



PATIENT

Kona Johnson

PRESENTING CLINICAL SIGNS

History: Vomiting with diarrhea last 48 hrs. Attending suspects pancreatitis, gastroenteritis, FB
Abnormal PE/Chem/CBC/UA Results: Non diagnostic

SPECIES

Canine

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

BREED

Min Schnauzer

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. Aortic trifurcation was normal. A visualized medial iliac lymph node exhibited normal size, shape and echogenicity without evidence of inflammatory or neoplastic criteria, measuring 0.40 cm in width.

SEX

Neutered Male

The residual prostate was symmetrically normal in size with uniform parenchyma and slight coarse echotexture measuring 0.65 cm in diameter.

AGE

4 Years

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 4.5 cm in length.

WEIGHT

7.6 kg

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.50 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 0.46 cm width at the caudal pole and 0.43 cm width at the cranial pole.

INTERPRETED BY

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

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.

IMAGING PERFORMED BY

Dr. Belan

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.

HOSPITAL NAME

McKnight 24-hour AH

REFERRING VET

Dr. Gruffydd

Gastrointestinal

The stomach presented intact yet mild prominent wall layering. The lumen of the stomach exhibited mild gas distention without evidence of gastric dilation secondary to retained ingesta or fluid. No overt evidence of gastric foreign material. The ventral gastric body wall measured 0.58 cm.

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15031

DATE

5/2/22

The small intestine presented intact wall layering and primarily maintained 1:3 muscularis/mucosa ratio. Intermittent nonspecific jejunal mucosal speckling noted. The lumen of the small intestine was empty



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with no signs of ileus, obstruction or foreign material. The duodenum wall measured 0.32 cm. The jejunum wall measured 0.22 cm.

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The colon exhibited intact yet mildly prominent wall layering in the descending colon. The descending colon wall measured 0.15 cm. Semi-formed to soft feces present, consistent with reported diarrhea.

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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.

SEX

Neutered Male

Free Abdomen

Focal to 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). The lymph node measured 2.0 cm x 0.49 cm width.

AGE

4 Years

No free fluid noted.

ULTRASONOGRAPHIC FINDINGS

WEIGHT

7.6 kg

- Gastroenterocolitis pattern
- Focal to intermittent benign/reactive mesenteric and focal medial iliac lymph nodes

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

INTERPRETED BY

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

Overall, no overt evidence of significant gastroenterocolic mural pathology, obstructive pattern or foreign material. Dietary indiscretion/food intolerance, acute inflammatory bowel episode, occult parasitism, with associated intermittent mild mesenteric hyperplasia or reactive lymphadenitis suspected. Conservative therapy for gastroenterocolitis should prove beneficial. If recurrent or persistent gastrointestinal signs, structurally insignificant inflammatory bowel disease, dysbiosis, low-grade to chronic pancreatitis could be present.

IMAGING PERFORMED BY

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A GI panel to include PLI/TLI/Cobalamin/Folate and fresh fecal analysis to rule out parasitic ova/Giardia recommended, pending clinical response to gastroenterocolitis protocol or if persistent to recurrent gastrointestinal signs.

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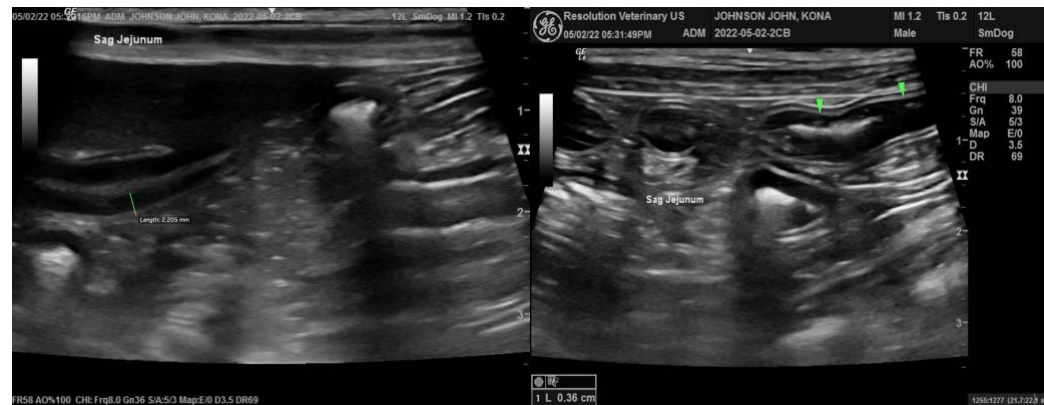
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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