



PATIENT

Lilly Zito

PRESENTING CLINICAL SIGNS

Anorexia after dietary indiscretion

SPECIES

Canine

Abnormal PE/Chem/CBC/UA Results: ALP 395, CPL abnormal

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

BREED

Dachshund Mix

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 mild non-dependent particulate sediment. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes were noted.

SEX

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Normal size and margination were present in the kidneys. Mild cortical hypertrophy with reduced corticomedullary definition was present. Bilateral pinpoint medullary mineral and left kidney mild to moderate pyelectasia was present. The left kidney measured 5.3 cm in length. The right kidney measured 5.7 cm in length.

AGE

6yr

The area of the aortic trifurcation was free of pathology.

Adrenal Glands

WEIGHT

29lb

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.55 cm width at the caudal pole and 1.5 cm length. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.61 cm width at the caudal pole and 1.7 cm length.

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

Val Shumskaya

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. 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 with mild non-organized echogenic sediment. The cystic and common bile ducts were normal.

HOSPITAL NAME

Rockaway AH

REFERRING VET

Dr. Maniar

Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained moderate anechoic fluid and mild non-shadowing ingesta with no signs of ileus, obstruction or foreign material. The pylorus wall measured 0.41 cm in width.

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The small intestine presented intact wall layering with subtly prominent small intestinal submucosa layer. The lumen of the small intestine was empty with no signs of ileus, obstruction or foreign material. The duodenum wall measured 0.57 cm width. The jejunum wall measured 0.40 cm width.

DATE

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



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Pancreas

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The pancreas base and right pancreatic limb was normal in size and contour with subtle hypoechoic to heterogeneous parenchyma compared to adjacent omentum. No signs of active inflammation or neoplasia.

SPECIES

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Free Abdomen

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

BREED

Dachshund Mix

ULTRASONOGRAPHIC FINDINGS

- Mild urinary bladder sediment.
- Non-specific mild chronic renal changes with left kidney pyelectasia.
- Low grade benign hepatopathy.
- Mild gallbladder sediment (non-mucocele)
- Hypomotile stomach with mild retained fluid/non-shadowing ingesta.
- Mild inflammatory enteropathy pattern.
- Possible low grade pancreatitis.

SEX

FS

AGE

6yr

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No overt evidence of GI foreign material or obstructive pattern. Suspect metabolic/functional gastric stasis potentially owing to gastritis. Potential for inflammatory bowel episode/IBD in conjunction with potential low grade pancreatitis possible. No sonographic evidence of significant or active pancreatitis.

WEIGHT

29lb

Hospitalization with supportive care for inflammatory bowel episode given patient history and low grade pancreatitis with assessment of clinical response would be reasonable. Recheck sonogram to assess for progressive GI or pancreatic changes is suggested if persistent or progressive clinical signs despite empirical therapy.

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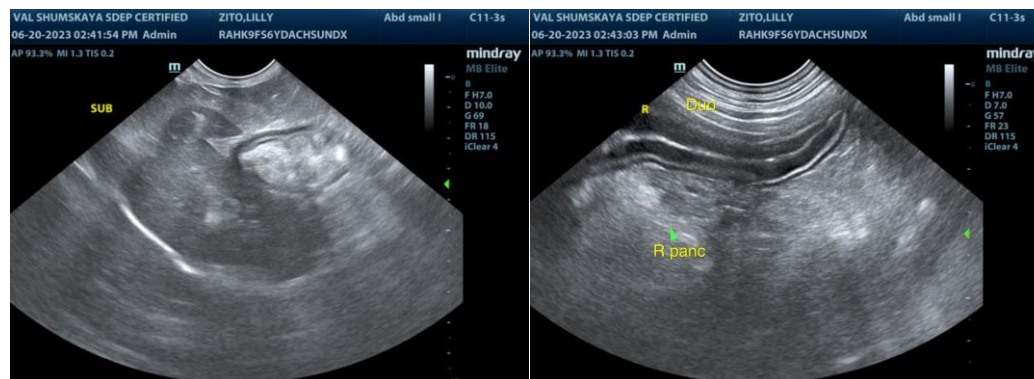
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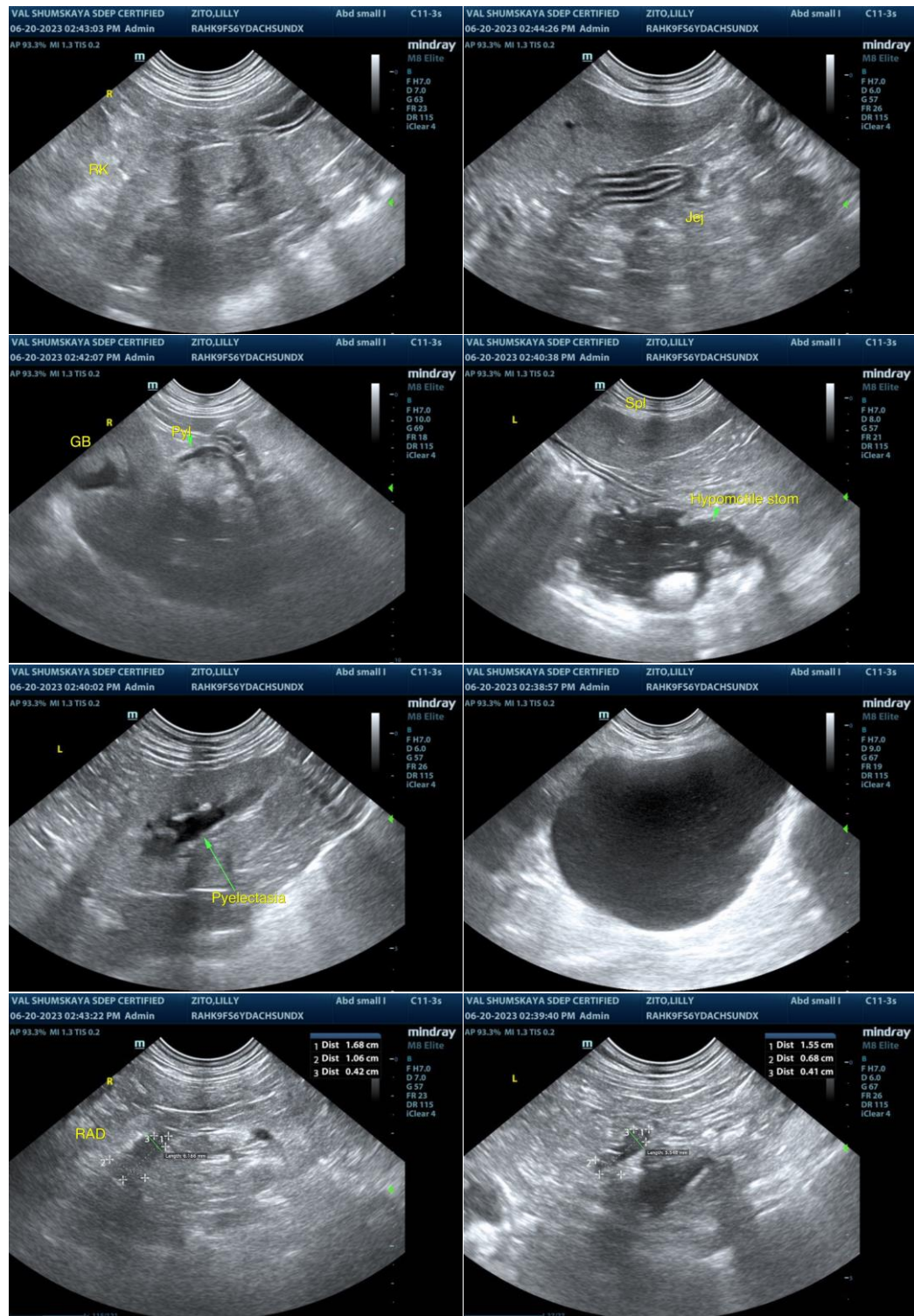
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.



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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.

SPECIES

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info@sonopath.com

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