



PATIENT

Porter Little

SPECIES

Canine

BREED

Labrador Retriever

SEX

MN

AGE

11yr

WEIGHT

70lb

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Jennifer Todd

HOSPITAL NAME

Lambs Gap Animal
Hospital

REFERRING VET

Dr. Jennifer Todd

INVOICE

14209ag

DATE

06/26/2023

PRESENTING CLINICAL SIGNS

Presented Friday 6/23/23 for vomiting this morning, and twice last week. Lethargic, decreased appetite today. Anemia with Hematocrit of 33%, reticulocytes normal. ALT and ALP mildly elevated, leukocytosis with neutrophilia today. Temp 102.3, painful on caudal abdominal palpation. UA WNL, fecal pending. Started Yunnan Baiyo, cerenia, metronidazole, bland diet on Friday

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 were 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 corticomodullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The left kidney measured 6.2 cm in length. The right kidney measured 6.2 cm in length.

The area of the aortic trifurcation was free of pathology.

The area of the residual prostate appeared normal and free of pathology.

Adrenal Glands

The bilateral adrenal glands were normal in size. Mild parenchyma heterogeneity and mild capsule asymmetry was present without suspicion for overt neoplasia. The left adrenal gland measured 2.8 cm length and 0.78 cm width in the caudal pole. The right adrenal gland measured 2.8 cm length and 0.95 cm width in the caudal pole.

Spleen

The spleen exhibited borderline to mild enlargement with primarily symmetrical contour and mild medial folding of the cranial spleen. Generalized subtle heterogenous parenchyma with intermittent non-disruptive non-homogenous nodules were present, an example of a caudal nodule measured 1.6 cm in diameter.

Liver/Gallbladder

The liver presented enlarged in size. The parenchyma of the liver was subjectively normal in echogenicity compared to the spleen and renal cortices. The liver parenchyma was uniform with a mildly coarse echotexture. The capsule of the liver was symmetrically rounded to mildly swollen in margination. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended in size with primarily anechoic luminal content. The cystic and common bile ducts were normal.

Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained moderate variably echogenic mild progressively shadowing ingesta with no signs of ileus, obstruction or foreign material. The ventral gastric body wall measured 0.40 cm in width.



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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 0.42 cm width.

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

Pancreas

The pancreas was normal in size and contour with isoechoic to heterogeneous parenchyma compared to adjacent omentum. No signs of active inflammation or neoplasia.

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Free Abdomen

No omental masses, overt lymphadenopathy or peritoneal effusion was present.

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ULTRASONOGRAPHIC FINDINGS

- Unremarkable GI tract with moderate variably echogenic ingesta.
- Mild remodeled pancreas.
- Subjective borderline/mild splenomegaly exhibiting parenchyma heterogeneity, intermittent non-specific heterogeneous splenic nodules-hyperplasia, hematopoiesis owing to mild anemia, incidental splenitis, infiltrative neoplasia all potentials.
- Low grade hepatopathy exhibiting mild parenchymal remodeling-subjectively benign.
- Unremarkable gallbladder.
- Mild chronic renal changes.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The presence of gastric ingesta is nonspecific and likely indicates post-prandial presentation. Correlation with most recent meal ingestion is recommended. If documented NPO prior to the ultrasound, the presence of gastric ingesta may indicate some degree of gastric hypomotility or metabolic stasis. The sonographic presentation of the ingesta was most consistent with food although technically the possibility of intermixed non-obstructive gastric foreign material cannot be definitively excluded.

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If documented NPO, hospitalization with 12-18 hour IVF, GI support and documented NPO with sonographic monitoring for gastric emptying would be reasonable.

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Assuming normal clotting status and using a 25g needle, a splenic parenchyma and accessible nodule FNA for screening cytology is warranted for further assessment.

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Assessment for evidence of cranial abdominal/subxiphoid discomfort on palpation which may allude to chronic/low grade pancreatitis that may appear sonographically normal is recommended. Correlation with a spec cPL could be considered.

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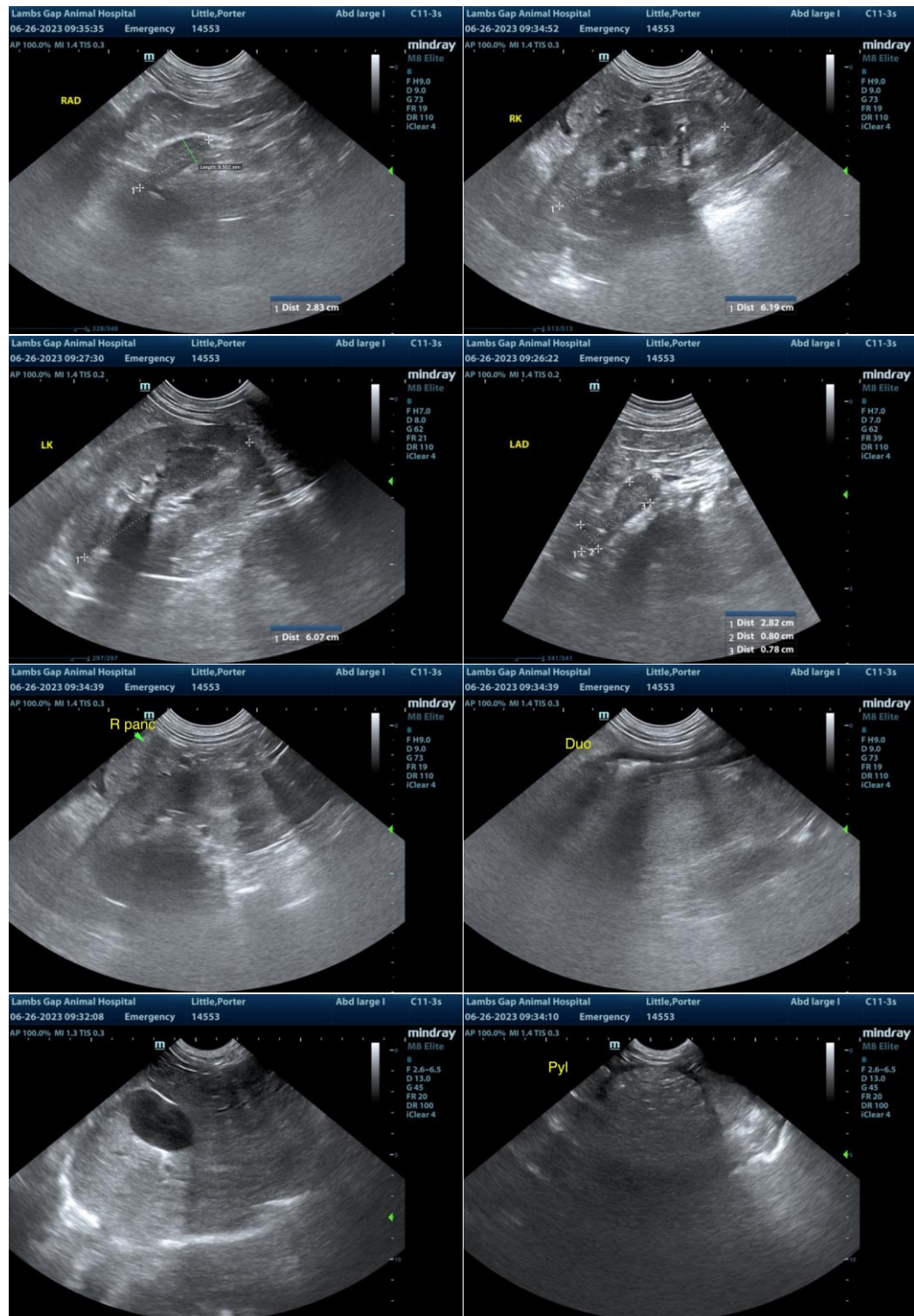
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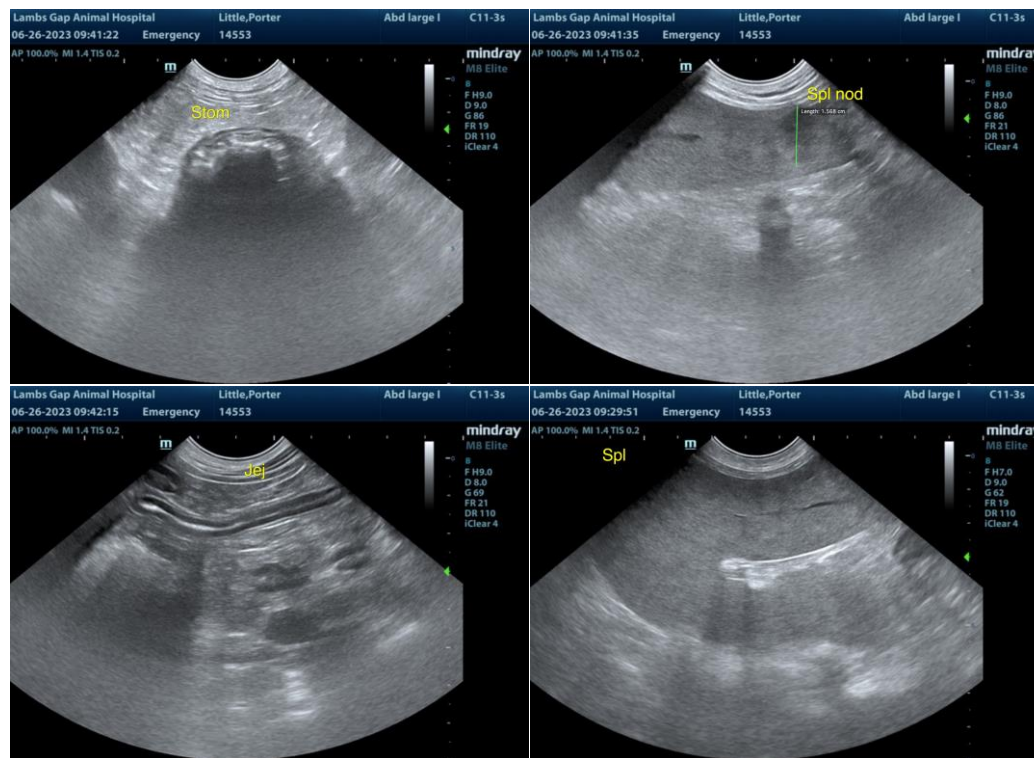
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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.

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