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Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™
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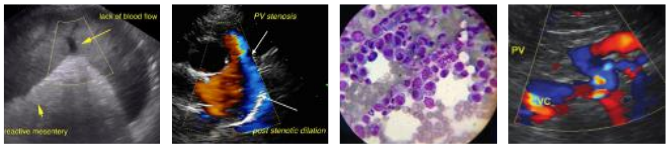

PATIENT

Buddy Turner

SPECIES

Canine

BREED

Shepherd Mix

SEX

Neutered Male

AGE

3 Years 4 Months

WEIGHT

69.8 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Amy Mayhew, LVT

HOSPITAL NAME

SVS Imaging MI

REFERRING VET

Family Pet Practice

INVOICE

15724

DATE

5/23/22

PRESENTING CLINICAL SIGNS

History: History of heart worm disease treated and negative microfilaria. Recent 3 weeks reduced appetite, reverse sneezing/coughing/gagging beginning yesterday. BAR. Non painful abdomen. Abnormal PE/Chem/CBC/UA Results: BW attached. Labs: unremarkable CBC and chemistry panel, sodium potassium ratio 37

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 4.0 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.

The residual prostate was free of pathology.

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 6.4 cm in length. The right kidney measured 6.7 cm in length.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.52 cm width at the caudal pole and 0.55 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 0.50 cm width at the caudal pole and 0.63 cm width at the cranial 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

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 anechoic content and mild gallbladder debris. The cystic duct and common bile ducts were normal without evidence of dilation.

Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The stomach exhibited mild subjective gas distention. The ventral pylorus wall measured 0.48 cm.

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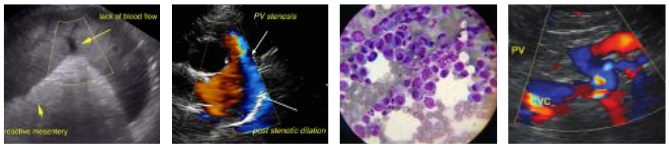

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The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. The lumen of the small intestine was empty with no signs of ileus, obstruction or foreign material. The duodenum wall measured 0.36 cm. The jejunum wall measured 0.34 cm.

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 was evident.

Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

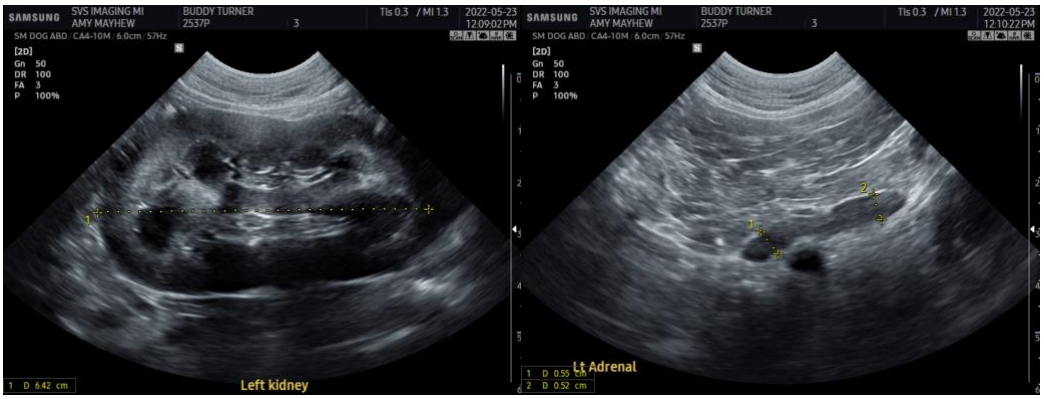
ULTRASONOGRAPHIC FINDINGS

- Gallbladder debris- incidental, potentially secondary to fasting
- Overtly normal gastrointestinal tract with subjective mild gastric gas distention
- Otherwise sonographically normal abdomen

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No evidence of obvious visceral, specifically gastrointestinal or pancreatic pathology as an obvious cause of the patients clinical signs. Dietary intolerance/food hypersensitivity, occult parasitism, structurally insignificant inflammatory gastroenteropathy possible. Continued gastrointestinal supportive care recommended. Three-view chest radiographs suggested, if not done, to rule out occult thoracic or esophageal pathology as contributing factors to the patients clinical signs.

Empirically, bland novel protein or hydrolyzed diet trial and gastric protectants with assessment of clinical response would be reasonable.



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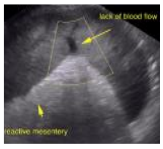
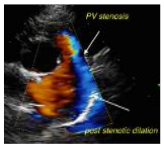
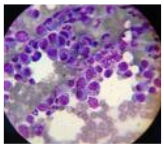
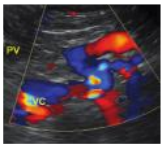

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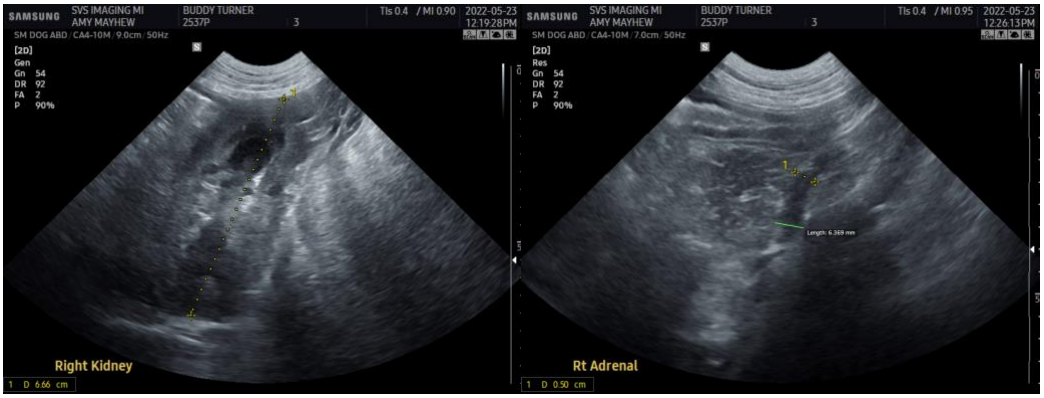
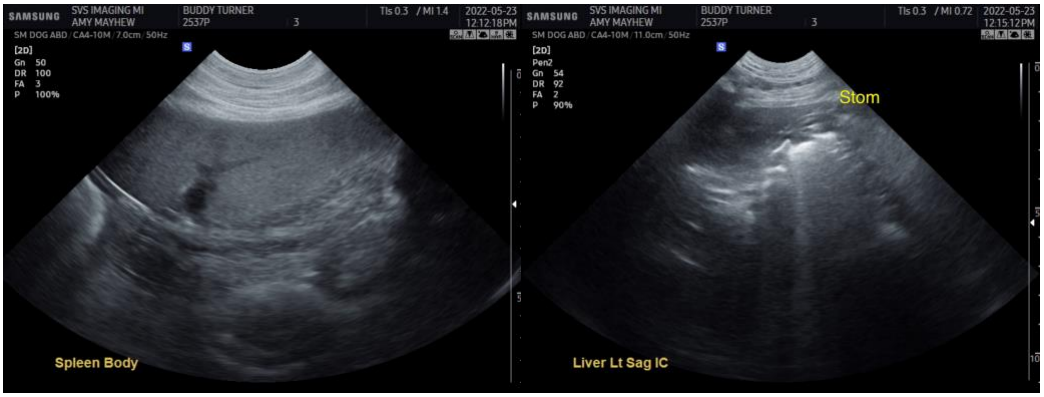
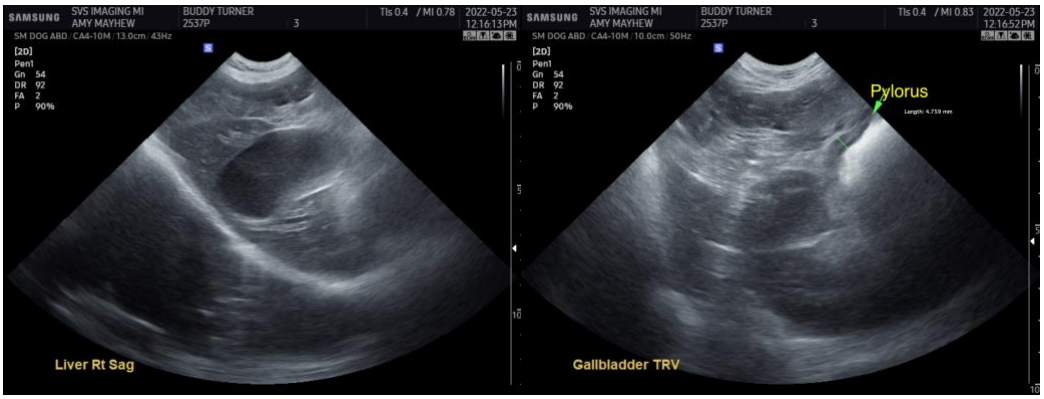
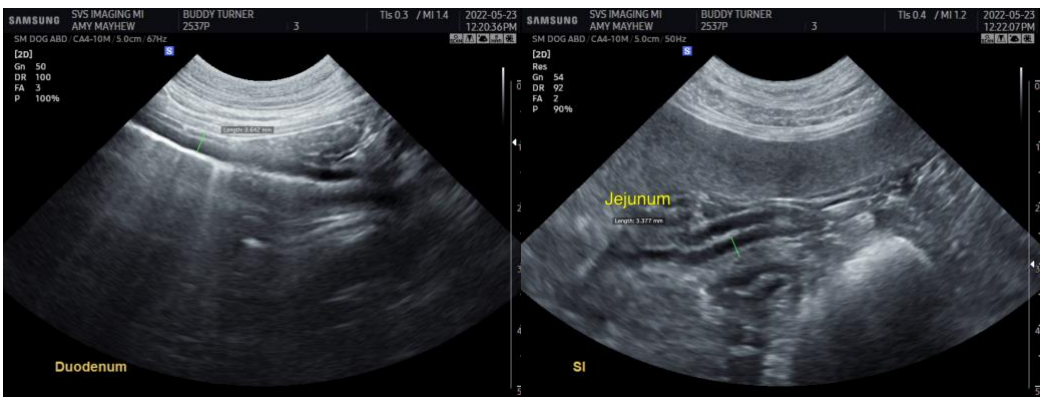
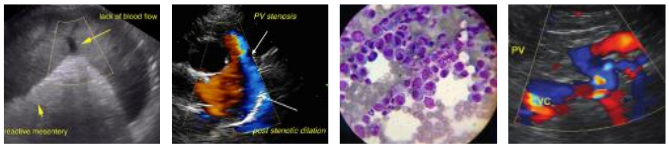








The information and recommendations provided are based on the images presented by the



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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)
info@SonoPath.com