



PATIENT

Tiny Oden Lanser

SPECIES

Canine

BREED

Miniature Pinscher

SEX

Intact Male

AGE

1 Year 6 Month

WEIGHT

14.3 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Jasmine Palacios SDEP
Attendee

HOSPITAL NAME

Riverws Edge PMC

REFERRING VET

Dr. David Gray

INVOICE

16715

DATE

7/22/22

PRESENTING CLINICAL SIGNS

History: O recently took in another dog that tested positive for parvo. Soon after Tiny Oden started to develop symptoms and tested positive for parvo on 7/17. P treated in hospital and then sent home. P returned on 7/20 for vomiting through Cerenia and hospitalized again. P still has diarrhea, vomiting and has distended stomach. P currently on IV LRS w/ Reglan, IV ondansetron and IV Cerenia. Abnormal PE/Chem/CBC/UA Results: See attached labs: 7/16 - Parvo Positive CBC chemistry electrolytes are okay mild dehydration LYM L (0.33) EOS L (0.03) ALKP H (219) CI L (107) See attached rads: loss of detail

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone and cystourethral junction 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 prostate gland.

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 5.3 cm in length. The right kidney measured 5.2 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 0.47 cm width at the caudal pole and 0.53 cm width at the cranial pole.

The right adrenal gland was not definitively visualized.

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 exhibited subjective mild enlargement. 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 primarily anechoic content and very minor luminal debris. The gallbladder walls were sonographically normal without evidence of gallbladder or peripheral gallbladder inflammation. The cystic and common bile ducts were normal.

Gastrointestinal



PATIENT

Tiny Oden Lanser

The stomach presented moderate wall thickening secondary to echogenic mucosa hypertrophy. Intact wall layering was maintained and distinct. Moderate gastric distension with retained anechoic fluid and mild echogenic to variably echogenic yet nonshadowing chyme was present, extending into the area of the pyloric outflow. No overt evidence of gastric foreign material or mechanical pyloric outflow obstruction. The pylorus wall measured 0.40 cm.

SPECIES

Canine

The intestinal walls demonstrated intact wall layering and maintained 1:3 muscularis / mucosa ratio. The mucosa exhibited mild decreased echogenicity with occasional mucosal speckling. A segmental to diffuse ileus pattern consisting of mild fluid accumulation in the intestinal lumen was present without obstruction, foreign material, or other obstructive pathology, i.e., intussusception, torsion, mass, etc. The small intestinal wall measured 0.28 cm.

BREED

Miniature Pinscher

SEX

Intact Male

The colon walls presented intact yet mild prominent wall layering with mild thickened to echogenic submucosa. The colon exhibited normal size, containing generalized non-formed to liquid fecal matter consistent with diarrhea.

AGE

1 Year 6 Month

Pancreas

The pancreas base and right pancreatic limb exhibited mild prominent size with areas of capsule asymmetry. Mild primarily uniform hypoechoic parenchyma was present in the pancreas base and right pancreatic limb compared to adjacent mildly hyperechoic omentum.

WEIGHT

14.3 Pounds

Free Abdomen

Intermittent enlarged mesenteric lymph nodes were present. These lymph nodes were homogenous, mildly hypoechoic and smoothly marginated. A normal width: length ratio was maintained (<0.5). Evidence of perilymphatic inflammation was evident. An example of lymph node size was 2.0 cm in diameter.

INTERPRETED BY

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

Generalized, primarily periintestinal to perilymphatic hyperechoic mesentery was noted. No overt evidence of free fluid.

IMAGING PERFORMED BY

Jasmine Palacios SDEP
Attendee

ULTRASONOGRAPHIC FINDINGS

- Persistent acute to subacute gastroenterocolitis pattern with moderate gastric and mild segmental intestinal hypomotility
- Associated intermittent mesenteric lymphadenitis
- Mildly prominent to hypoechoic right pancreas- reactive pancreatic changes, potential for low grade concurrent pancreatitis
- Mild vacuolar/reactive hepatopathy pattern- benign
- Minor gallbladder debris- likely owing to fasting
- Generalized mild primarily periintestinal/perilymphatic hyperechoic mesentery- probable reactive mesenteric changes, secondary to gastroenterocolic and lymphatic inflammation.

HOSPITAL NAME

Riverws Edge PMC

REFERRING VET

Dr. David Gray

INVOICE

16715

DATE

7/22/22

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No overt evidence of mechanical gastrointestinal obstructive pattern or overt foreign material. No overt evidence of structural pathology, such as intussusception, gastroenterocolic torsion or neoplastic criteria, which is thought unlikely. Given the recent parvo diagnosis, rehospitalization with aggressive



PATIENT

Tiny Oden Lanser

gastrointestinal support and therapy for infectious gastroenterocolitis with assessment of clinical response would be reasonable. Recheck sonogram is suggested if persistent/progressive gastrointestinal signs is recommended.

SPECIES

Canine

BREED

Miniature Pinscher

SEX

Intact Male

AGE

1 Year 6 Month

WEIGHT

14.3 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Jasmine Palacios SDEP
Attendee

HOSPITAL NAME

Riverws Edge PMC

REFERRING VET

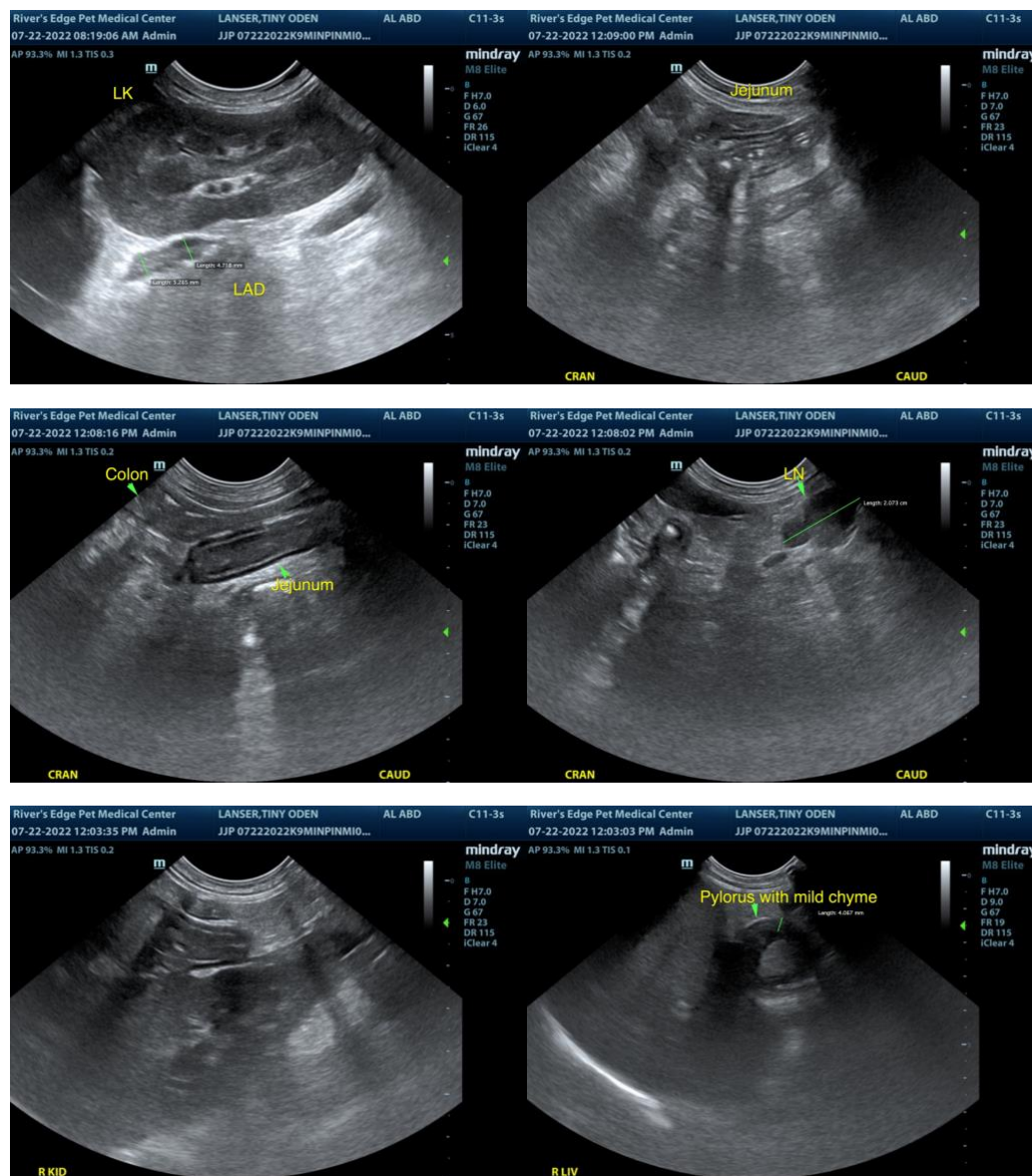
Dr. David Gray

INVOICE

16715

DATE

7/22/22





PATIENT

Tiny Oden Lanser

SPECIES

Canine

BREED

Miniature Pinscher

SEX

Intact Male

AGE

1 Year 6 Month

WEIGHT

14.3 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Jasmine Palacios SDEP
Attendee

HOSPITAL NAME

Riverws Edge PMC

REFERRING VET

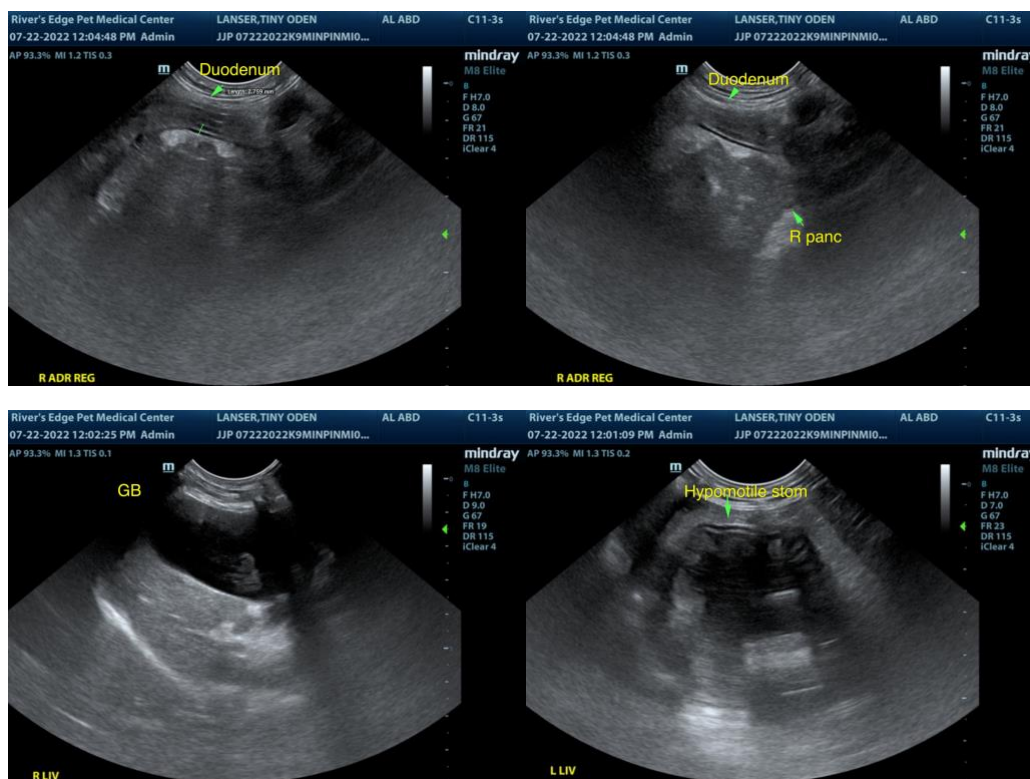
Dr. David Gray

INVOICE

16715

DATE

7/22/22



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