



PATIENT

Daisy Reno

SPECIES

Canine

BREED

Min Poodle

SEX

Spayed Female

AGE

11 Years

WEIGHT

5.7 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Callihan

HOSPITAL NAME

Animal Emergency
Hospital

REFERRING VET

Dr. Mullen- Chuckanut
Valley

INVOICE

16350

DATE

6/28/22

PRESENTING CLINICAL SIGNS

History: History of not feeling well since Friday, unable to rise in hindquarters; was taken to another vet on Saturday and was given Carprofen and Gabapentin but continues to refuse food and water for the most part. Today has been a little bit more mobile. Recent history includes generally dramatic increase in appetite and thirst over past month, appearing to have gained weight. No vomiting reported, no diarrhea. Urination normal. Her PE was remarkable for tenderness on abdominal palpation and spinal palpation. Treatments with Chuckanut: - Cerenia 1 mg/kg SC -Buprenorphine 0.06 mg SC. Brief ultrasound at Chuckanut was concerning for a section of abnormal intestine, primary concern was intussusception or mass. WT 5.7kg BCS: 7/9 Temp 101.0 HR/RR 144/min MENTATION: Appropriate mentation, BAR, interactive EENT: naf MM / ORAL CAVITY: MM pk, CRT 1.5 sec. Mms tacky PERIPHERAL LN: WNL CV/LUNGS: Lungs clear. RR and effort is wnl. CV: Auscults normally. Femoral pulses are strong and synchronous w/ heart sounds. ABD: Comfortable to palpation at this time. GAIT/ORTHO: she is quite weak in hind URO/GEN: WNL external exam RECTAL: n/a NEURO: CP's are significantly prolonged in both pelvic limbs COAT: dull thinning coat; skin surfaces intact Abnormal PE/Chem/CBC/UA Results: PE remarkable for: -abdominal pain appreciated earlier at rDVM, but is soft/comfortable at this time (was given buprenorphine) -Thin dull coat, mildly pendulous abdomen -slowed paw placement bilateral pelvic limbs, quite weak in hindquarters Labwork is not provided but comments from Dr. Mullen state it was normal other than abnormal cPL Radiographs were submitted for radiologist interpretation and report came back as no overt radiographic abnormalities in the abdomen; some hepatomegaly; possible narrowing of T13-L1

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2.0 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. Aortic trifurcation was normal.

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 corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The left kidney measured 3.6 cm in length. The right kidney measured 4.2 cm in length.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.49 cm width at the caudal pole and 0.5 cm width at the cranial pole.

The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.55 cm width at the caudal pole and 0.60 cm width at the cranial pole.

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.

Liver



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The liver exhibited potential for borderline to mild enlargement with normal structure and contour. The liver parenchyma was 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.

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The gallbladder was non-distended in size with primarily anechoic luminal content and mild congealed yet nonorganized nonmineralized luminal debris. No evidence of gallbladder or peripheral gallbladder inflammatory criteria. The cystic and common bile ducts were normal.

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Gastrointestinal

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.

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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.

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

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Pancreas

The pancreas was overall normal in size. The parenchyma of the pancreas base and right pancreatic limb was hyperechoic to adjacent omental fat with diffuse parenchyma remodeling. The capsule of the pancreas was mildly asymmetrical in contour without evidence of peripancreatic inflammation. These changes may suggest chronic inflammation, fibrosis, or saponification if previous history of pancreatitis. No overt signs of pancreatic neoplasia.

WEIGHT

5.7 kg

Free Abdomen

No omental masses, lymphadenopathy or peritoneal effusion was present.

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ULTRASONOGRAPHIC FINDINGS

- Mild age-related kidneys
- Chronic pancreatitis pattern, potential for pancreatic fibrosis
- Borderline to mild hepatomegaly, exhibiting minor parenchymal remodeling- benign
- Mild gallbladder debris (non-mucocele)

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Overall, no overt evidence of significant abdominal visceral pathology, i.e., neoplastic criteria, GI masses or other GI pathology.

The appearance of the pancreas was consistent with chronic pancreatitis +/- fibrosis and potentially may be associated with mild abdominal discomfort, if in the cranial abdomen/subxiphoid.

The gallbladder debris is likely incidental given the lack of hepatic enzyme elevations or cholestasis, potentially secondary to fasting.

Empirically, continued gastrointestinal support and therapy for chronic pancreatitis, if clinically indicated, would be reasonable.

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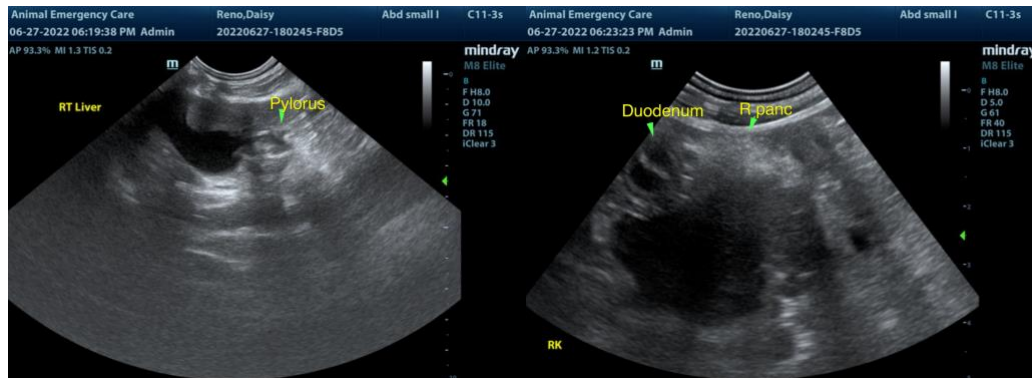
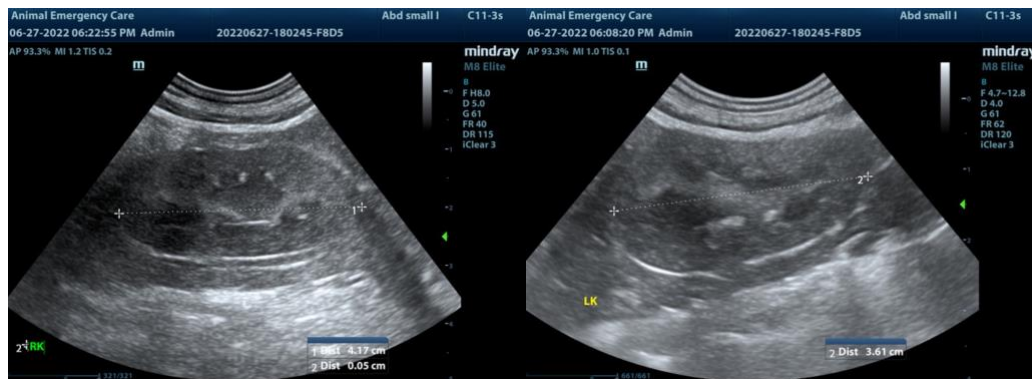
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)
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