SonoPath
Clinical Sonography & Telecytology
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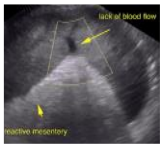
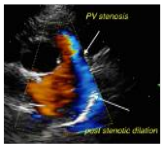
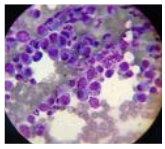
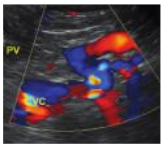




SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Buddy Allen

SPECIES

Canine

BREED

Cav King Charles

SEX

Male Neuter

AGE

4

WEIGHT

12.6 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr Belan

HOSPITAL NAME

ALpine 24-7

REFERRING VET

Dr. Zhao

INVOICE

13808

DATE

5/5/22

PRESENTING CLINICAL SIGNS

Anorexia vomiting pyexic , lethargic and suspect bacteria in urine
Abnormal PE/Chem/CBC/UA Results: Neutrophilia

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder was mildly distended in size yet normal tone. Anechoic urine with mild nondependent particulate sediment, as well as focal areas of minor dependent mineral were present. The urethra was normal in structure and tone to a depth of 2.0 cm.

No overt pathology was noted in the area of the residual prostate.

The area of the aortic trifurcation 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 5.5 cm in length. The right kidney measured 5.4 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 0.46 cm width at the caudal pole and 0.40 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 0.43 cm width at the caudal pole and 0.69 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.

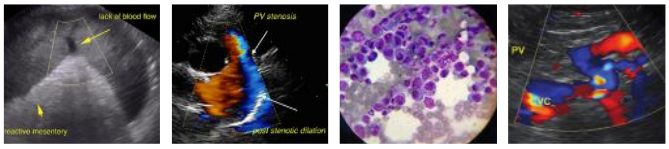
Liver/ Gallbladder

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 very minor particulate nondependent debris. The cystic and common bile ducts were normal.

Gastrointestinal

The stomach presented intact yet subjective prominent wall layering. The stomach was primarily empty with luminal gas and potential for minor retained fluid. The pylorus wall width measured 0.46 cm. The ventral gastric body wall width measured 0.42 cm.

The small intestine presented intact wall layering and primarily maintained 1:3 muscularis/mucosa ratio with segmental propensity for mildly prominent duodenojejunal mucosa. No evidence of mechanical /



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metabolic Ileus, obstructive pattern, or foreign material. The duodenum wall width measured 0.46 cm. The jejunum wall width measured 0.26 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 were evident.

Free Abdomen

Several mid abdominal mesenteric lymph nodes were present. These lymph nodes were homogenous, mildly hypoechoic and smoothly marginated. A normal width: length ratio was maintained (<0.5). Evidence of perilymphatic inflammation was evident. An example of lymph node size was 3.5 cm x 0.74 cm.

ULTRASONOGRAPHIC FINDINGS

- Gastroenteritis pattern
- Probable mid abdominal mesenteric lymphadenitis - suspect secondary to gastroenteritis or inflammatory bowel episode
- Mildly distended urinary bladder with mild nondependent particulate sediment and minor focal dependent mineral

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Given suspected bacteria in the urine, urine culture and sensitivity on a sterile urine sample obtained via cystocentesis Is recommended if not done.

Supportive care for acute gastroenteritis, if no previous history of gastrointestinal signs, should prove beneficial. Dietary indiscretion / food intolerance, Infectious gastroenteritis, parasitism, and enterotoxic insult are possible. Recheck sonogram to assess for progressive gastrointestinal mural changes and mesenteric lymphadenopathy +/- GI panel could be considered if persistent / progressive or recurrent gastrointestinal signs or if evidence of weight loss.

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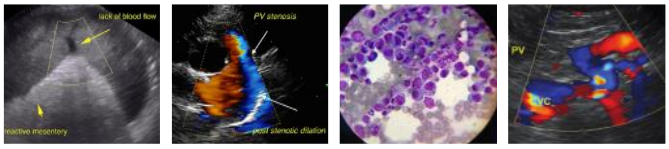

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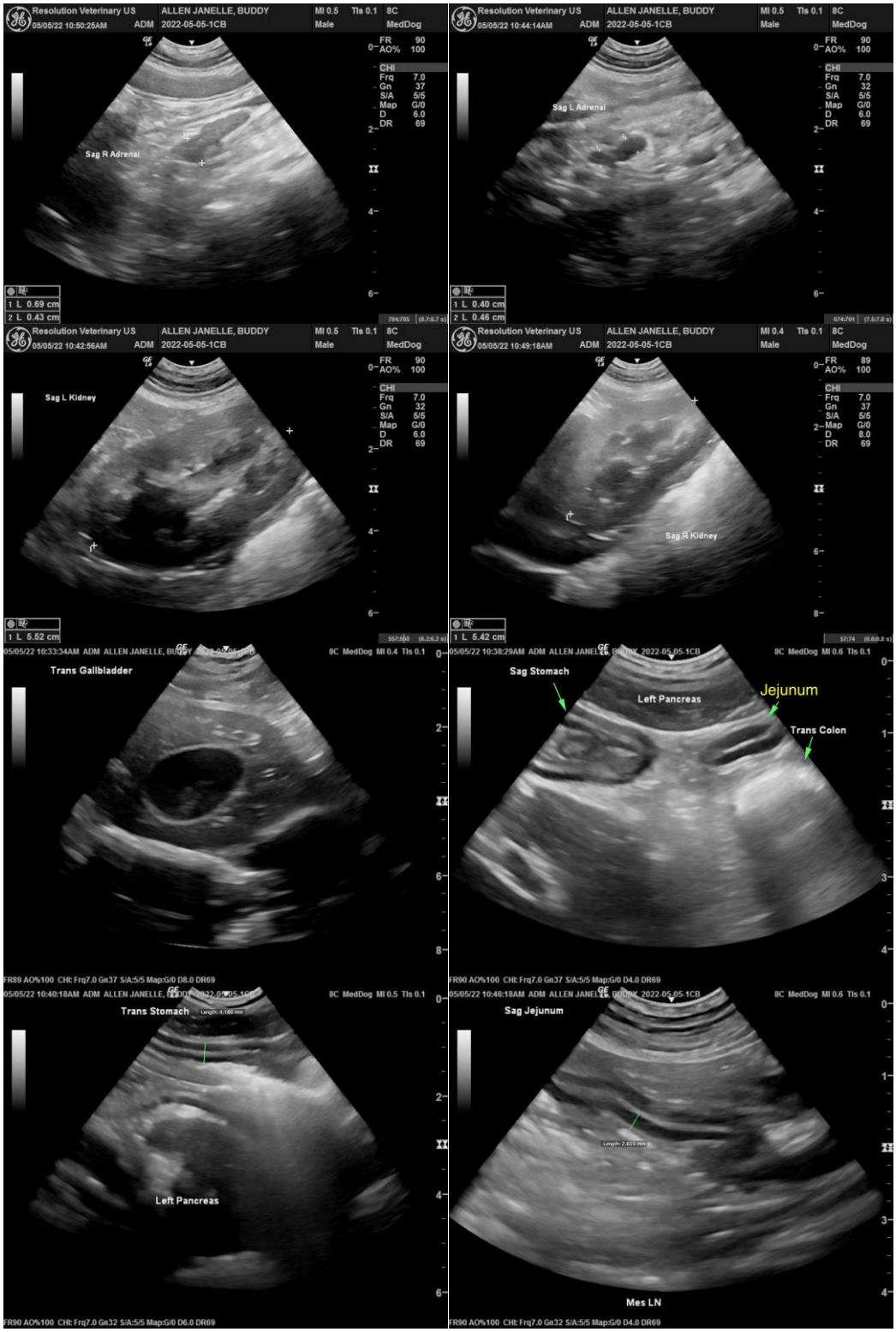

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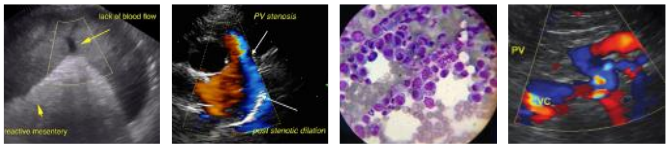

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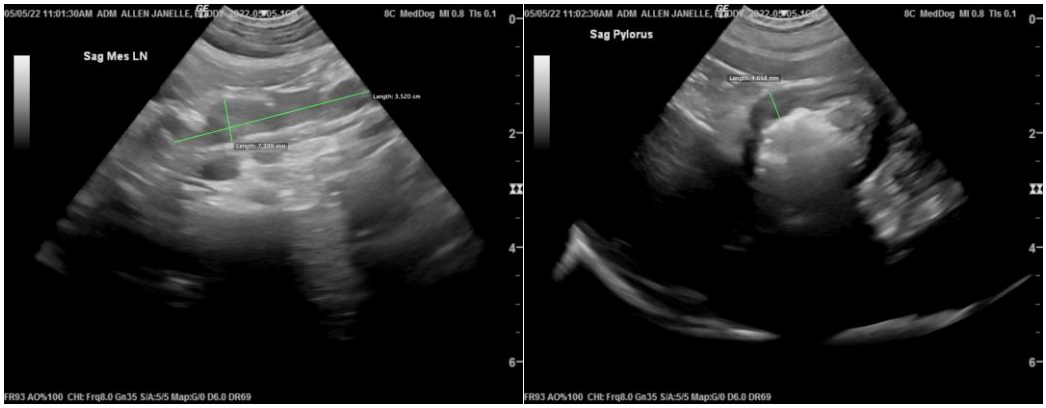

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)
info@SonoPath.com