



PATIENT

Sadie Conshue

SPECIES

Canine

BREED

Mixed

SEX

FS

AGE

15yr

WEIGHT

37kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Erin Wicks

HOSPITAL NAME

Shores Veterinary
Emergency Center

REFERRING VET

Dr. Slenbaker

INVOICE

11190ag

DATE

07/26/2022

PRESENTING CLINICAL SIGNS

History: Presented at our hospital for anorexia, less social, trouble walking, unsteady. This morning acting confused/disorientated. Usually anxious but calm today. Current Medications: none
Appetite/When did they eat last: not eating for 3 days

Abnormal PE/Chem/CBC/UA Results: Abdominal: Painful on palpation, unable to thoroughly palpate Radiographs – Intestinal distention (SI?) with ingesta/mass/fb; loss of detail mid abdomen on VD Bloodwork: cbc: eos 0.03 hgb 15.4 mcv 66.8 mch 27.4 mchc 41.0 rdw 12.8 mpv 9.3 epoc: k 5.5 ica 0.93 chem: bun 14.1 creat 0.7 tchol 276 alp 195

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 3 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 moderate loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The left kidney measured 8.0 cm in length. The right kidney measured 7.8 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 0.68 cm width at the caudal pole and 3.2 cm length. The right adrenal gland was not definitively visualized.

Spleen

The spleen exhibited subtle parenchymal heterogeneity with a solitary mixed echogenic nodule in the mid spleen measuring 2.0 cm in diameter. 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.

Liver

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 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. Mild prominent wall layering with minor retained fluid present in the pylorus. No evidence of gastric distention with fluid or foreign material. The pylorus wall measured 0.43 cm in width.



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The small intestine presented intact yet mildly prominent wall layering with 1:3 muscularis/mucosa ratio. Subtle duodenal corrugation with very minor duodenal ileus was present. The lumen of the small intestine was empty with no signs obstruction or foreign material. The duodenum wall measured 0.53 cm in width. The jejunum and the ileum to the level of the colon were sonographically unremarkable.

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

Pancreas

BREED

Mixed

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

Free Abdomen

SEX

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No omental masses, overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

AGE

15yr

- Possible mild gastritis/gastroduodenitis
- Low grade hepatopathy-probable minor vacuolar hepatopathy
- Minor pancreatic remodeling-age related pancreatic changes likely and considered incidental
- Solitary benign splenic nodule-consistent with benign myelolipoma

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Overall, no obvious evidence of significant abdominal pathology in this scan. Potential for low grade to chronic pancreatitis may be possible if discomfort on palpation in the subxiphoid or cranial abdomen. Correlation with a spec cPL could be considered. As needed GI support and medical therapy would be reasonable. A thorough musculoskeletal and neurological exam as well as three view chest radiographs to rule out occult thoracic pathology which may be a contributing factor to clinical signs is recommended.

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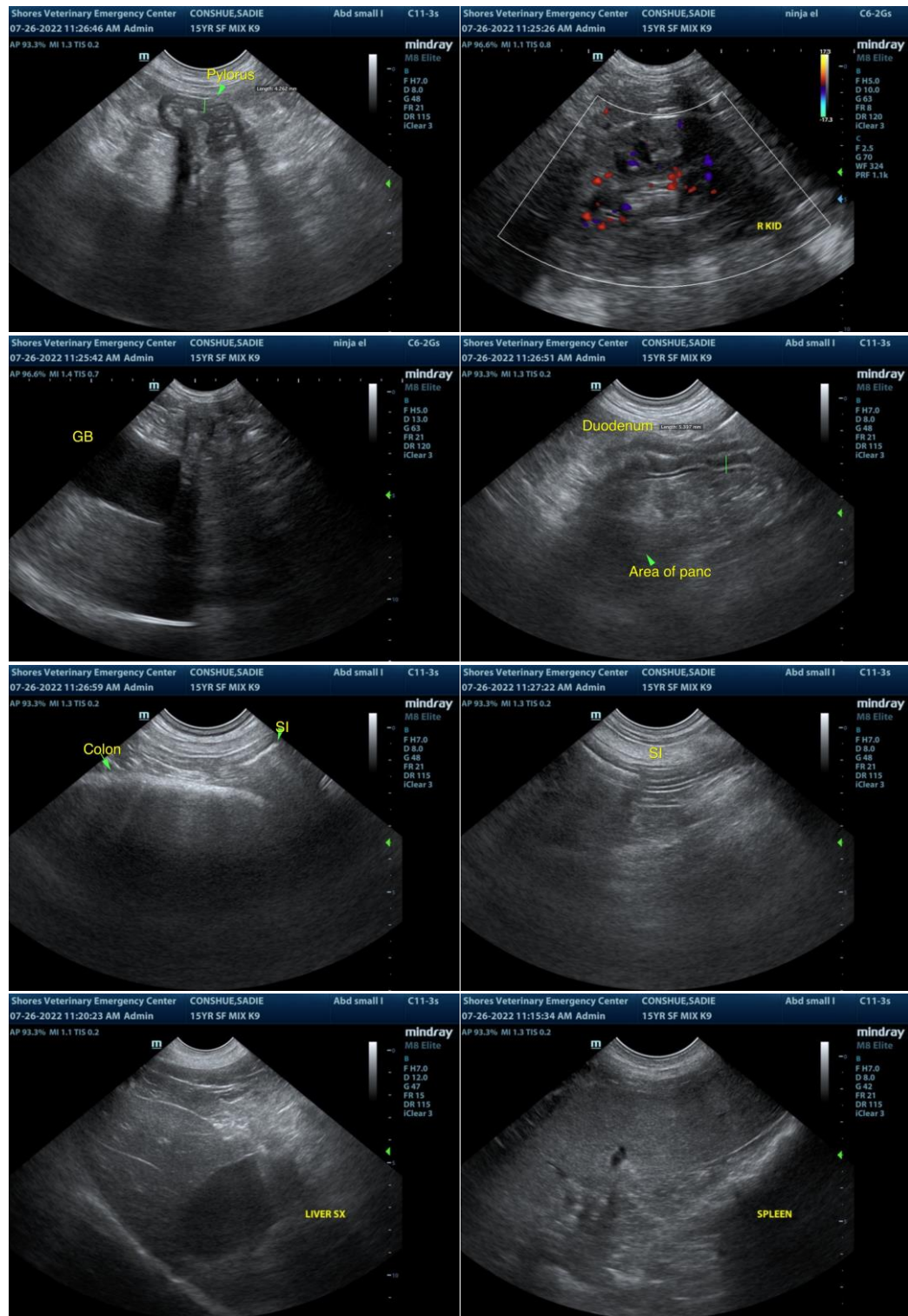
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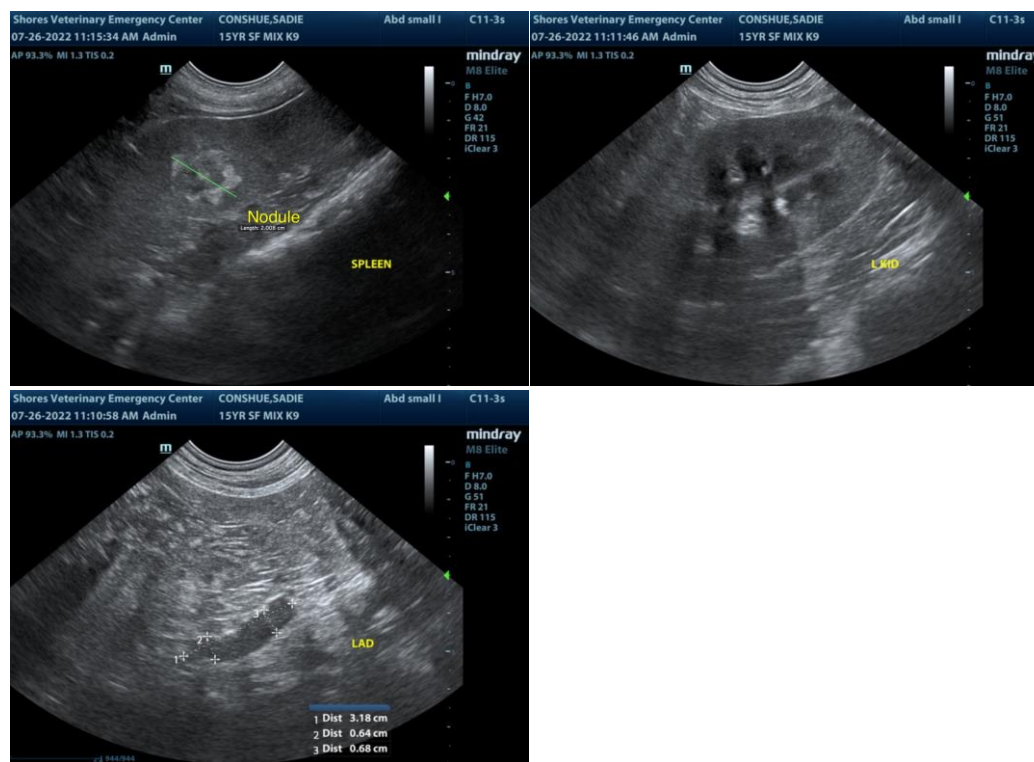
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)

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