



PATIENT

Porkchop Perkins

SPECIES

Canine

BREED

AUstralian Shepherd

SEX

MN

AGE

12 years

WEIGHT

67.5 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Sara Hansen

HOSPITAL NAME

VCA Salem AH

REFERRING VET

Dr. Wermuth

INVOICE

14196

DATE

7/1/22

PRESENTING CLINICAL SIGNS

Porkchop presents into the ER today for refusing food for the past 2 days which is unlike him, refusing his treats that he normally loves like chicken and cheese, having some bloody diarrhea and vomiting, moaning and seems painful on abdomen when touched. Was at a kennel in McMinnville for 8 days, GI signs started 1 day after coming home. Treated with SQF, Cerenia, Diagel, Metronidazole. Was doing well 24h after exam but now not eating much today.

Abnormal PE/Chem/CBC/UA Results: CBC/chem nsf Radiographic Findings Findings: Orthogonal abdominal radiographs and a lateral radiograph of the thorax dated June 29, 2022 are available for evaluation (5 images total). No prior studies are available for comparison. Thorax: - Complete evaluation is limited due to lack of orthogonal views. - The cardiovascular structures, pulmonary parenchyma, and pleural space are normal. - The imaged portion of the trachea is normal. - A mild amount of transient fluid is noted in the caudal esophagus. - No intrathoracic lymphadenomegaly is present. Abdomen: - Peritoneal and retroperitoneal serosal detail are normal. - The stomach contains a moderate amount of gas. - The duodenum is mildly distended with gas on the left lateral view. The small intestine is otherwise diffusely of a uniform diameter and contains mild amounts of fluid and gas. - The colon contains a large amount of gas and a mild amount of formed feces. A small mineral focus is noted in the descending colon. - The liver is enlarged, extending caudal to the costal arch with round margins. - The spleen is also subjectively diffusely enlarged. - No abnormalities are noted in the visualized portion of the urinary bladder. The kidneys are not well visualized due to superimposition. Musculoskeletal: - A round, well-defined soft tissue mass is noted in the cutaneous tissues of the left caudal flank. - Bridging new bone formation is present ventral to multiple thoracolumbar intervertebral disc spaces consistent with spondylosis. - A few small round mineral foci are noted just caudal to the right ischiatic table. Assessment: Thorax: - Normal thorax on limited evaluation. Three-view thoracic radiographs could be considered for more complete evaluation if clinically warranted. Abdomen: - Mild duodenal distension may be secondary to focal duodenitis (e.g. associated with pancreatitis) or an early/partial mechanical obstruction. - Mild amount of colonic foreign material (mineral). - Hepatomegaly. This is a non-specific finding and differential diagnoses include vacuolar change, metabolic hepatopathy, endocrine disease, congestion, inflammation, and neoplasia. - Splenomegaly. Differential diagnoses include sedation (if administered), congestion, extramedullary hematopoiesis, lymphoid hyperplasia, or infiltrative neoplasia. Musculoskeletal: - Cutaneous nodule, left caudal flank. Consider granuloma, cyst, or neoplasia. - Mild changes at the right ischiatic table may be remodeling secondary to previous trauma or ligamentous enthesopathy.

Comments/recommendations: Abdominal ultrasound may be helpful for further evaluation of reported clinical signs and radiographic changes. Alternatively, consider repeat abdominal radiographs in 12-24 hours for re-evaluation.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 4.0 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 was noted.



PATIENT

No overt pathology was noted in the area of the residual prostate.

Porkchop Perkins

The area of the aortic trifurcation was free of pathology.

SPECIES

Canine

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 7.3 cm in length. The right kidney measured 6.0 cm in length. The right kidney exhibited subjective mild subnormal size compared to the left kidney. The right kidney, if subnormal, is likely a patient variant.

BREED

AUstralian Shepherd

Adrenal Glands

SEX

MN

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 2.6 cm length x 0.64 cm width at the caudal pole. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 2.6 cm length x 0.62 cm width at the caudal pole.

AGE

12 years

Spleen

WEIGHT

67.5 lbs.

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.

INTERPRETED BY

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

Liver/ Gallbladder

IMAGING PERFORMED BY

Sara Hansen

The liver presented mildly enlarged in size. The parenchyma of the liver was subjectively normal in echogenicity compared to the spleen and renal cortices. The liver parenchyma was uniform with a mildly coarse echotexture. The capsule of the liver was symmetrically rounded to mildly swollen in margination. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended in size with mild gallbladder debris. The cystic and common bile ducts were normal.

HOSPITAL NAME

VCA Salem AH

Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. Minor retained nonshadowing chyme was present.

REFERRING VET

Dr. Wermuth

The duodenum appeared to be mildly distended with retained nonshadowing chyme. No evidence of loss of intestinal wall layering or obstructive pathology was noted.

INVOICE

14196

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

Pancreas

DATE

7/1/22

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 were evident.



PATIENT

Free Abdomen

Porkchop Perkins

SPECIES

Canine

BREED

AUstralian Shepherd

SEX

MN

AGE

12 years

WEIGHT

67.5 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Sara Hansen

HOSPITAL NAME

VCA Salem AH

REFERRING VET

Dr. Wermuth

INVOICE

14196

DATE

7/1/22

Focal to Intermittent mesenteric lymph nodes were present. These lymph nodes were homogenous, mildly hypoechoic and smoothly margined. A normal width: length ratio was maintained (<0.5). Evidence of perilymphatic inflammation was evident. An example of lymph node size was 1.0 cm in diameter. No free fluid was noted.

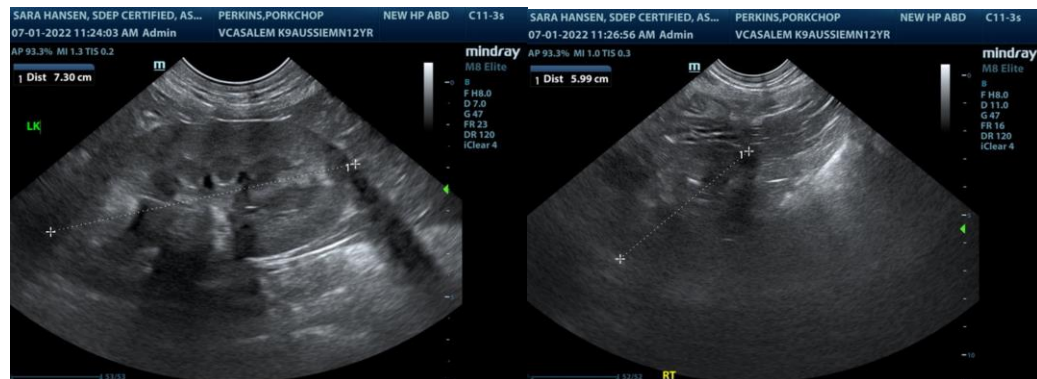
ULTRASONOGRAPHIC FINDINGS

- Sonographically unremarkable spleen - no evidence of neoplastic criteria was noted
- Mild hepatomegaly - benign, metabolic/reactive/vacuolar hepatopathy, less likely inflammatory hepatopathy without evidence of hepatic neoplasia
- Minor gallbladder debris - incidental
- Gastroenteritis pattern with suspect duodenal nonobstructive stasis
- Focal to intermittent mild mesenteric lymphadenopathy - suspect minor lymphadenitis owing to inflammatory bowel episode

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Dietary indiscretion / food intolerance, occult parasitism, and structurally insignificant inflammatory bowel are possible. Overall, no overt evidence of significant visceral, specifically hepatosplenic or gastrointestinal pathology was noted. Potential for low-grade pancreatitis could be present yet sonographically normal. Correlation with a Spec cPL could be considered if clinically indicated.

Continued supportive care for gastroenteritis should prove beneficial.





PATIENT

Porkchop Perkins

SPECIES

Canine

BREED

Australian Shepherd

SEX

MN

AGE

12 years

WEIGHT

67.5 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Sara Hansen

HOSPITAL NAME

VCA Salem AH

REFERRING VET

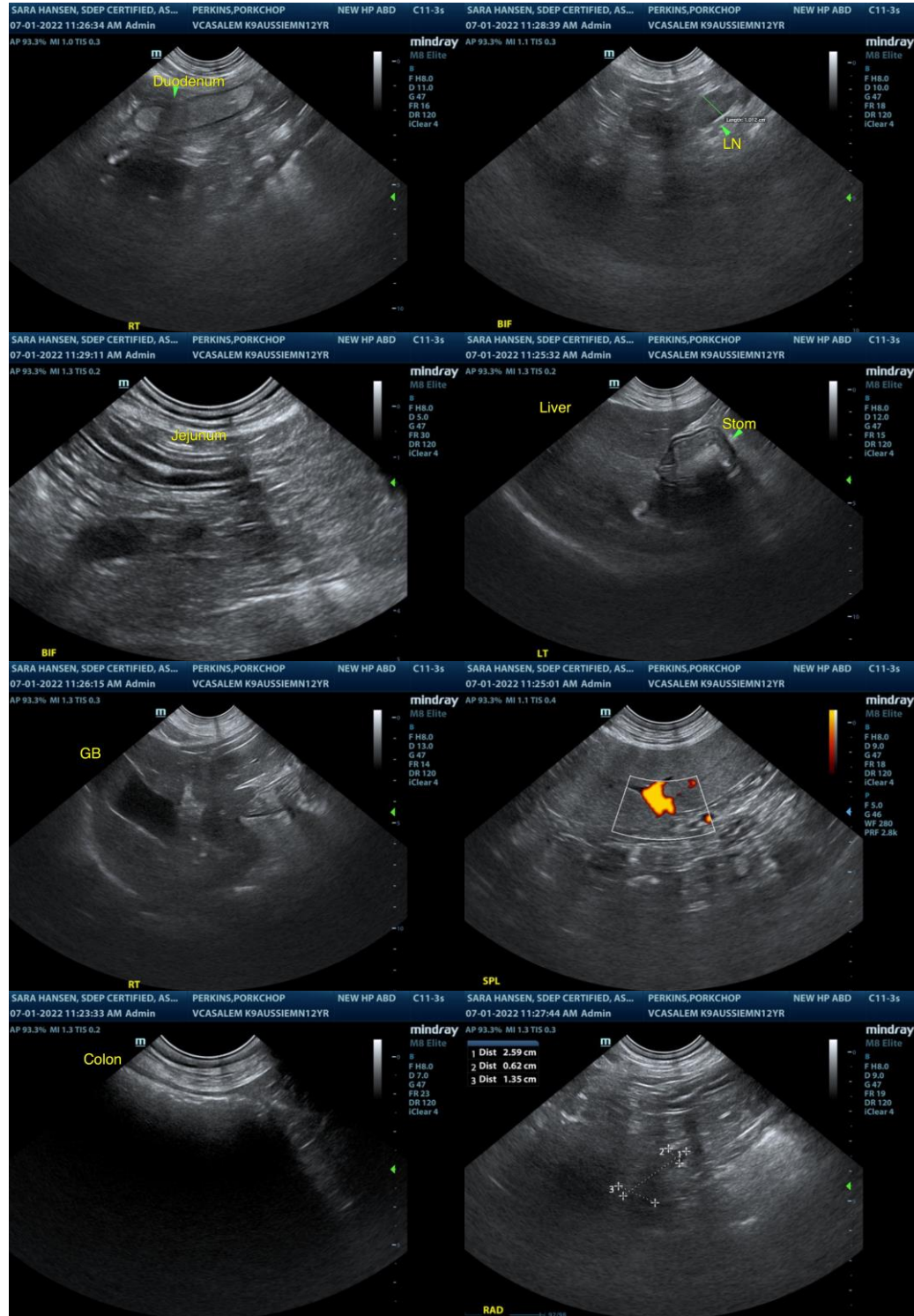
Dr. Wermuth

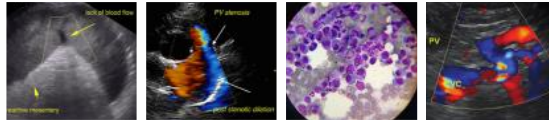
INVOICE

14196

DATE

7/1/22





PATIENT

Porkchop Perkins

SPECIES

Canine

BREED

Australian Shepherd

SEX

MN

AGE

12 years

WEIGHT

67.5 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Sara Hansen

HOSPITAL NAME

VCA Salem AH

REFERRING VET

Dr. Wermuth

INVOICE

14196

DATE

7/1/22



The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. 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