



**PATIENT**

Reina Combs

**SPECIES**

Canine

**BREED**

Chihuahua Mix

**SEX**

FS

**AGE**

10 y

**WEIGHT**

16.8 lbs.

**PRESENTING CLINICAL SIGNS**

4/30/23 appt notes: presenting for illness. o states pt has been vomiting for 5 days and not eating at all as well. o states he took pt to emergency vet (EVH) 2 days ago and they ran bloodwork and gave pt fluids and an anti-nausea injectable (cerenia) . o states last night pt was able to get some baby food and meat. o states pt did not eat today. o states pt has not been holding down water either. o states pt has not been active and o has still been taking walks. o states pt did not vomit after eating last night but did vomit after drinking water this morning. o states stools seem normal, no diarrhea but very small dark fecal matter yesterday.

Radiographic Findings ABDOMEN (30 April 2023): Right and left lateral and ventrodorsal projections are available for review (4 total). FINDINGS: Serosal detail throughout the abdomen is within normal limits. The hepatic, splenic, and renal silhouettes are within normal limits. The stomach contains a mild volume of gas and little soft tissue/fluid opacity. Normal rugal folds are noted within the fundus. There are no persistently focally dilated segments of small intestine among the projections. No large radiopaque intraluminal small intestinal foreign bodies are noted. There are no areas of small intestinal plication. Portions of the colon are gas distended, and there is minimal formed fecal material present. The urinary bladder is moderately distended. The remaining abdominal structures are within normal limits. There is a small volume of smooth proliferative new bone along the lateral cortex of the right ilial body just cranial to the right acetabulum. The caudal thorax is unremarkable.

CONCLUSIONS: 1. Unremarkable abdomen. There is no evidence of significant gastrointestinal foreign material or a small intestinal mechanical obstruction. 2. Incidental reactive periostitis of the right ilial body versus enthesopathy or chronic avulsion.

RECOMMENDATIONS: A definitive cause for the patient's reported clinical signs is not identified on the provided study. The gastrointestinal tract is largely empty. Consider cPLI testing for pancreatitis, if not already performed. Medical management for non-specific gastroenteritis is otherwise recommended. If the patient is not responding to appropriate empirical therapy, consider an abdominal ultrasound to further evaluate the gastrointestinal tract. Jackie M. Williams, DVM, MS, Diplomate ACVR Radiologist Primary Question/Differential to Be Answered in This Exam Neoplasia?

Abnormal PE/Chem/CBC/UA Results: (amylase, BUN, ALKP elevated at emergency clinic) (4/28/23 - Chem 17/lytes/CBC: BUN 40 (H); crea 1.4; Phos 7.3 (H); Na 133 (L); K 6.7 (H); Cl 104 (L); ALT 152 (H); otherwise unremarkable PCV/TS: 58% and 6.6; cl TT4: 2.5 (WNL)) CPL- neg 0.76ml Cerenia Inj SQ dsp Entyce dsp Cerenia- START TOMORROW

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Jenna Walsh, CVT

**HOSPITAL NAME**

Banfield of South  
Eugene

**REFERRING VET**

Dr. Jackson

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**INVOICE**

16728

**DATE**

5/2/23

**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 was noted.

The area of the aortic trifurcation was free of pathology.



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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 minor loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The left kidney measured 4.5 cm in length. The right kidney measured 5.1 cm in length.

**Adrenal Glands**

The left adrenal gland was subnormal in size with flattened contour and a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.21 cm width at the caudal pole and 0.13 cm width at the cranial pole. The right adrenal gland was indistinctly visualized subjectively measuring 0.32 cm width at the caudal pole.

**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.

**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.

**Gastrointestinal**

The stomach presented mild wall thickening secondary to echogenic mucosa hypertrophy. Intact mildly prominent wall layering was maintained and distinct. The stomach was empty.

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 mechanical / metabolic ileus, obstruction, or foreign material.

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

**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 were evident.

**Free Abdomen**

No overt lymphadenopathy or peritoneal effusion was present.



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## ULTRASONOGRAPHIC FINDINGS

- Structurally unremarkable gastrointestinal tract - likely mild gastroenteritis
- Bilateral subnormal adrenal glands
- Mild age-related kidneys
- Low-grade hepatopathy - benign

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There is no evidence of intraabdominal neoplastic criteria or gastrointestinal obstructive pattern.

Possible strong concern for hypoadrenocorticism is possible, given evidence of azotemia in the face of hyperkalemia and subjective subnormal to flattened adrenal glands. A resting cortisol level and/or ACTH stimulation test is recommended. Pending adrenal testing, a GI panel to include PLI/ TLI/ Cobalamin/ Folate to assess for occult intestinal or pancreatic disease could be considered. Empirically and pending additional diagnostics, as-needed gastrointestinal support and IV fluid therapy with monitoring of electrolytes are recommended.

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## REFERRING VET

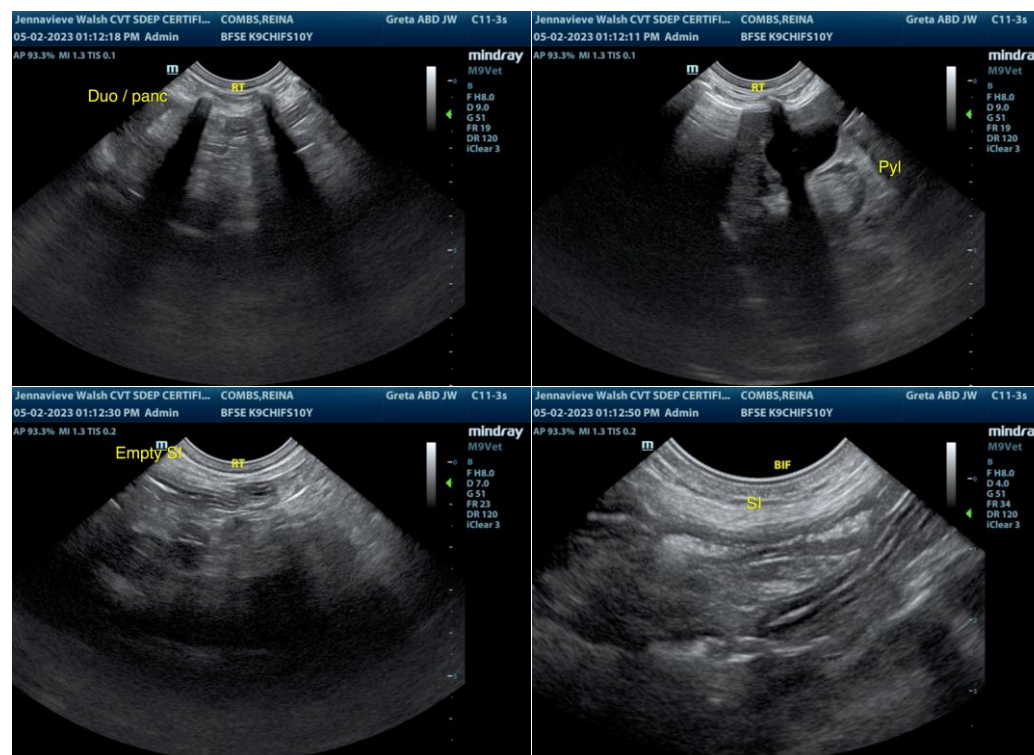
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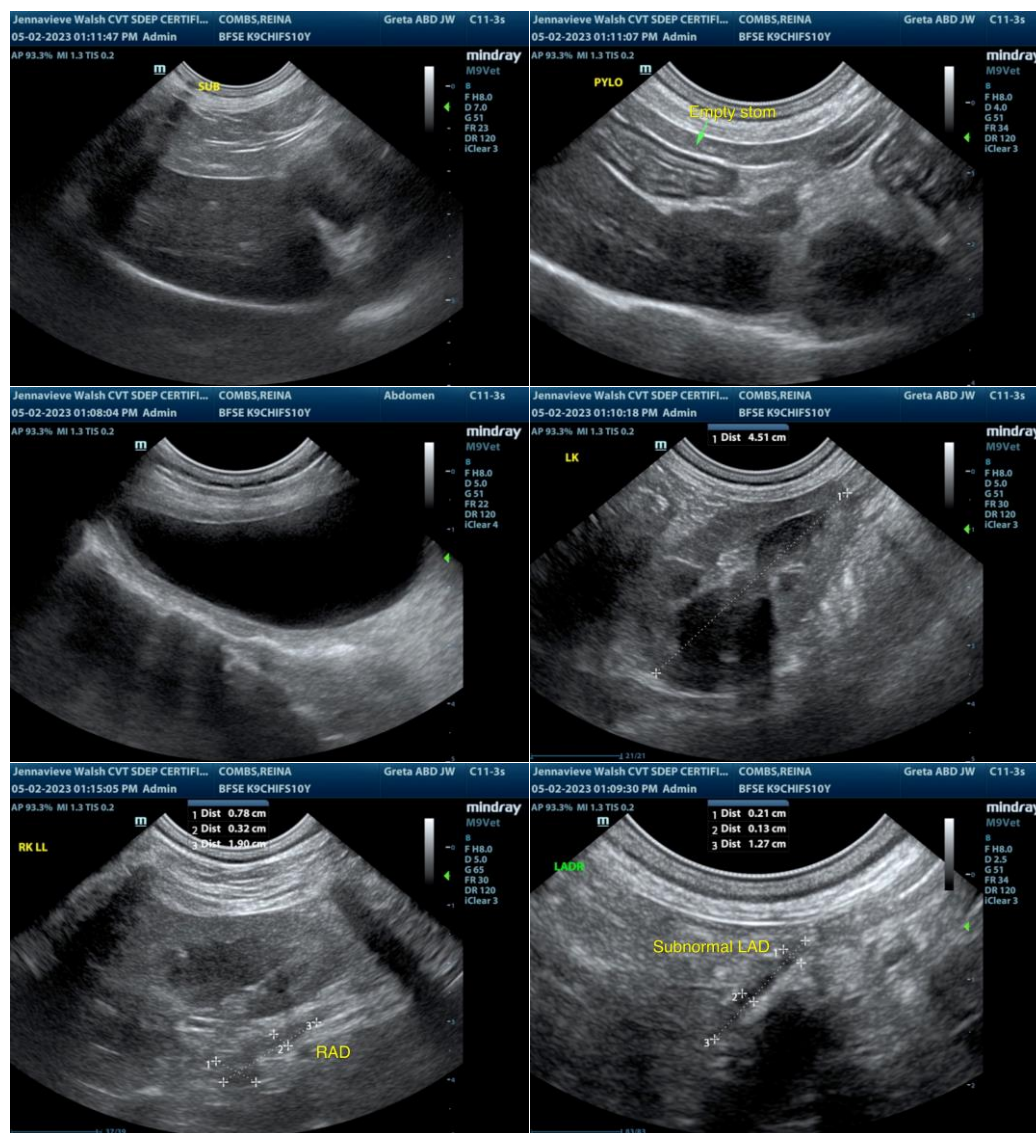
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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info@SonoPath.com