



PATIENT

Gordon James

SPECIES

Canine

BREED

Border Collie Mix

SEX

MN

AGE

9

WEIGHT

35 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Gira

HOSPITAL NAME

Resolution Vet
Ultrasound LTD

REFERRING VET

Dr. Stan Gira,
SABADILLA ANIMAL
CLINIC

INVOICE

14399

DATE

7/26/22

PRESENTING CLINICAL SIGNS

Accute onset of lethargy , panting , abdominal pain , inappetence , fever 39.8

Abnormal PE/Chem/CBC/UA Results: Neutrophils 14.87 2.95 - 11.64 x10⁹/L Globulins 50 25 - 45 g/L rest of the BW unremarkable Rads: heart and lungs NSF Abdomen - splenomegaly

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 was noted.

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

The area of the aortic trifurcation was free of overt pathology including no evidence of significant medial Iliac or sublumbar lymphadenopathy.

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 6.3 cm in length. The right kidney measured 6.5 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 0.75 cm width at the caudal pole and 0.66 cm width at the cranial pole. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.67 cm width at the caudal pole and 0.97 cm width at the cranial pole.

Spleen

The spleen exhibited subjective mild enlargement yet maintained symmetrical capsule contour with mild generalized splenic parenchyma heterogeneity exhibiting moderate coarse echotexture. No masses or nodules were noted. Normal splenic vascularity was present.

Liver/ Gallbladder

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 containing primarily anechoic content mild congealed mildly hyperechoic yet nonmineralized luminal debris. No evidence of gallbladder or peripheral gallbladder inflammatory criteria was noted. The cystic and common bile ducts were normal.



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Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained moderate, variably echogenic ingesta, chyme, and mild fluid with no evidence of mechanical pyloric out flow obstruction. The ventral gastric body wall width measured 0.25 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. The duodenum wall measured 0.49 cm width. The jejunum wall measured 0.30 cm width.

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 were evident.

Free Abdomen

No omental masses, lymphadenopathy, or peritoneal effusion were noted.

ULTRASONOGRAPHIC FINDINGS

- Overtly normal gastrointestinal tract with moderate gastric ingesta / chyme
- Mild nonspecific splenomegaly
- Mild congealed gallbladder debris (non-mucocele)
- Sonographically unremarkable pancreas

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Overall, no evidence of significant intraabdominal pathology as a definitive cause of the patient's clinical signs, abdominal pain, and fever.

The mild splenomegaly was nonspecific with considerations including benign hyperplasia, hematopoiesis, splenomegaly owing to sedation if clinically applicable, and incidental splenitis with neoplastic criteria thought less likely. Correlation with pending splenic cytology is recommended.

Potential for occult inflammatory gastroenteropathy or low-grade to chronic pancreatitis could be present yet sonographically normal. Correlation with a Spec fPL could be considered.

The presence of gastric ingesta is nonspecific yet given the reported inappetence, may indicate some degree of metabolic gastric hypomotility. Monitoring for evidence of gastric emptying is suggested. Recheck sonogram is recommended to assess for evidence of progressive inflammatory gastrointestinal or pancreatic changes pending clinical response to supportive care.



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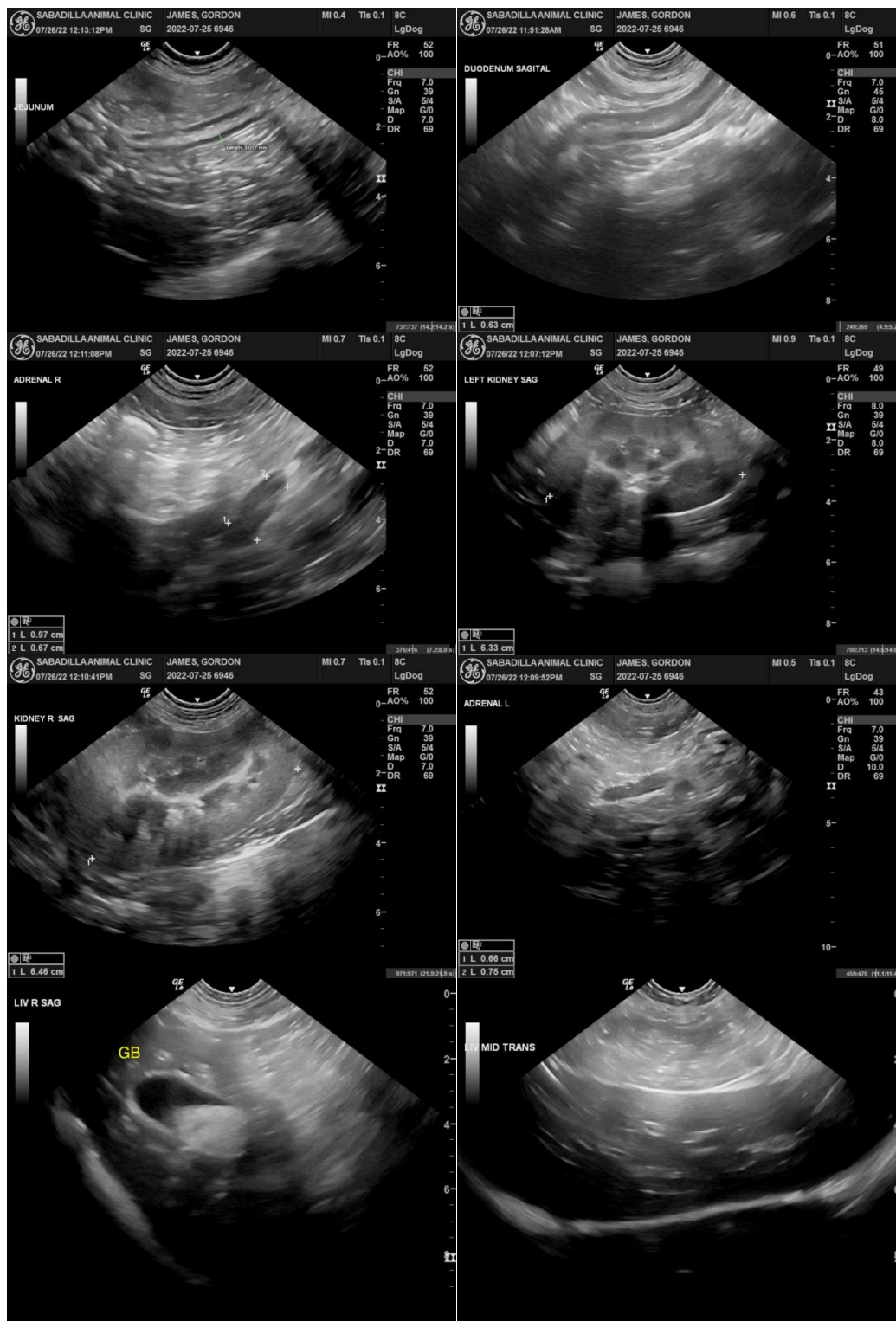
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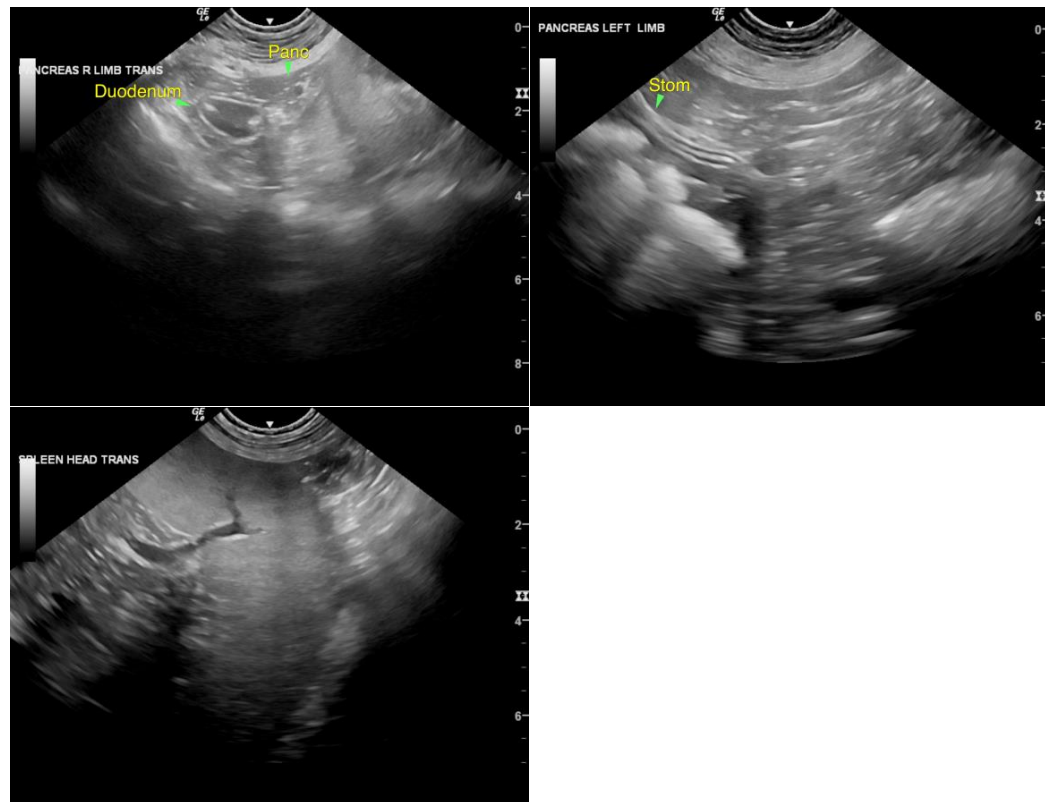
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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