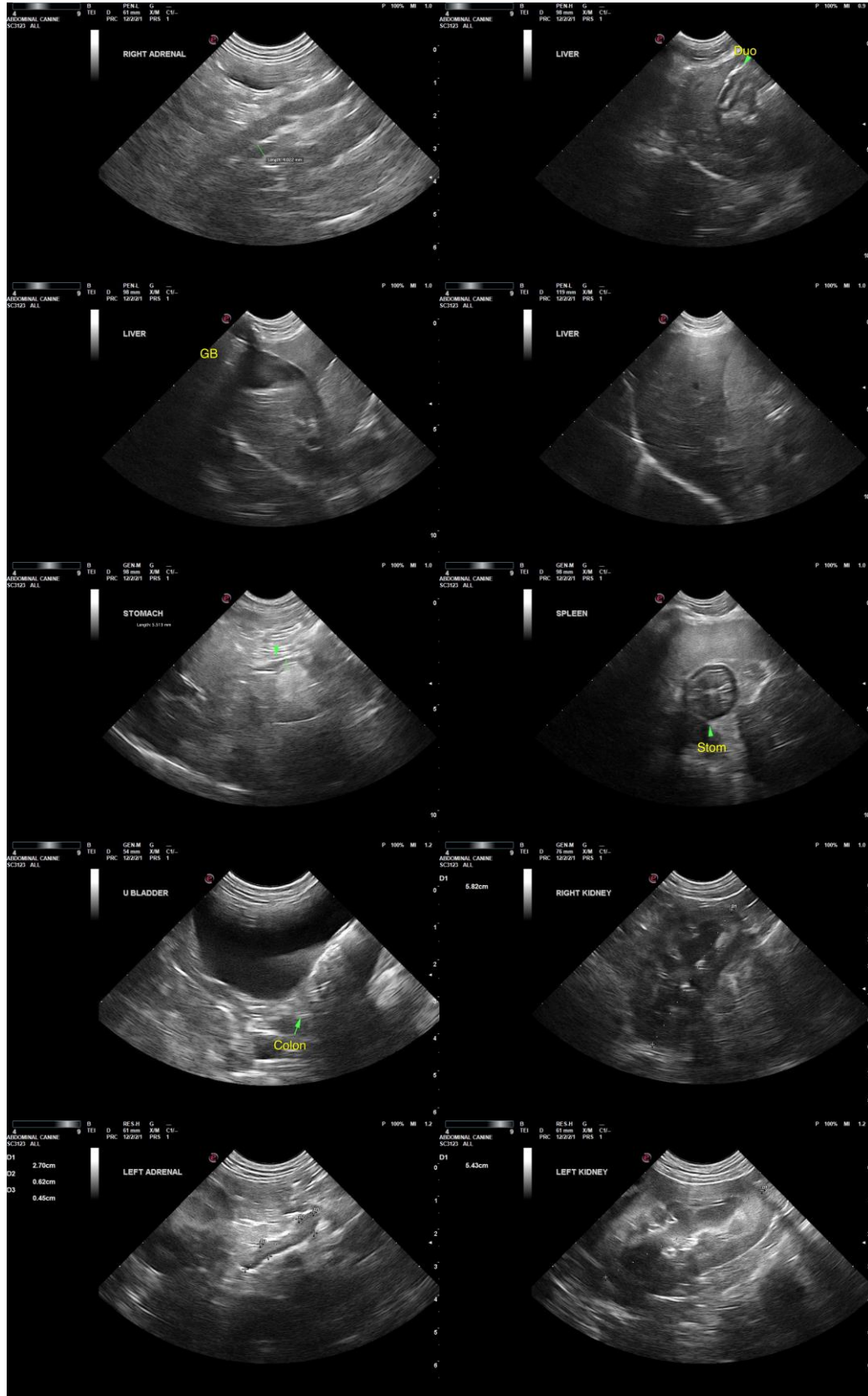
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PATIENT

Lexi Osiecki

SPECIES

Canine

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.

BREED

Lab Mix

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.

SEX

FS

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