



PATIENT

Lily Poweska

PRESENTING CLINICAL SIGNS

Chronic vomiting once a day for 3 weeks No diarrhea no soft stool

SPECIES

Canine

Abnormal PE/Chem/CBC/UA Results: CPLI-negative Comprehensive diarrhea panel-pending

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

BREED

Shih Tzu

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2 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.

SEX

FS

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 3.6 cm in length. The right kidney measured 4.2 cm in length.

AGE

3yr

The area of the aortic trifurcation was free of pathology.

Adrenal Glands

WEIGHT

15.6

The left and right adrenal glands were not definitively visualized. No obvious pathology was present in the area of the bilateral adrenal glands.

Spleen

INTERPRETED BY

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

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.Sharkaway

Liver/Gallbladder

HOSPITAL NAME

Kew Gardens
Animal Hospital

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. Normal hepatic vascular volume was present. 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.

REFERRING VET

Dr.Sharkaway

Gastrointestinal

INVOICE

14153ag

The stomach presented regional intact mildly thickened wall layering in the area of the ventral gastric body and ventral pylorus. The normal appearing gastric wall measured 0.23 cm, mildly thickened ventral gastric wall measured 0.55 cm in width. The ventral pylorus wall measured 0.57 cm in width, with a normal wall layer ratio. The lumen of the stomach contained mild variably echogenic non-shadowing ingesta with no signs of ileus, obstruction or foreign material.

DATE

06/19/2023

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 0.46 cm width. The jejunum wall measured 0.38 cm width.

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



PATIENT

Pancreas

Lily Poweska

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.

SPECIES

Canine

Free Abdomen

No omental masses, overt lymphadenopathy or peritoneal effusion was present.

BREED

Shih Tzu

ULTRASONOGRAPHIC FINDINGS

- Regional mildly thickened gastropyloric wall with mild gastric ingesta.
- Unremarkable small bowel/pancreas.

SEX

FS

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Overall, no overt evidence of significant abdominal visceral pathology i.e., neoplastic criteria or GI mechanical obstruction/foreign material. The regional mildly thickened gastropyloric wall may suggest inflammatory criteria i.e., gastritis or similar. Minor potential for very early infiltrative neoplasia is considered less likely.

AGE

3yr

Dietary indiscretion / food hypersensitivity, occult parasitism or occult Addison's disease are alternative considerations. No evidence of active pancreatitis. Concurrent enterocolic disease is considered less likely given lack of reported diarrhea or additional GI signs. Although considered unlikely, a resting cortisol level to rule out occult Addison's disease could be considered.

WEIGHT

15.6

Empirically, gastroprotectant protocol, canned hydrolyzed diet with smaller more frequent feedings and avoidance of dry food over the next 3 weeks with assessment of clinical response may prove beneficial. Therapy for helicobacter may be considered if persistent vomiting. Sonographic reassessment of the empty stomach +/- upper GI endoscopy pending additional diagnostics and assessment of medical therapy may be indicated.

INTERPRETED BY

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(Canine and Feline)

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AGE

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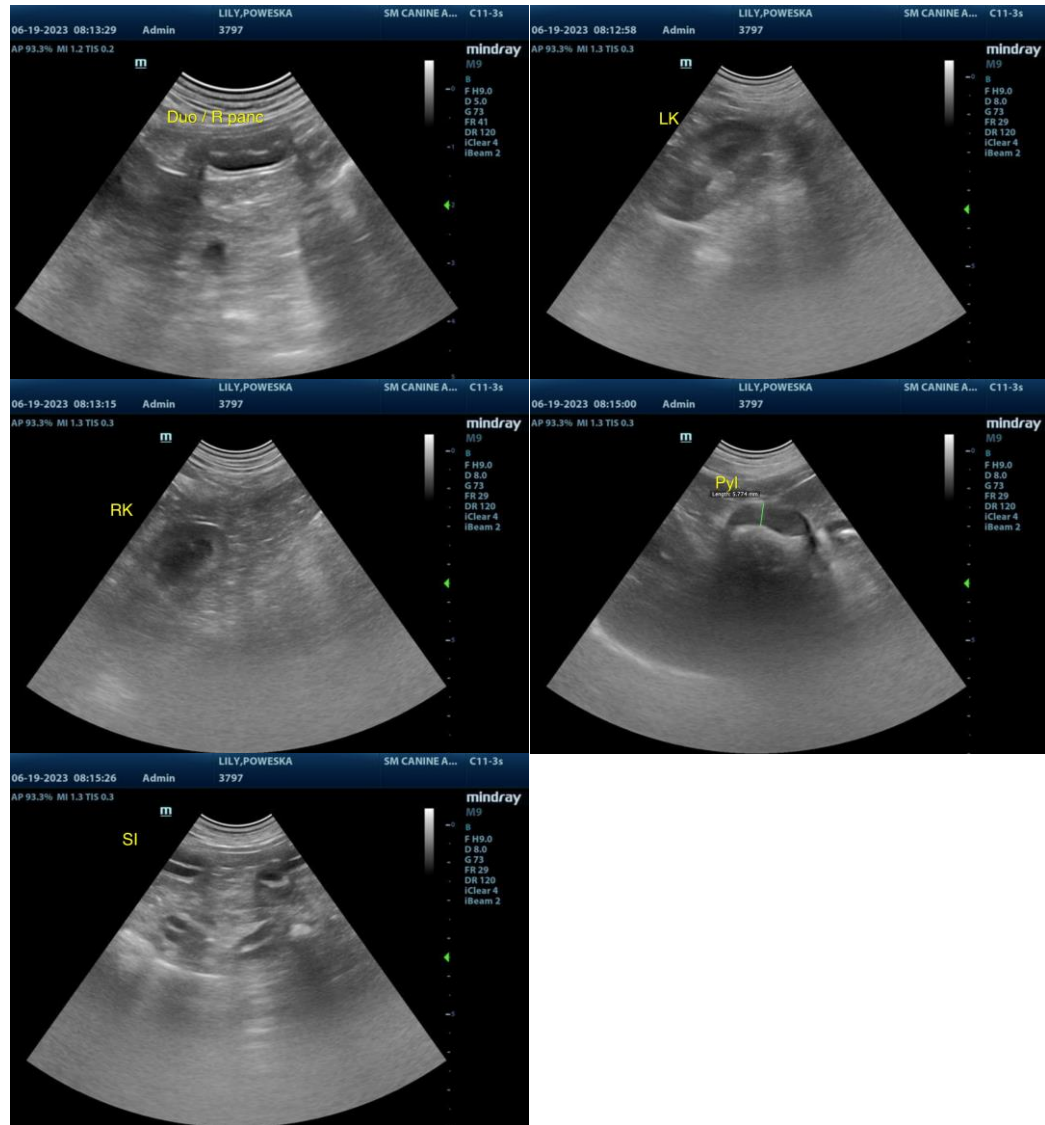
Dr.Sharkaway

INVOICE

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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