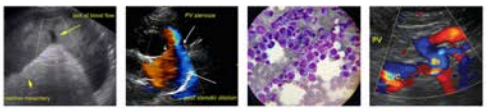


PATIENT

Snowfake Medeiros

SPECIES

Canine

BREED

Cocker Spaniel X

SEX

Spayed Female

AGE

7 Years

WEIGHT

4.9 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Pamela Harrigan, RDCS

HOSPITAL NAME

New England AMC

REFERRING VET

Dr. Lauren Rose

INVOICE

38439

DATE

6/6/22

PRESENTING CLINICAL SIGNS

Recent history of vomiting, hyporexia, lethargy. No diarrhea. Problem list: partial FBO, dietary indiscretion, passing infection, hypersensitivity) vs extra GI (pancreatitis, liver, renal, metabolic). CBC: Plt 51; Chem: WNL; cPL normal. Sedated with dexdomitor for study

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.

The area of the aortic trifurcation was free of pathology.

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 3.7 cm. The right kidney measured 3.7 cm.

Adrenal Glands

The adrenal glands were uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.29 cm at cranial pole and 0.38 cm at the caudal pole. The right adrenal gland measured 0.33 cm at the cranial pole and 0.40 cm 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

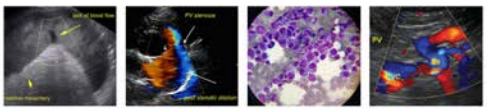
The liver was subjectively normal in size, structure, and contour. The liver parenchyma was uniform and hypoechoic to the spleen with a mild coarse echotexture. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.

Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach was empty with no signs of ileus, obstruction or foreign material. Mild luminal gas was present. Ventral gastric body wall measured 0.29 cm.

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. Duodenum wall measured 0.39 cm. Jejunum wall measured 0.35 cm.

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



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Pancreas

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

Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

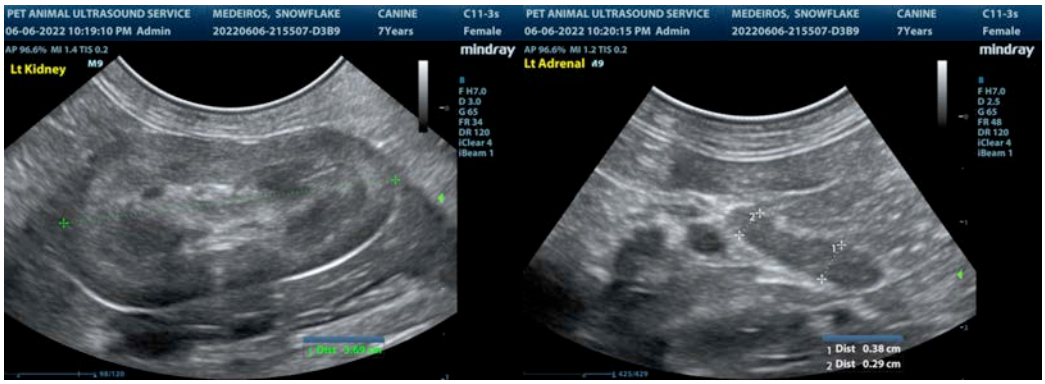
ULTRASONOGRAPHIC FINDINGS

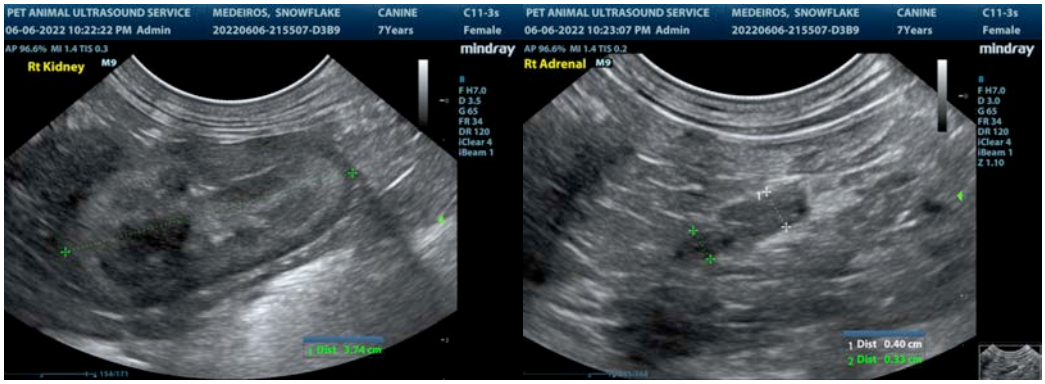
- Sonographically unremarkable gastrointestinal tract
- Subtle heterogeneous pancreas

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No evidence of significant visceral, specifically gastrointestinal or pancreatic pathology, as an obvious or definitive cause of the patient's recent clinical signs. Dietary intolerance/food allergy, occult parasitism, structurally insignificant inflammatory bowel or low-grade to chronic pancreatitis, both of which may present sonographically normal, could be possible. No sonographic evidence of gastrointestinal foreign material or active pancreatitis in conjunction with the normal cPL.

Gastrointestinal supportive care recommended and should prove beneficial. Although considered unlikely given the normal sonographic appearance of the bilateral adrenal glands, resting cortisol level to rule out occult Addison's disease may be considered.





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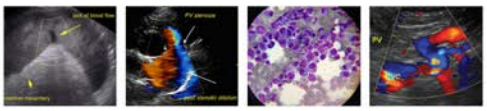

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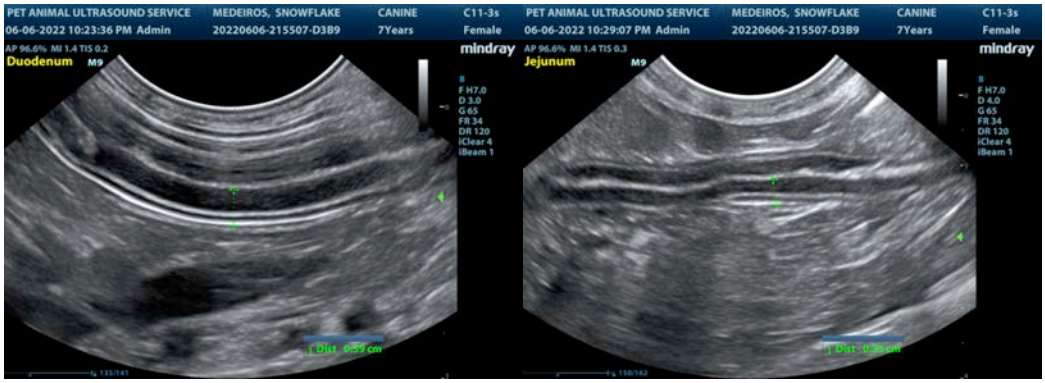

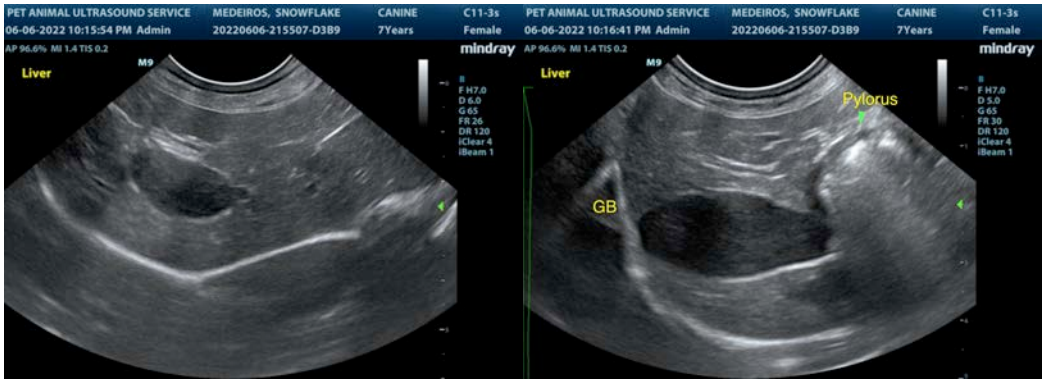

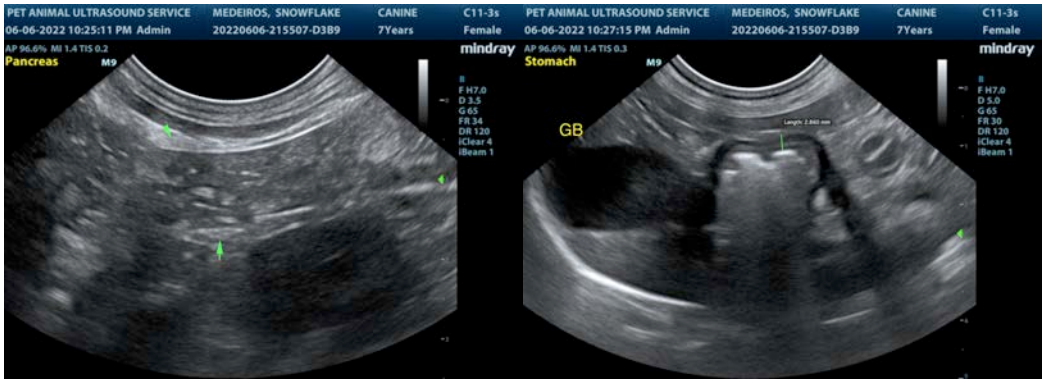

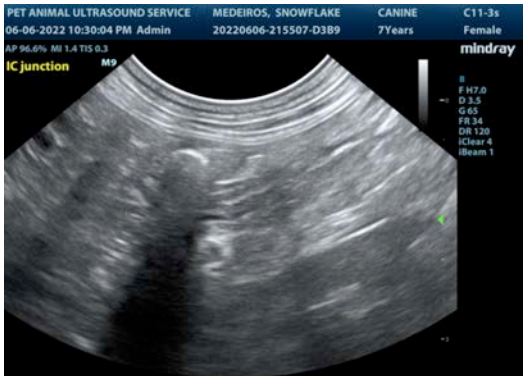

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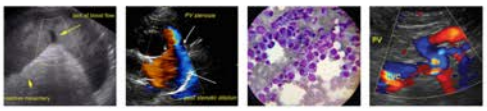

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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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