



PATIENT

Poptart Stogsdill

SPECIES

Canine

BREED

Great Dane

SEX

FI

AGE

1

WEIGHT

45kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Kacie Edwards

HOSPITAL NAME

Boren Veterinary
Medical Teaching
Hospital - Oklahoma
State University

REFERRING VET

Dr. Pillai

INVOICE

14161ag

DATE

06/20/2023

PRESENTING CLINICAL SIGNS

PERTINENT CLINICAL HISTORY: Vomiting and Diarrhea for past three days and not eating. BW normal. Abdominal rads suggest gastroenteritis has history of getting into things. FAST scan showed abnormal looking right kidney with small amount of fluid painful in that area and suspect enlarged lymph node in abdomen. B lines in fast scan of thorax

LEADING DIFFERENTIAL/DIAGNOSIS: Aspiration pneumonia vs FB vs right kidney pyelonephritis vs Other

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 4 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.

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 8.2 cm in length. The right kidney measured 8.3 cm in length.

The area of the aortic trifurcation was free of pathology.

The area of the uterus and bilateral ovaries appeared normal and free of pathology.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.77 cm width at the caudal pole and 0.58 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 0.72 cm width at the caudal pole and 0.66 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. 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.

Gastrointestinal

The stomach presented wall thickening secondary to echogenic mucosa hypertrophy. Intact wall layering was maintained and distinct. The gastric body wall measured -cm width. Mild to moderate



PATIENT	retained primarily anechoic fluid and pyloric ingesta was present. The ventral gastric body wall measured 0.56 cm in width.
Poptart Stogsdill	
SPECIES	The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. Segmental mild hyperechoic jejunal mucosal speckling was present. The lumen of the small intestine was empty with no signs of ileus, obstruction or foreign material. The duodenum wall measured 0.53 cm width. The jejunum wall measured 0.42 cm width.
Canine	
BREED	Normal visible colon wall layers were present with minor semi formed feces in lumen.
Great Dane	
SEX	Pancreas
FI	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.
AGE	Free Abdomen
1	No omental masses or peritoneal effusion was present.
WEIGHT	ULTRASONOGRAPHIC FINDINGS
45kg	<ul style="list-style-type: none"> • Hypomotile gastritis. • Empty small bowel with intact wall layering and mild non-specific jejunal mucosal speckling. • Normal primarily empty colon with minor semi formed feces. • Normal pancreas. • Intermittent mild benign/reactive mesenteric lymph nodes- mild hyperplasia, reactive lymphadenitis or immunologic immaturity.
INTERPRETED BY	Secondary findings
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	<ul style="list-style-type: none"> • Normal right kidney-no evidence of right kidney pathology.
IMAGING PERFORMED BY	INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS
Kacie Edwards	Sonographically the GI tract is suggestive of acute to sub-acute inflammatory criteria with subjective metabolic/functional gastric stasis. No evidence of obstructive pattern or GI foreign material. No evidence of active/significant pancreatitis.
HOSPITAL NAME	Dietary indiscretion / food hypersensitivity, dysbiosis, enterotoxic insult, infectious disease, occult parasitism, occult Addison's disease, inflammatory bowel episode or low grade to chronic pancreatitis both of which may appear sonographically normal are all potentials. Infiltrative neoplasia is considered less likely.
Boren Veterinary Medical Teaching Hospital - Oklahoma State University	
REFERRING VET	No overt indication for immediate surgical intervention. Empirical therapy for gastroenteritis is recommended. A GI panel to include PLI/TLI/Cobalamin/Folate is recommended. Although considered unlikely considering normal adrenal presentation, a resting cortisol level to rule out occult Addison's disease is recommended.
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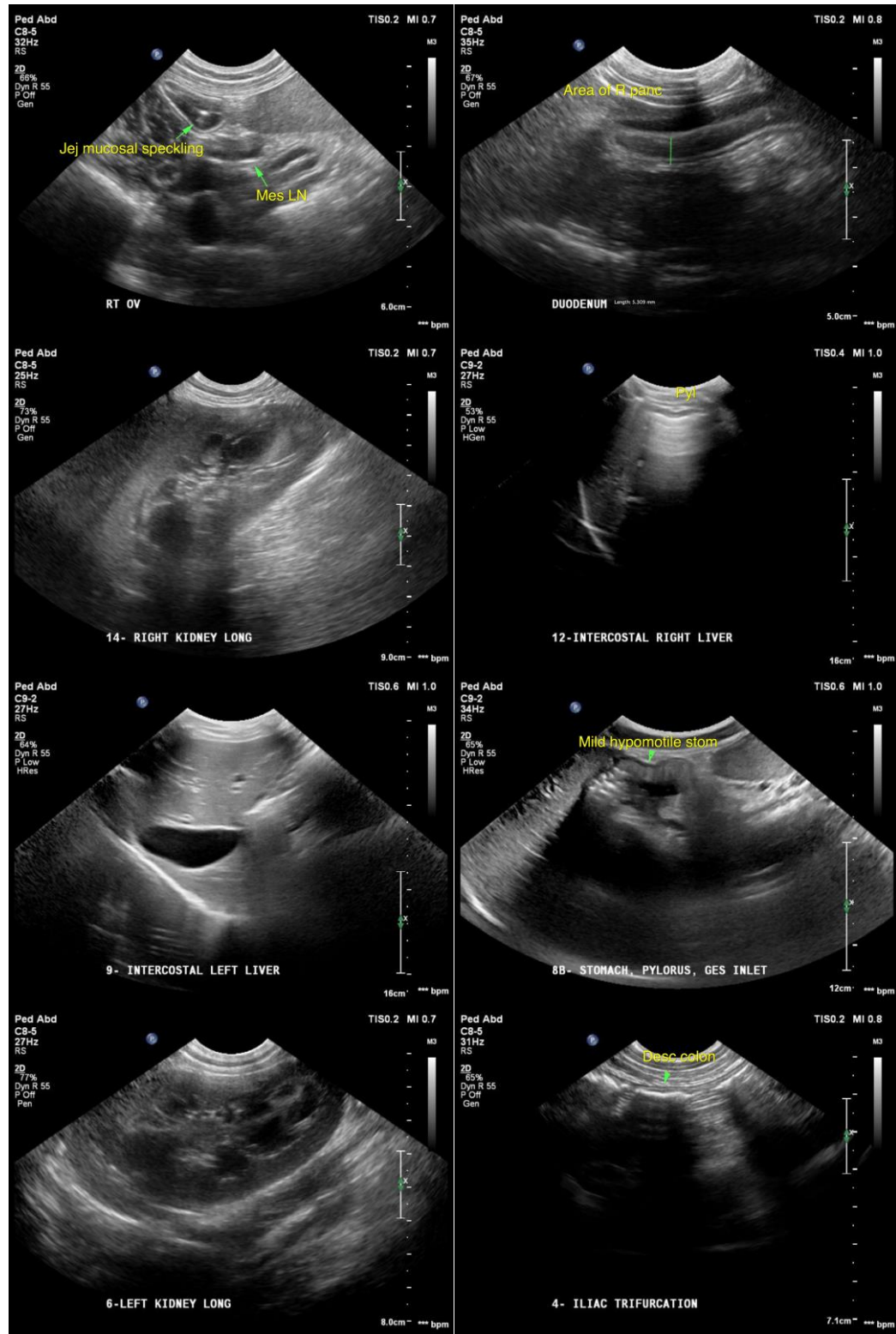
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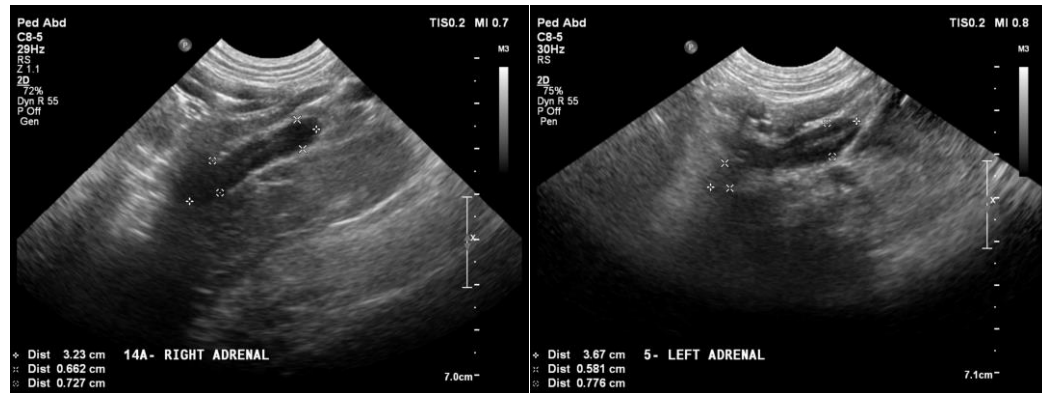
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

AGE

1

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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45kg

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info@sonopath.com

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