



PATIENT

Joy Andress

SPECIES

Canine

BREED

Standard Poodle

SEX

Spayed Female

AGE

8 Years

WEIGHT

N/A

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

Shari Reffi, CVT

HOSPITAL NAME

Newton Vet

REFERRING VET

Dr. Kim

INVOICE

23116

DATE

6/29/23

PRESENTING CLINICAL SIGNS

History: Melena/Hematemesis. Current Meds: Prednisone, Zycortal.
Abnormal PE/Chem/CBC/UA Results: WBC 52.77; NEUT 49.3; HCT 32.6; TP 3.8; ALB 1.9; CHOL 112; K+ 3

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 5.0 cm exhibited normal thickness and tone. Primarily anechoic urine was present in the lumen. Mild nondependent particulate 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. The urinary bladder was otherwise normal.

The area of the aortic trifurcation was free of pathology.

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 5.8 cm in length. The right kidney measured 5.3 cm in length.

Adrenal Glands

Both adrenal glands were subnormal in size consistent with patient history. Normal position was noted with homogenous parenchyma. The right adrenal gland measured 1.7 cm in length x 0.32 cm at the caudal pole in width. The left adrenal gland measured 1.4 cm in length x 0.27 cm at the caudal pole in width.

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 thickened wall layering with indistinct wall layer detail. A focal area of hyperechoic mural speckling and distal reverberation artifact was noted, consistent with gastric ulcer present in the ventral aspect of the gastric body. The gastric body wall measured up to 0.80 cm. The stomach was primarily empty with concurrent mild luminal gas.



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The duodenum presented thickened wall layering with maintained to indistinct wall layer detail. Minor segmental duodenal ileus was noted without evidence of obstructive duodenal mural pathology. Variably echogenic duodenal mucosa was noted. The duodenal wall measured up to 0.9 cm. The jejunum and ileum, to the level of the colon, revealed intact wall layering with maintained 1:3 muscularis to mucosa ratio. The jejunum wall measured 0.38 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 peritoneal effusion was present.

Intermittent, mildly prominent homogenous pancreaticoduodenal 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).

ULTRASONOGRAPHIC FINDINGS

- Moderate to significant gastroduodenitis pattern with gastric ulcer
- Mild sonographically benign pancreaticoduodenal lymphadenopathy

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Suspect/probable upper gastrointestinal, moderate to significant, inflammatory criteria. Potential for focally ulcerative infiltrative upper gastrointestinal neoplasia is considered less likely yet cannot be definitively excluded given the potential for suppression of gastrointestinal mural changes owing to prednisolone therapy. Depending upon current prednisone dose, increasing prednisone dose, if concern for potential Addisonian crisis, with broad spectrum gastric protectant medication and assessment of clinical response could be considered. Upper gastrointestinal endoscopy is likely ideal for further clarification and potential for biopsies.



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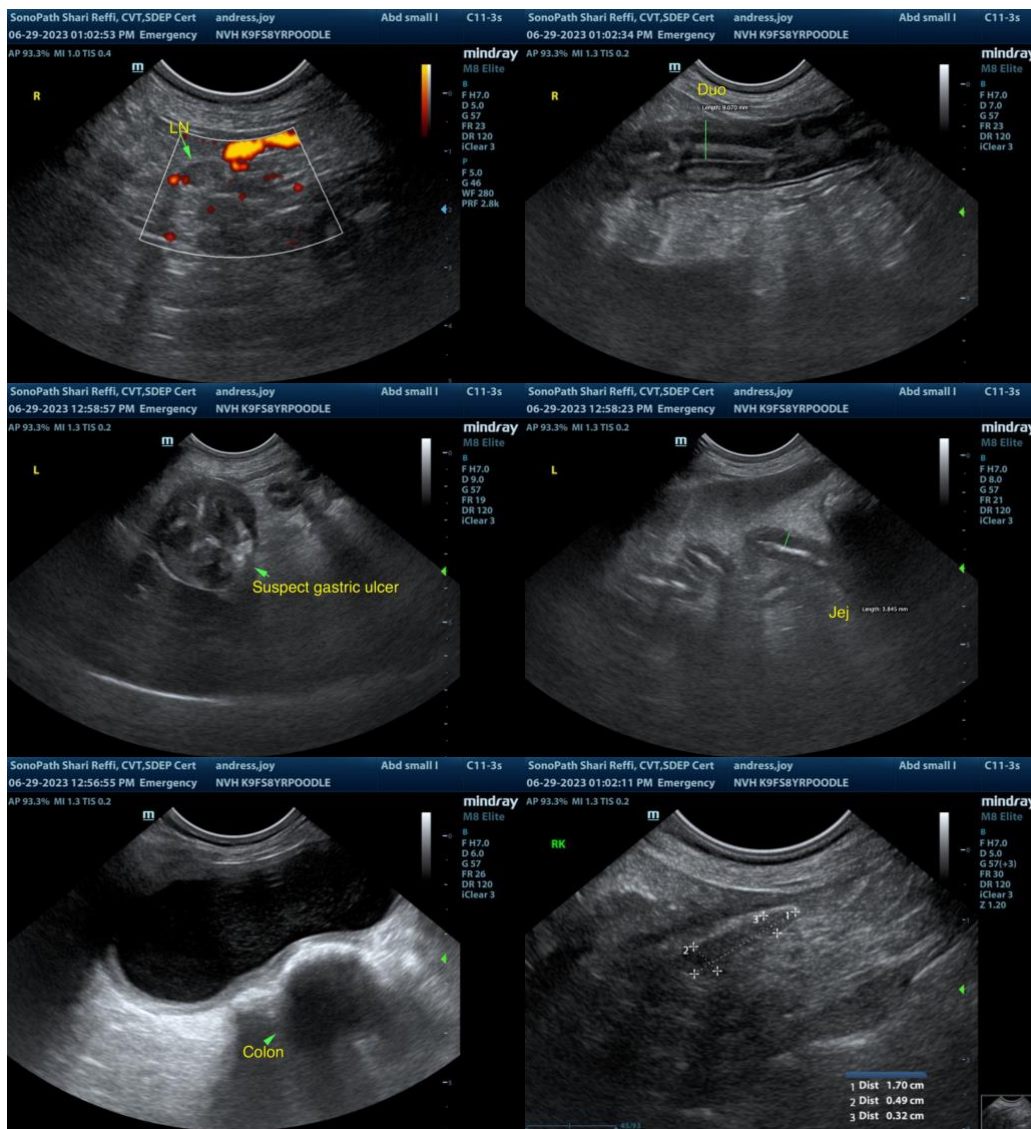
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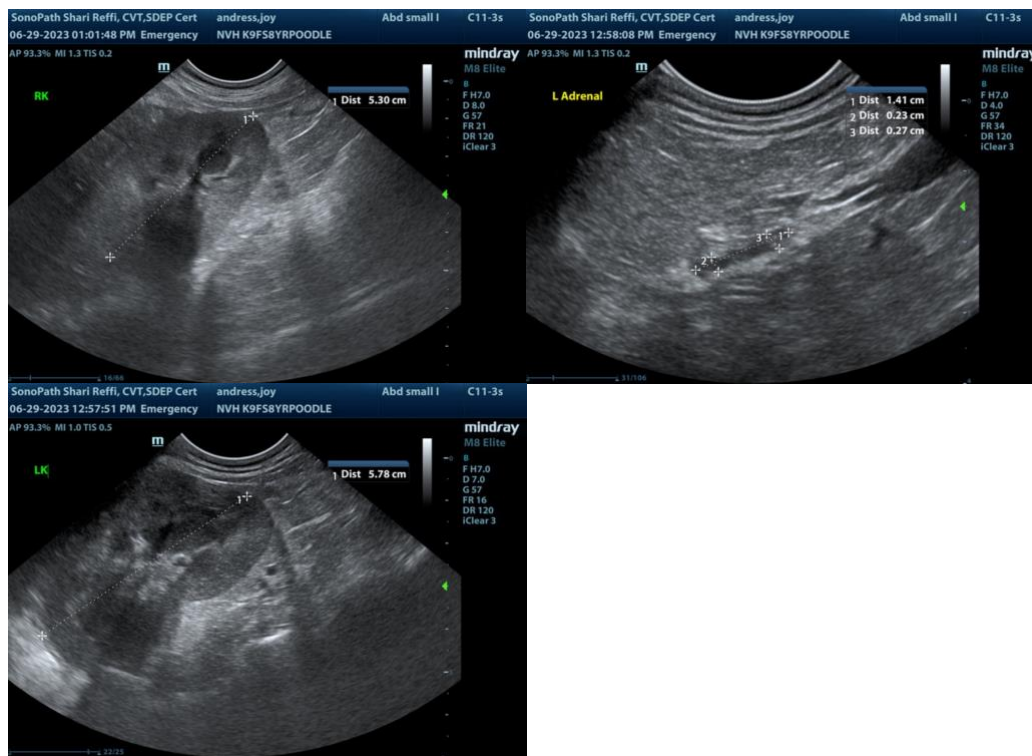
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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