



PATIENT

Libby MacMillan

PRESENTING CLINICAL SIGNS

7d hx of anorexia. Vomiting the first cpl days. Otherwise acting normal.

SPECIES

Canine

Abnormal PE/Chem/CBC/UA Results: PE normal. CBC - hemoconcentration (hct 62) Chem - wnl No UA. Barium study performed prior to US - did move to colon at time of US but slow progress.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

BREED

GSD

Urinary System

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.

SEX

FS

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 7.2 cm in length. The right kidney measured 7.2 cm in length.

AGE

7yr

The area of the aortic trifurcation was free of pathology.

WEIGHT

38kg

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.51 cm width at the caudal pole and 0.45 cm width at the cranial pole. The right adrenal gland was potentially mildly subnormal in size with normal contour and a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.32 cm width at the caudal pole and 0.35 cm width at the cranial pole.

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

Dr. Guenther

HOSPITAL NAME

Central Island
Veterinary Emergency
Hospital

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 vascular volume. 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.

REFERRING VET

Dr. Dyck

Gastrointestinal

INVOICE

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The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach was empty with no signs of ileus, obstruction or foreign material. The ventral gastric body wall measured 0.62 cm in width.

DATE

06/26/2023



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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. The duodenum wall measured 0.45 cm width. The jejunum wall measured 0.45 cm width.

SPECIES

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

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.

BREED

GSD

Free Abdomen

No omental masses or peritoneal effusion was present.

SEX

FS

Intermittent mildly prominent to enlarged mesenteric nodes were present. The lymph nodes were essentially isoechoic to adjacent omentum without evidence of peripheral inflammation and maintaining a normal width: length ratio (<0.5). An example measured 2.2 cm x 0.52 cm.

AGE

7yr

ULTRASONOGRAPHIC FINDINGS

- Sonographically unremarkable GI tract.
- Gallbladder debris (non-mucocele).
- Intermittent mild benign/reactive mesenteric lymph nodes.
- Normal pancreas.

WEIGHT

38kg

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Overall, there is no overt evidence of significant abdominal visceral specifically GI or pancreatic pathology as a definitive cause of the patient's clinical signs. No evidence of GI obstruction or foreign material.

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

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. Three view chest radiographs are recommended if not done to assess for occult thoracic pathology. As needed GI support is recommended.

IMAGING PERFORMED BY

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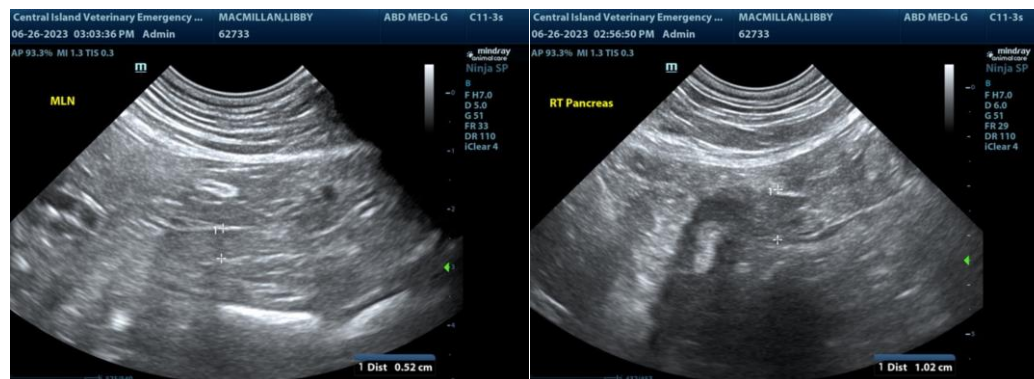
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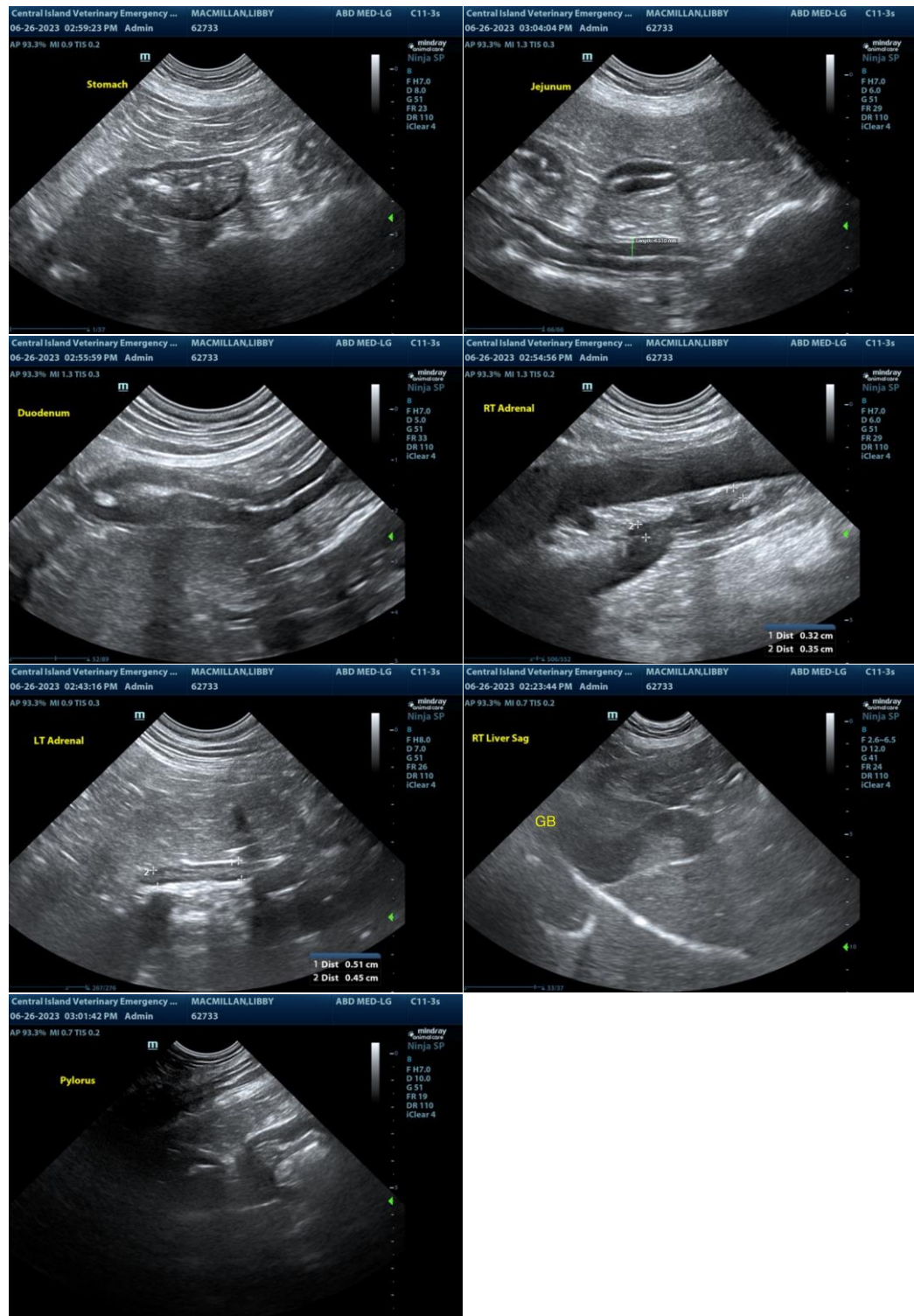
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.



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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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