



PATIENT

Trudie Elvebak

SPECIES

Canine

BREED

West Highland White Terrier

SEX

FS

AGE

12yr

WEIGHT

7.08kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Patti Mayfield DVM

HOSPITAL NAME

Bend Animal
Emergency and
Specialty Center

REFERRING VET

Dr. Stone

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11163ag

DATE

07/24/2022

PRESENTING CLINICAL SIGNS

History: Patient presented to BAE on 7/23/22 for the following: - P has vomited about 5 times since 1am, and the 4th vomit had blood in it. - P is also extremely lethargic and weak, not acting like self, shaking, and panting. - P also kept wanting to go in and out all night, O said P's stools were small but hard. - O said she gave P a Costco brand of almond cashew butter last night that she realized this morning expired in April. - P does get into things she shouldn't sometimes, but O cannot think of anything P ate besides the nut butter. P has eaten this butter in the past and been fine. - O said there are no toxins/plants/poisons in the backyard

Abnormal PE/Chem/CBC/UA Results: PE: ~ 7% dehydrated. Lenticular sclerosis OU. Moderate dental disease, Tense and painful cranial abdomen. DIAGNOSTICS AND TREATMENTS: 1.) IV catheter placed-- obtained blood for analysis 2.) Norm R @ 30 mL/hr 3.) Cerenia 1 mg/kg IV (7.1 mg) 4.) Buprenorphine 0.015 mg/kg IV TID (0.11 mg) 5.) CBC: * NSF; mild lymphopenia, 740/uL (1050-5100) * Eosinopenia, 50/uL (60-1230) 6.) CHEM: * SDMA: 19 ug/dL (0-14) * TP: 10.5 g/dL (5.2-8.2) * ALB: 4.3 g/dL (2.2-3.9) * GLOB 6.2 g/dL (2.5-4.5) * ALT: 139 U/L (10-125) * TBili: 2.2 mg/dL (0-0.9) 7.) LAT & VD ABDOMINAL RADS: Mild to moderate gas within the stomach, however no obvious ingesta or foreign material, nor gastric obstruction. Mild to moderate gas within the SI, however no obvious FB or intestinal obstruction. Hepatic and splenic margins are slightly enlarged, with no obvious ascites. There is a possible mass effect in the cranial abdomen.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2 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.

Normal size and margination was present in the kidneys. 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. Mild to moderate pyelectasia were present in the left kidney. The left kidney measured 4.6 cm in length. The right kidney measured 4.7 cm in length.

The area of the aortic trifurcation was free of pathology.

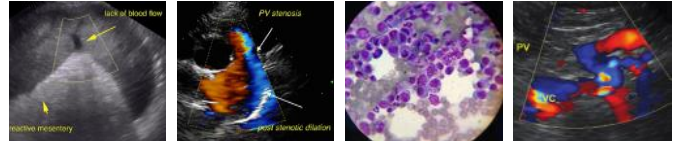
Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.29 cm width at the caudal pole and 1.5 cm length. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.36 cm width at the caudal pole and 1.6 cm length.

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



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The liver presented borderline 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.

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The gallbladder was non-distended in size with primarily anechoic luminal content. The cystic and common bile ducts were normal.

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The stomach presented intact yet mildly prominent wall layering with a normal wall layer ratio. The lumen of the stomach was empty with no signs of ileus, obstruction or foreign material. The gastric body wall measured 0.5 cm in width.

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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. The duodenum measured 0.42 cm in width.

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 heterogeneous parenchyma compared to adjacent omentum. No signs of active inflammation or neoplasia.

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Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

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ULTRASONOGRAPHIC FINDINGS

- Mild likely resolving gastroenteritis pattern, potential for resolving to low grade inflammatory bowel episode
- Mild heterogeneous pancreas
- Mild age related kidney changes with mild to moderate left kidney pyelectasia

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The pyelectasia in the left kidney may be secondary to IVF, mild pelvic scarring or potential passage of previous mineral. Further renal staging to include urine C/S and protein: creatinine ratio on sterile urine sample may be considered.

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The potential for low grade resolving to chronic pancreatitis could be present yet sonographically normal, this possibility may be considered if evidence of discomfort on cranial abdominal or subxiphoid palpation.

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Dietary indiscretion or low grade to resolving inflammatory bowel episode is considered likely. A spec cPL or a GI panel to include PLI/TLI/Cobalamin/Folate could be considered for further assessment if persistent/progressive GI signs. Given patient improvement, continued GI support is suggested.

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No evidence of intra-abdominal masses, GI obstructive pattern or GI foreign material.

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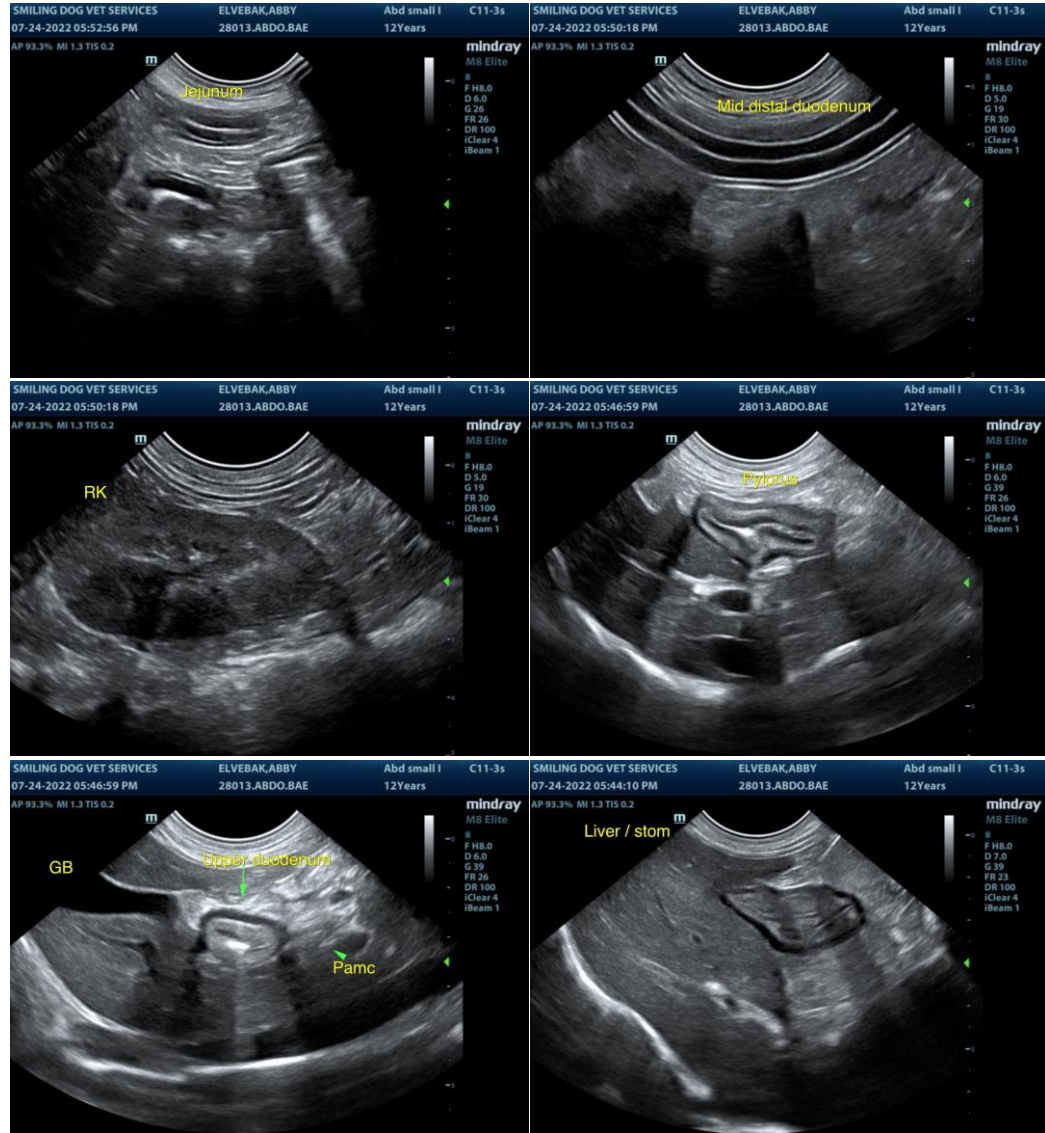
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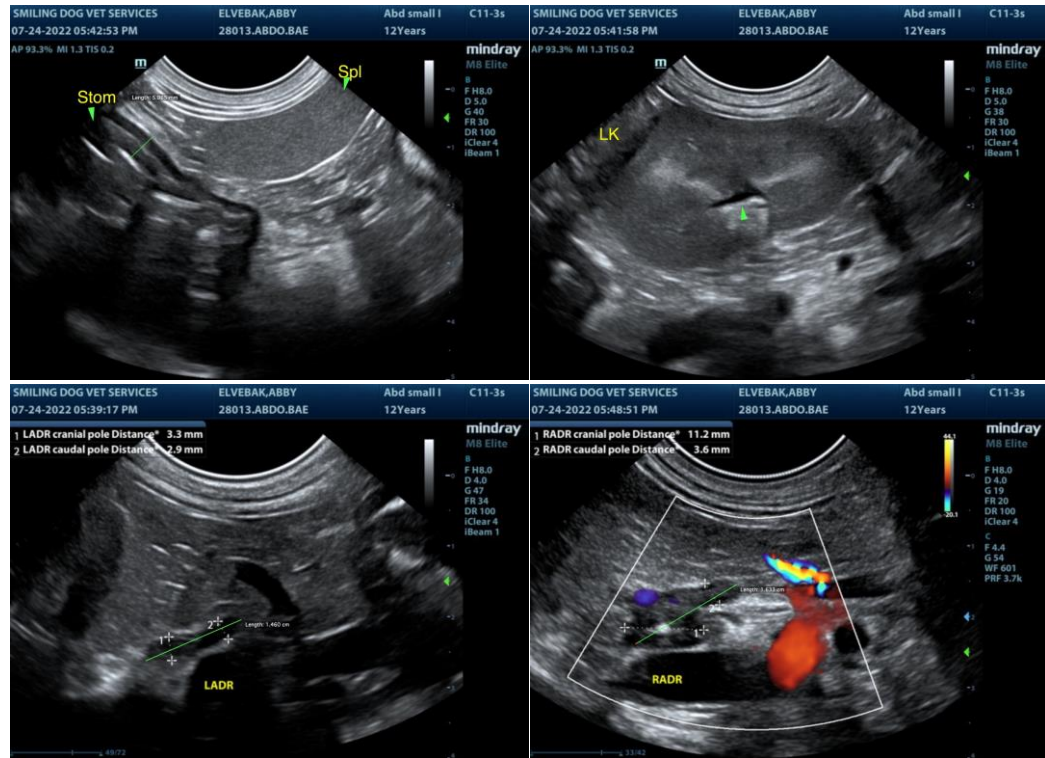
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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