

PATIENT

Woody Yates

SPECIES

Canine

BREED

Golden Retriever

SEX

MN

AGE

11yr

WEIGHT

52.5lb

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Beachy

HOSPITAL NAME

Willamette Veterinary
Hospital

REFERRING VET

Dr. Couser

INVOICE

10966ag

DATE

06/26/2022

PRESENTING CLINICAL SIGNS

Pt began V+, inappetant, loose stool, lethargic yesterday. Pt saw rDVM, BW determined pancreatitis, recommended hospitalization. Hx eating everything (grass from lawn mower, used kleenex, banana peels ect.) DVM physical exam findings: Lethargy, anorexia, vomiting x 1-2 days - R/O primary pancreatitis, neoplasia, abdominal disease, open

Abnormal PE/Chem/CBC/UA Results

CBC: HCT 60%, leukogram & PLT wnl

Chem: Glob 3.7, Chol 451, PrecisionPSL 5058, Amylase 7483, rest wnl.

EPOC: Glu 88, K 3.8, LAC 2.67, HCT 55%

PCV 60% TS 7.8 g/dl

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 3 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 was present in the kidneys. A normal 1:3 cortex / medulla ratio was maintained. The medulla and cortices were uniform in texture with some increased echogenicity and mild loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The left kidney measured 5.0 cm in length. The right kidney measured 6.8 cm in length.

The area of the aortic trifurcation was free of pathology.

No overt pathology in the area of the residual prostate.

Adrenal Glands

The left and right adrenal glands were not definitively visualized.

Spleen

The spleen exhibited overall normal size with primarily maintained finely textured and homogenous parenchyma with intermittent to multiple nondisruptive nonhomogeneous splenic nodules were present, an example measuring 1.3 cm.

Liver

The liver exhibited a solitary primarily uniform mildly hyperechoic nodule present in the left liver parenchyma measuring 3.2 cm in diameter. The liver parenchyma was otherwise mildly nonuniform and hypoechoic to the spleen with a moderate coarse echotexture and subjective mild to benign parenchymal remodeling. 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



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The stomach presented intact yet prominent wall layering with a normal wall layer ratio. As strongly shadowing luminal echo was present in the gastric body extending into the area of the antrum and pylorus. The echo measured approximately 2.0 cm in diameter.

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The duodenum exhibited intact to mildly thickened wall layering. Subjective duodenal plication was noted with hyperechoic to shadowing linear like echo in the duodenal lumen. The visualized jejunum and ileum to the level of the colon appeared to be sonographically normal without overt evidence of ileus, obstruction or foreign material.

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

Pancreas

The pancreas appeared mildly prominent with mildly swollen to asymmetrical contour and mild hypoechoic parenchyma within the pancreas base.

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Free Abdomen

Regional perigastric to peripancreatic hyperechoic mesentery with scant to mild volume peritoneal free fluid was noted.

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ULTRASONOGRAPHIC FINDINGS

- Gastric foreign body with suspected linear component extending into the duodenum with secondary duodenal plication
- Concurrent pancreatitis
- Hyperechoic cranial mesentery with scant to minor free fluid - possible peritonitis
- Hepatic parenchymal remodeling with solitary subjectively benign nodule - probable lipogranuloma
- Nonspecific splenic nodules

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Complicated case. Ex lap is recommended with expectation for gastrotomy and possible enterotomy given the gastric and likely duodenal foreign body. A brief recheck ultrasound prior to surgery is suggested to make sure the gastric foreign body has not moved. Concurrent pancreatitis and regional peritonitis may be a comorbidity in this case with concurrent pancreatitis/peritonitis therapy indicated post op. The splenic nodules are nonspecific with considerations may include hyperplasia, hematopoiesis, granulomas, small hematomas, secondary focal splenitis, or possible emerging neoplasia. Gross inspection of the spleen during surgery is recommended +/- sampling/FNA of a nodule or potential concurrent splenectomy if clinically indicated. Guarded to very guarded prognosis.

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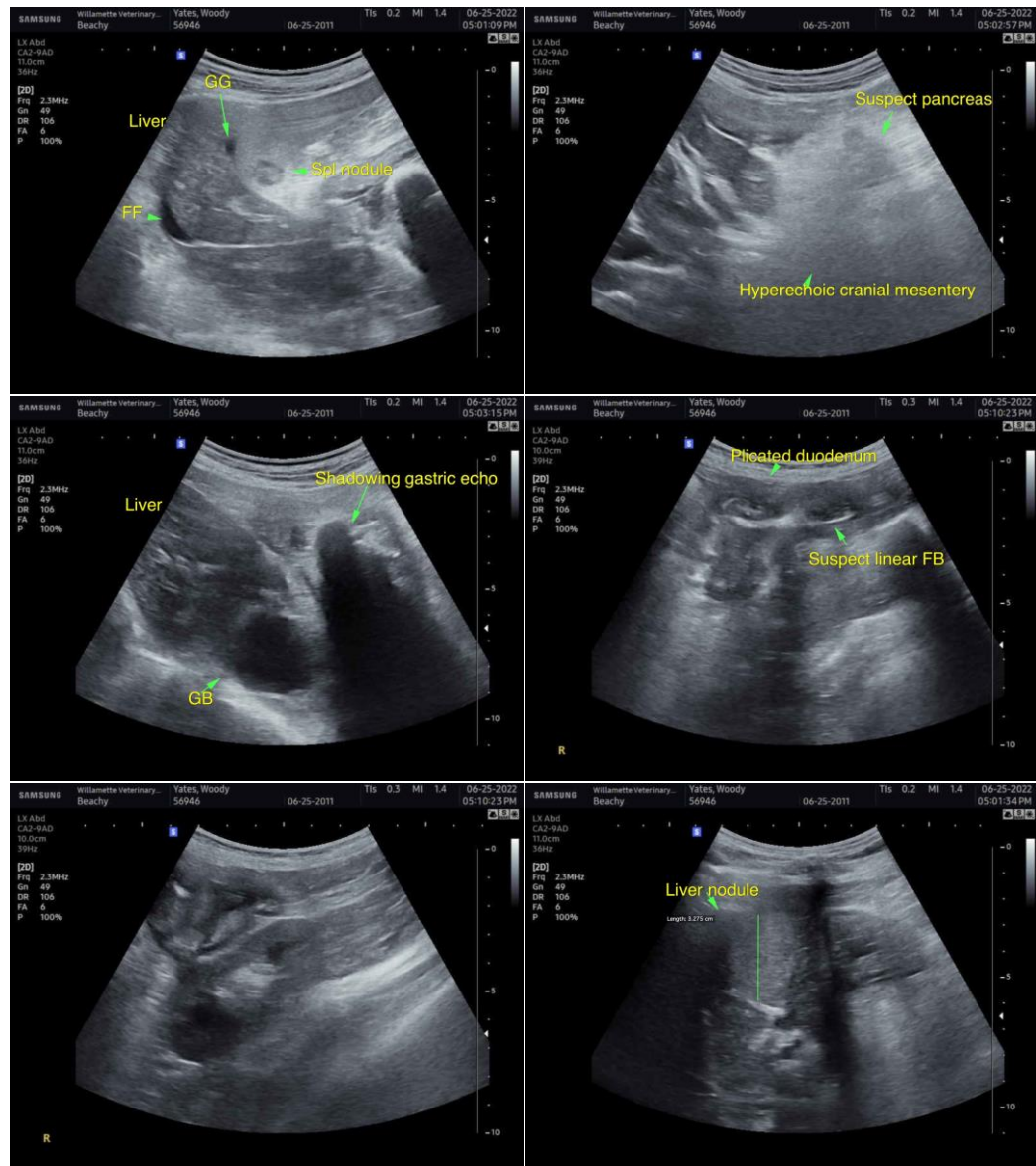
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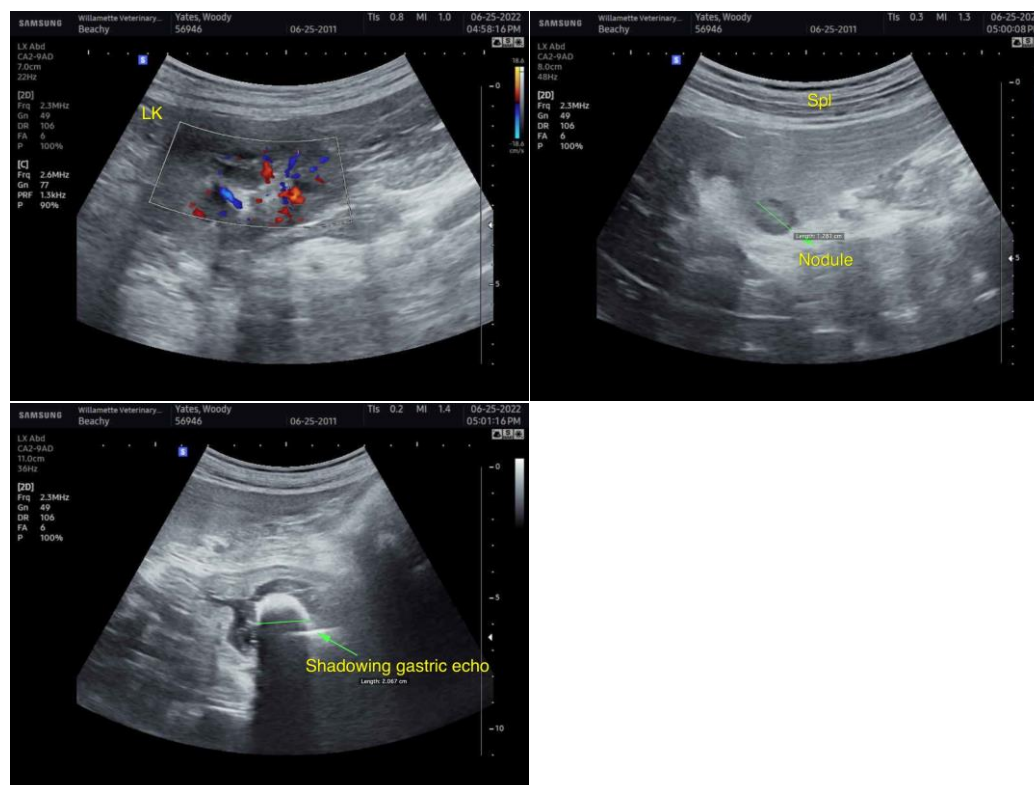
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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