

PATIENT	PRESENTING CLINICAL SIGNS
Deuce Stueve	Vomiting r/o primary GI (dietary indiscretion, obstruction/partial obstruction, infectious (viral, bacterial, parasitic), non-infectious/inflammatory (IBD, allergy), toxin, neoplasia) vs. extra GI (pancreatitis, metabolic (renal vs. hepatic, other), endocrine (Addisons: typical vs atypical), neoplasia, other)
SPECIES	
Canine	Mild leukocytosis with neutrophilia and monocytosis and basophilia may occur in response to physiological reasons, release of corticosteroids, tissue (inflammatory) demand and regenerative anemias
BREED	
Australian Cattle Dog	Hyporexia is a non-specific clinical signs, likely secondary to an underlying systemic disorder. However, oropharyngeal, esophageal, gastric, intestinal discomfort (strictures, polyps, neoplasia, inflammatory disease), nausea from GIT disease, liver, metabolic causes need to be considered.
SEX	
Male	Hypersalivating
	CBC/Chem10: HCT 46.5, Lipase 194 U/L (200- 1800); GLU 126 mg/dl
AGE	
11 mo	EPOC: pO2 71.2 mmHg; TCO2 21.8
	3 view Radiographs read as NSF - however, concern for obstruction
	ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN
WEIGHT	<i>Urinary System</i>
19.2 kg	The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra 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.
INTERPRETED BY	
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	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 5.8 cm in length. The right kidney measured 6.2 cm in length.
IMAGING PERFORMED BY	
Dr. Peterson	The area of the aortic trifurcation was free of pathology.
HOSPITAL NAME	<i>Adrenal Glands</i>
Wilvet Salem	The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.39 cm width at the caudal pole and 0.35 cm width at the cranial pole. The right adrenal gland was indistinctly visualized subjectively measuring 0.48 cm width at the caudal pole.
REFERRING VET	<i>Spleen</i>
Dr. Peterson	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.
INVOICE	<i>Liver</i>
10946ag	
DATE	
06/25/2022	



PATIENT

Deuce Stueve

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 thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.

SPECIES

Canine

Gastrointestinal

The stomach presented wall thickening secondary to echogenic mucosa hypertrophy. Intact wall layering was maintained and distinct. Mild gastric distension with mild to moderate retained anechoic fluid was present. No overt evidence of gastric foreign material or mechanical pyloric outflow obstruction.

BREED

Australian Cattle Dog

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.

SEX

Male

The colon walls presented intact yet prominent wall layering with mild thickened to echogenic submucosa. Nonformed fecal matter was present in the colon lumen with lumen dilation. The colon wall measured 0.29 cm in width.

AGE

11 mo

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.

WEIGHT

19.2 kg

Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

INTERPRETED BY

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

ULTRASONOGRAPHIC FINDINGS

- Acute gastroenterocolitis pattern with mild gastric hypomotility

IMAGING PERFORMED BY

Dr. Peterson

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No evidence of GI obstruction or overt foreign material was noted in this study. Dietary indiscretion/food hypersensitivity, occult parasitism, gastroenterotoxic insult, infectious gastroenterocolitis or IBD possible. Empirical therapy should prove beneficial. No indication for surgical intervention. If persistent GI signs, a GI panel to include PLI/TLI/Cobalamin/Folate +/- a resting cortisol level to rule out occult Addison's disease is recommended.

HOSPITAL NAME

Wilvet Salem

REFERRING VET

Dr. Peterson

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SPECIES

Canine

BREED

Australian Cattle Dog

SEX

Male

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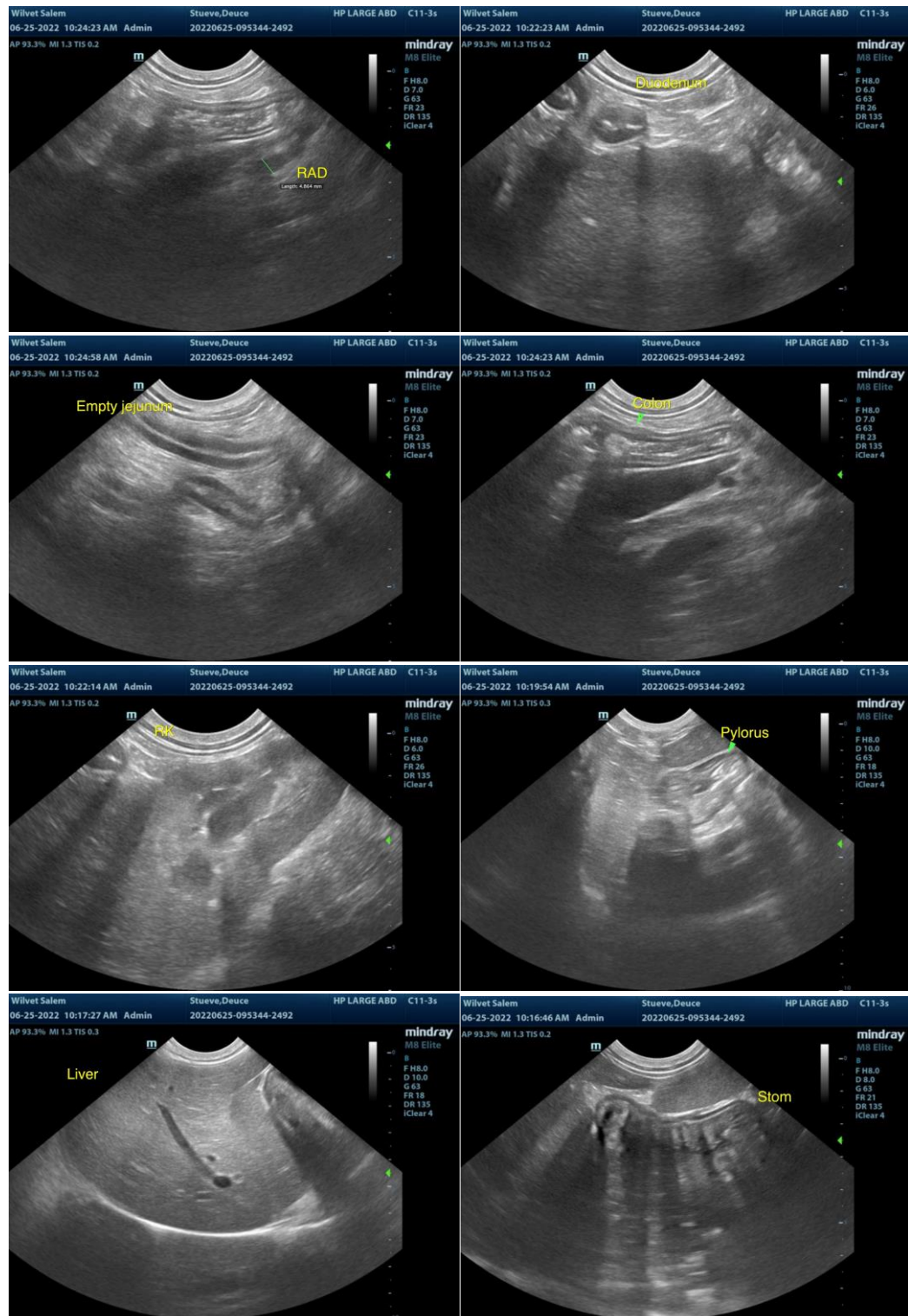
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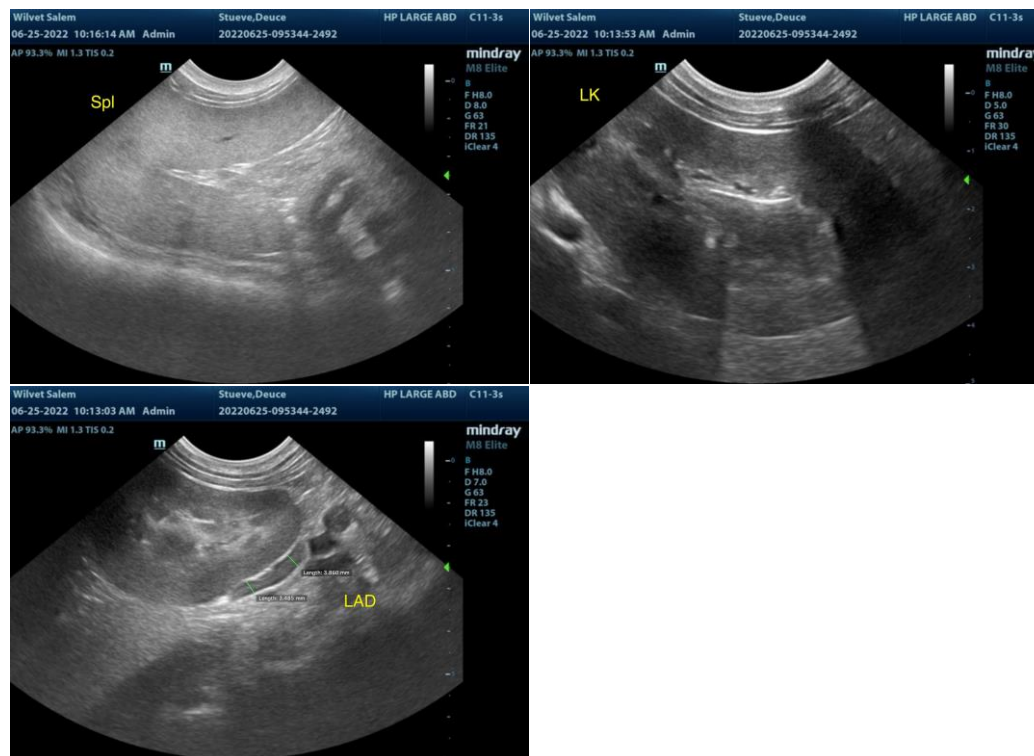
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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