



PATIENT	PRESENTING CLINICAL SIGNS
Memphis Meehan	vomiting up bile and not eating for about a week. not drinking as much. Came in to office 6/23 and got a cerenia inj. famotadine inj, cerenia to go home, was given sub q fluids and instructions for bland diet. no change in p.given 0.9ml torb IV for scan
SPECIES	Abnormal PE/Chem/CBC/UA Results
Canine	alt (hi) - 145, rbc(hi) - 905, mcv(lo) - 51.7
BREED	ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN
Blue Heeler	<i>Urinary System</i>
SEX	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.
F	
AGE	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 4.7 cm in length. The right kidney measured 5.3 cm in length.
4 years	
WEIGHT	The area of the aortic trifurcation was free of pathology.
59 lb	No overt pathology in the uterus or bilateral ovaries if clinically applicable.
INTERPRETED BY	<i>Adrenal Glands</i>
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	The left and right adrenal glands were not definitively visualized.
IMAGING PERFORMED BY	<i>Spleen</i>
Heather	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.
HOSPITAL NAME	<i>Liver</i>
ACC Flanders	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.
REFERRING VET	<i>Gastrointestinal</i>
Dr. Weagley	The stomach presented intact yet mildly prominent wall layering owing to subjective mildly prominent gastric mucosa. with a normal wall layer ratio. The lumen of the stomach was mildly distended with retained anechoic fluid in the fundus and gastric body along with nonshadowing chyme in the area of the mid gastric lumen and antrum.
INVOICE	
10940ag	
DATE	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.
06/25/2022	



PATIENT

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

Memphis Meehan

Pancreas

SPECIES

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.

Canine

Free Abdomen

BREED

No overt lymphadenopathy or peritoneal effusion was present.

Blue Heeler

ULTRASONOGRAPHIC FINDINGS

SEX

- Hypomotile stomach, possible hypomotile gastritis
- Sonographically unremarkable small bowel-no evidence of small bowel mechanical/metabolic ileus
- Overtly normal pancreas-no evidence of active pancreatitis
- Low grade hepatopathy-benign, metabolic reactive hepatopathy, potential for low grade inflammatory hepatopathy possible.

F

AGE

4 years

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

WEIGHT

No overt evidence of definitive pyloric outflow obstruction or upper GI foreign material however given the gastric presentation including retained anechoic fluid and chyme, this possibility cannot be definitively excluded. Hospitalization with 24-48 hour IVF and GI support with monitoring of the stomach for resolution of gastric stasis or persistent/progressive gastric hypomotility is recommended.

59 lb

INTERPRETED BY

A resting cortisol level to rule out occult Addison's disease is warranted.

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

A leptospirosis titer/PCR could be considered if progressive ALT elevation.

IMAGING PERFORMED BY

Heather

HOSPITAL NAME

ACC Flanders

REFERRING VET

Dr. Weagley

INVOICE

10940ag

DATE

06/25/2022



PATIENT

Memphis Meehan

SPECIES

Canine

BREED

Blue Heeler

SEX

F

AGE

4 years

WEIGHT

59 lb

INTERPRETED BY

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

IMAGING PERFORMED BY

Heather

HOSPITAL NAME

ACC Flanders

REFERRING VET

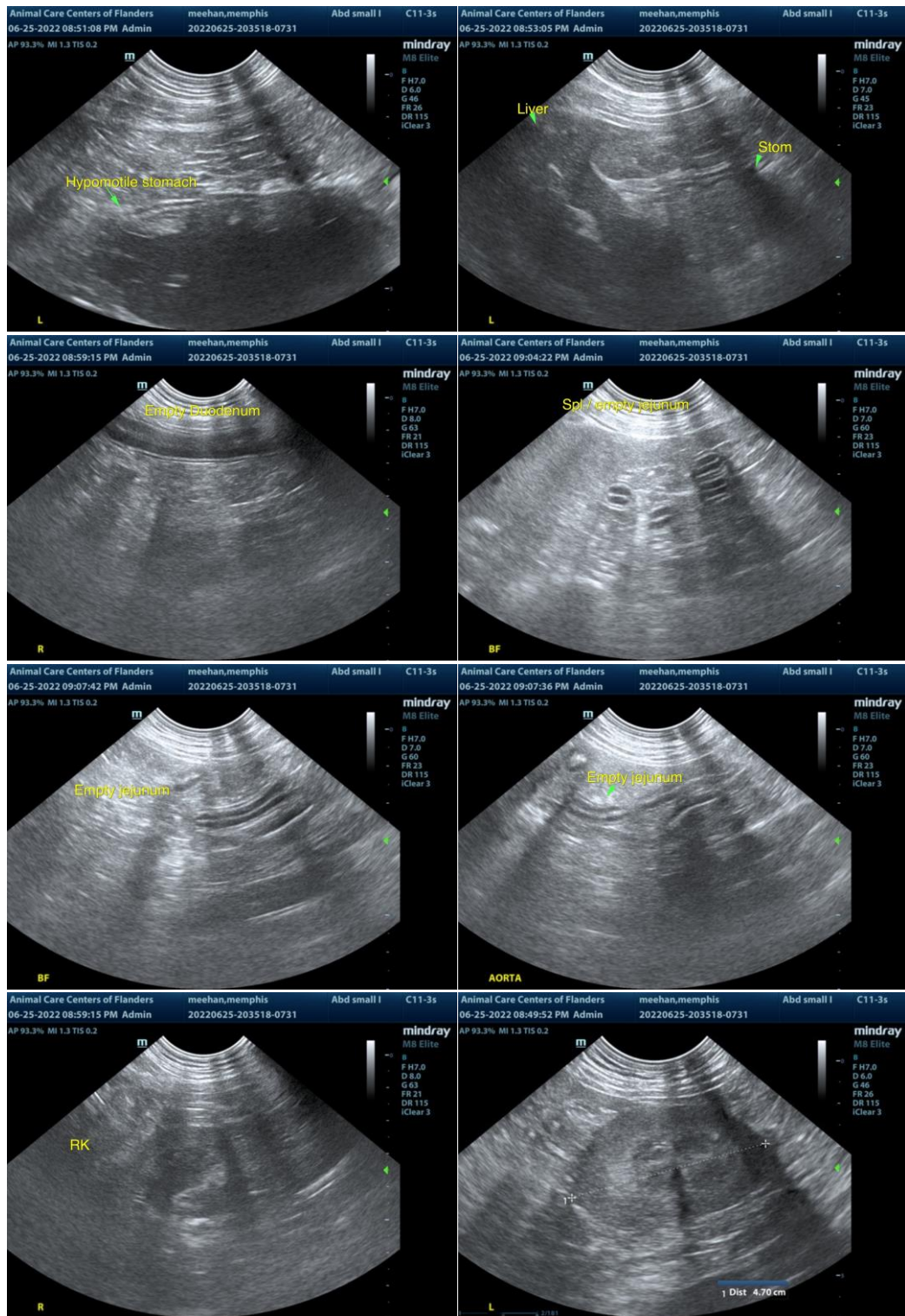
Dr. Weagley

INVOICE

10940ag

DATE

06/25/2022



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



PATIENT

can be of any further assistance please contact me.

Memphis Meehan

R. McKenzie Daniel, DVM, DABVP (Canine / Feline Practice)

info@SonoPath.com

SPECIES

Canine

BREED

Blue Heeler

SEX

F

AGE

4 years

WEIGHT

59 lb

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

Heather

HOSPITAL NAME

ACC Flanders

REFERRING VET

Dr. Weagley

INVOICE

10940ag

DATE

06/25/2022