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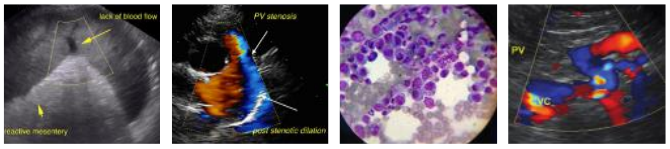

SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Lily Belle Schnellman

SPECIES

Canine

BREED

English Springer Spaniel

SEX

Spayed Female

AGE

20 Months

WEIGHT

46 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

James Hornbuckle

HOSPITAL NAME

Golden Isles AH

REFERRING VET

James Hornbuckle

INVOICE

16371

DATE

6/28/22

PRESENTING CLINICAL SIGNS

History: Lilly Belle presented yesterday for acute lethargy, cough, vomiting (2 episodes) and inappetance. PE-generally wnl, no dietary indiscretion but px does chew up soft toys from time to time. Px recently boarded in kennel known to have and ITB outbreak. Px is UTD on vaccines including bordatella and preventatives. U/S was ordered to further investigate inappetance and lethargy
Abnormal PE/Chem/CBC/UA Results: T-102.5, cbc/chem wnl

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.

No overt pathology in the area of the uterine remnant.

Normal size and margination was 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 6.8 cm in length. The right kidney measured 6.8 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 0.57 cm width at the caudal pole and 0.56 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 1.0 cm at the cranial pole and 0.74 cm width at the caudal 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

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.

Gastrointestinal

The stomach exhibited intact sonographically unremarkable wall layering in the area of the fundus and gastric body. The stomach was primarily empty with mild luminal gas. Subjective, mildly prominent yet intact wall layering owing to mildly prominent pyloric mucosa. No evidence of significant pyloric mural pathology or mechanical outflow obstruction.

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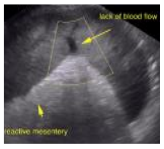
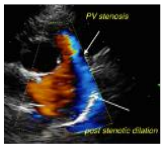
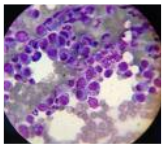
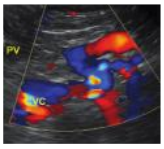

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The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. The lumen of the small intestine was empty with no evidence of mechanical/metabolic ileus or evidence of small intestinal foreign material. The pylorus wall potentially measured 0.53 cm. The duodenum wall measured 0.48 cm. The jejunum wall measured 0.40 cm.

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.

Free Abdomen

No omental masses, lymphadenopathy or peritoneal effusion was present.

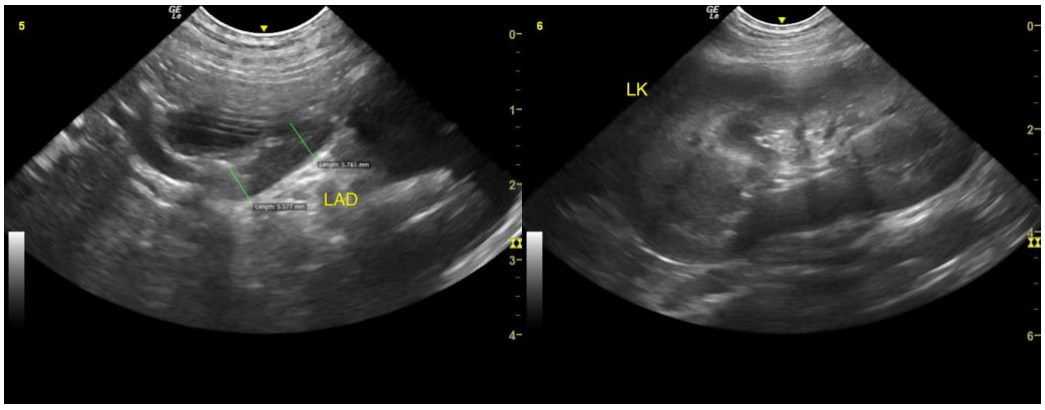
ULTRASONOGRAPHIC FINDINGS

- Sonographically unremarkable abdomen
- Possible mild pyloric gastritis

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No overt evidence of significant abdominal visceral pathology, including no evidence of significant gastrointestinal mural pathology, foreign material or mechanical/metabolic obstructive pattern. Potential for mild pyloric gastritis is possible as a contributing factor to the patients recent vomiting. Supportive care for gastritis would be reasonable.

Three-view chest radiographs are suggested (if not done) to assess for evidence of primary pulmonary disease and rule out evidence of esophageal abnormalities. Although considered unlikely, resting cortisol level to rule out occult Addisons disease could be considered.



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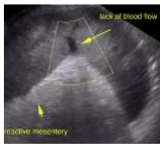
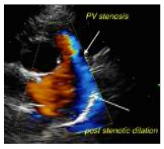
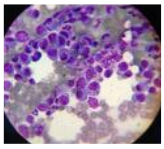
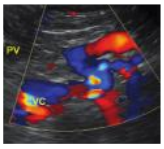

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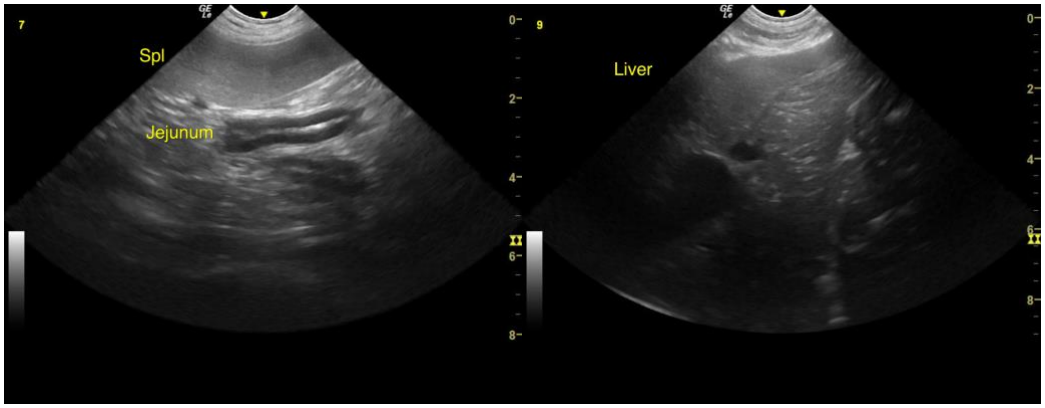

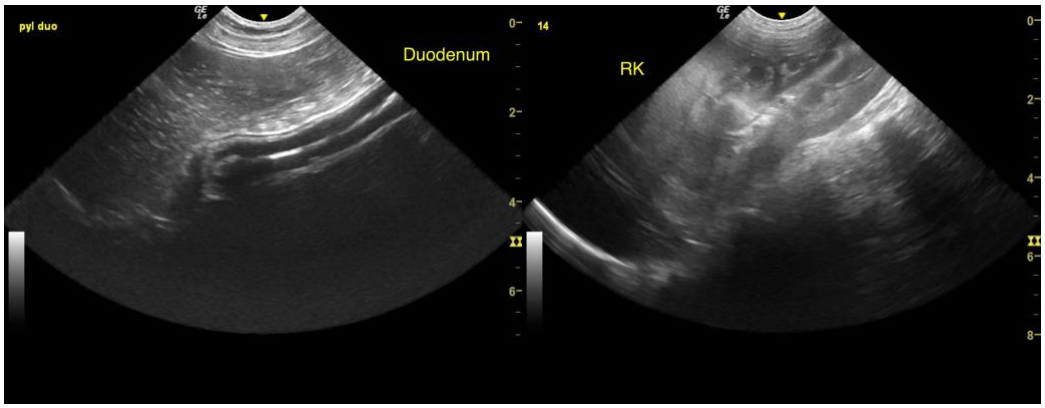

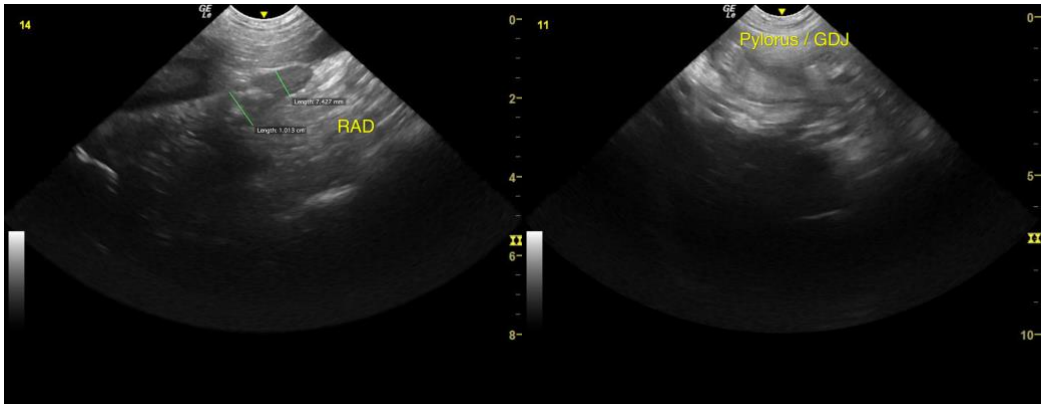

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)
info@SonoPath.com