



PATIENT

Chili Pepper Coughlin

SPECIES

Canine

BREED

Mixed

SEX

Spayed Female

AGE

1 Year 9 Months

WEIGHT

N/A

INTERPRETED BY

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

IMAGING PERFORMED BY

Val Shumskaya

HOSPITAL NAME

Pompton Lakes AH

REFERRING VET

Dr. McConnell

INVOICE

23115

DATE

6/29/23

PRESENTING CLINICAL SIGNS

History: Vomiting, pyrexia, 106.7 F on presentation, pos FB in stomach Current meds: Baytril, cefazolin, cerenia, famotidine, LRS fluids, rimadyl

Abnormal PE/Chem/CBC/UA Results: Neu 23.23, Pos 1.8, K+ 3.1

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. Primarily anechoic urine was present in the lumen. Mild to moderate particulate nondependent to swirling sediment was present without evidence of calculus formation. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic mural changes were noted.

No evidence of medial iliac or sublumbar lymphadenopathy or masses adjacent to the iliac trifurcation.

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 pyelectasia. The left kidney measured 5.3 cm in length. The right kidney measured 5.0 cm in length.

Adrenal Glands

Both adrenal glands were overtly normal in size, position and shape. The left adrenal gland measured 2.2 cm in length x 0.51 width at the caudal pole. The right adrenal gland measured 1.7 cm length x 0.66 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 presented intact normal wall layering. The stomach appeared to be mildly distended with lumen gas. No overt evidence of gastric distention with retained ingesta, overt fluid or foreign material.

The small intestine presented intact wall layering with maintained 1:3 muscularis/mucosa ratio. Focal to intermittent nonspecific hyperechoic duodenojejunal mucosal speckling was visualized. The lumen



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of the small intestine was empty with no signs of mechanical/metabolic ileus, obstruction pattern, foreign material or obstructive mural pathology. Mild segmental intestinal gas was noted.

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

SPECIES

Pancreas

Canine

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.

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Free Abdomen

No omental masses or evidence of peritoneal effusion was present.

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Intermittent, mid abdominal mildly prominent to enlarged mesenteric lymph 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 of lymph node measured 2.8 cm x 0.6 cm. These are not sonographically consistent with inflammatory or neoplastic criteria.

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ULTRASONOGRAPHIC FINDINGS

- Mild to moderate urinary bladder sediment
- Sonographically unremarkable gastrointestinal tract with mild gastric and segmental intestinal gas and nonspecific intermittent duodenojejunal mucosal speckling.
- Intermittent, benign mesenteric lymph nodes

WEIGHT

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Sonographically, no evidence of significant visceral pathology, including no evidence of gastrointestinal obstructive or foreign body as an obvious cause of the patients vomiting and pyrexia. Three view chest radiographs, if not done, are suggested to assess for occult intrathoracic pathology as a potential contributing factor. As needed gastrointestinal support and continued empirical therapy for fever of unknown origin is recommended. Infectious disease serology, as well as CBC pathology review could be considered if clinically indicated. The mild intestinal mucosal speckling is nonspecific but may be seen with nonspecific enteritis.

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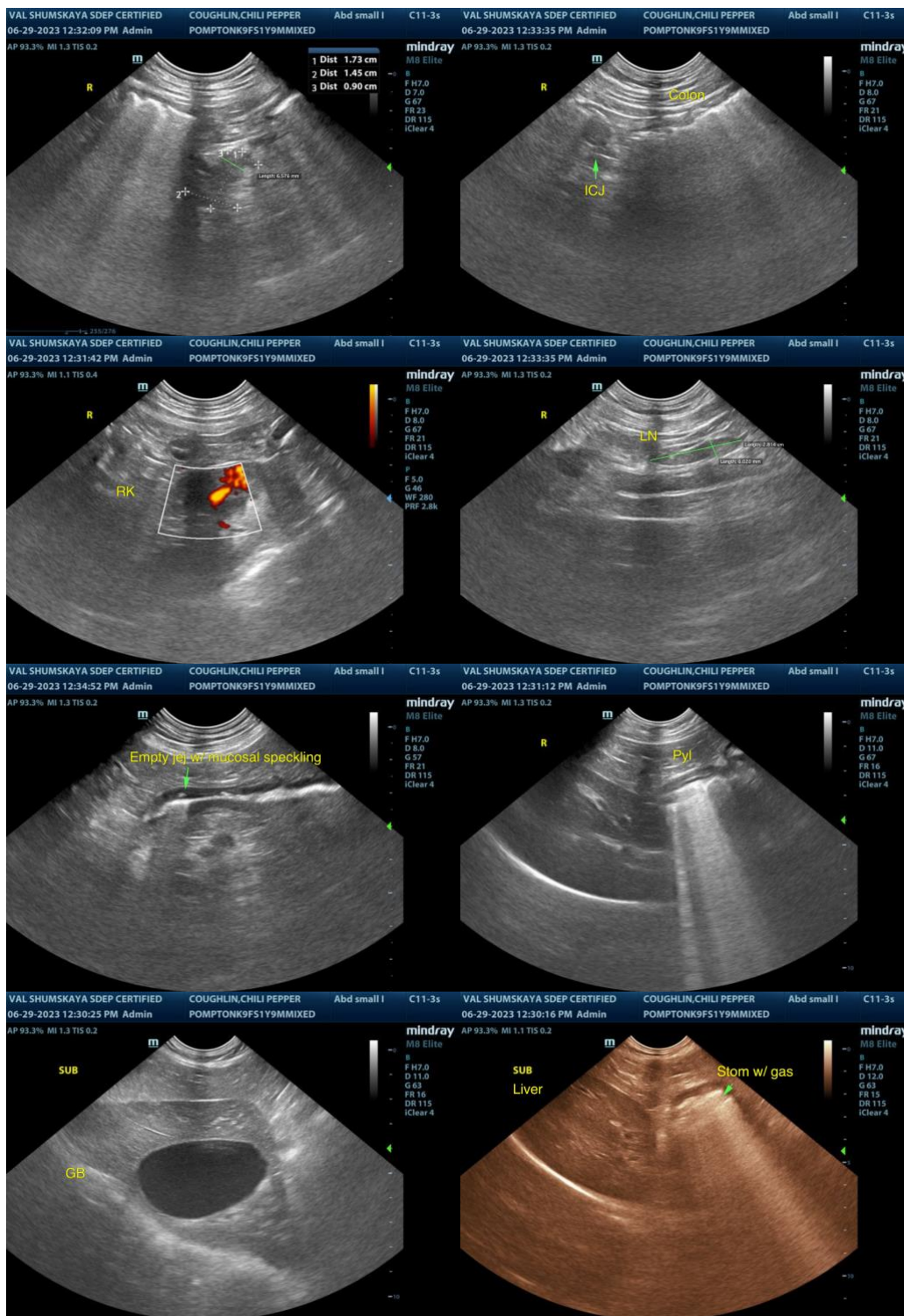
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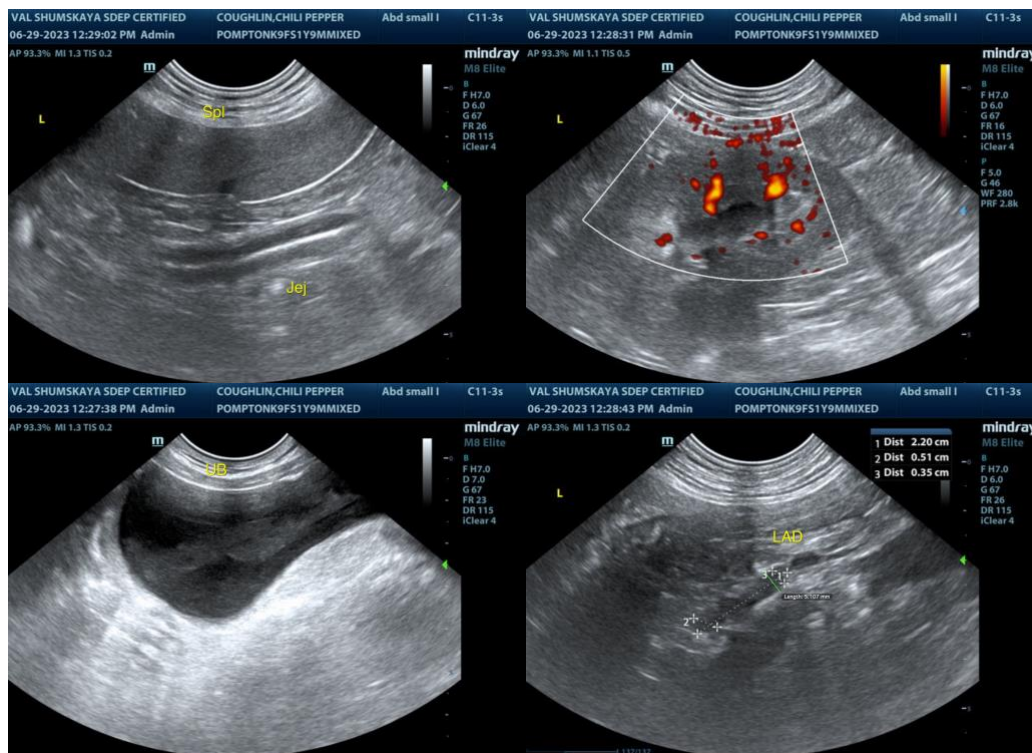
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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