



PATIENT

Roxy Mullens

SPECIES

Canine

BREED

Husky Mix

SEX

FS

AGE

12 years

WEIGHT

20

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

Dave Stasiuk RDMS,
RDCS

HOSPITAL NAME

Resolution Vet
Ultrasound LTD

REFERRING VET

Dr. Tom LeBoldus

INVOICE

14439

DATE

7/27/22

PRESENTING CLINICAL SIGNS

Chronic diarrhea. Elevated ALP. Responding to antibiotics. Dog has been known to "get into things" especially outside.

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.

The area of the aortic trifurcation was free of pathology.

Normal size and margination were 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. No evidence of pelvic dilation was present. The left kidney measured 6.9 cm in length. The right kidney measured 7.3 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 0.62 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 0.65 cm width at the caudal pole.

Spleen

The spleen was overall normal in size and contour with subtle generalized splenic parenchyma heterogeneity. No splenic masses or nodules were noted. Nonhomogeneous echogenic material exhibiting pinpoint hyperechoic foci was present within the splenic vein approaching the splenic hilus, measuring approximately 5.3 cm x 1.1 cm. Color doppler assessment of the spleen, as well as overall splenic presentation was suggestive of adequate splenic blood flow.

Liver/ Gallbladder

The liver was subjectively normal in size, structure, and contour. The liver parenchyma was mildly nonuniform and hypoechoic to the spleen with a moderate coarse echotexture and subjective mild to benign parenchymal remodeling. Intermittent, discrete hypoechoic intraparenchymal nodules were present with an example measuring 1.8 cm in diameter. 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.

Gastrointestinal

The stomach presented intact yet mildly prominent wall layering. The stomach contained a mild to moderate amount of retained primarily anechoic fluid with intermittent nonspecific linear-like hyperechoic echoes.



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The small intestine presented intact yet prominent wall layering diffusely with diffuse mild to variable ileus to the level of the ileum. The ileum exhibited intact yet prominent wall layering extending into the area of the ileocolic junction. A portion of the ileum appeared to be within the proximal colon lumen in both the sagittal and transverse view. No overt evidence of loss of intestinal or colic wall layering was noted. The ileum wall width measured 0.65 cm.

The proximal colon exhibited intact yet prominent wall layering. The proximal colon wall width measured 0.46 cm.

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

Subtle evidence of peri intestinal hyperechoic mesentery was noted. No overt evidence of intraabdominal lymphadenopathy.

ULTRASONOGRAPHIC FINDINGS

- Hypomotile stomach containing moderate retained fluid with intermittent nonspecific yet suspicious linear-like hyperechoic echoes
- Intact yet prominent small bowel walls with generalized small Intestinal ileus
- Ileitis / proximal colitis pattern with possible mild to potential sliding ileocolic intussusception
- Nonuniform to discretely nodular hepatic parenchyma
- Splenic vein thrombus

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The splenic vein thrombus is nonspecific without overt evidence of neoplastic criteria. Clotting status is recommended to assess for evidence of a hypercoagulable state.

The overall gastroenterocolic presentation is nonspecific yet may suggest underlying inflammatory gastroenterocolonopathy i.e., IBD, given the patient's history of chronic diarrhea, although other underlying gastrointestinal disease, dietary intolerance / food allergy, or occult parasitism could be possible.

High suspicion for current nonobstructive gastric foreign bodies. Potential for underlying gastrointestinal neoplastic criteria i.e., lymphoma or similar cannot be definitively excluded.

Given the overall gastrointestinal presentation including suspicion for gastric foreign bodies and possible mild to sliding ileocolic intussusception, exploratory laparotomy for further assessment with gastroenterocolic biopsies, considered essential despite exploratory findings, could be considered.



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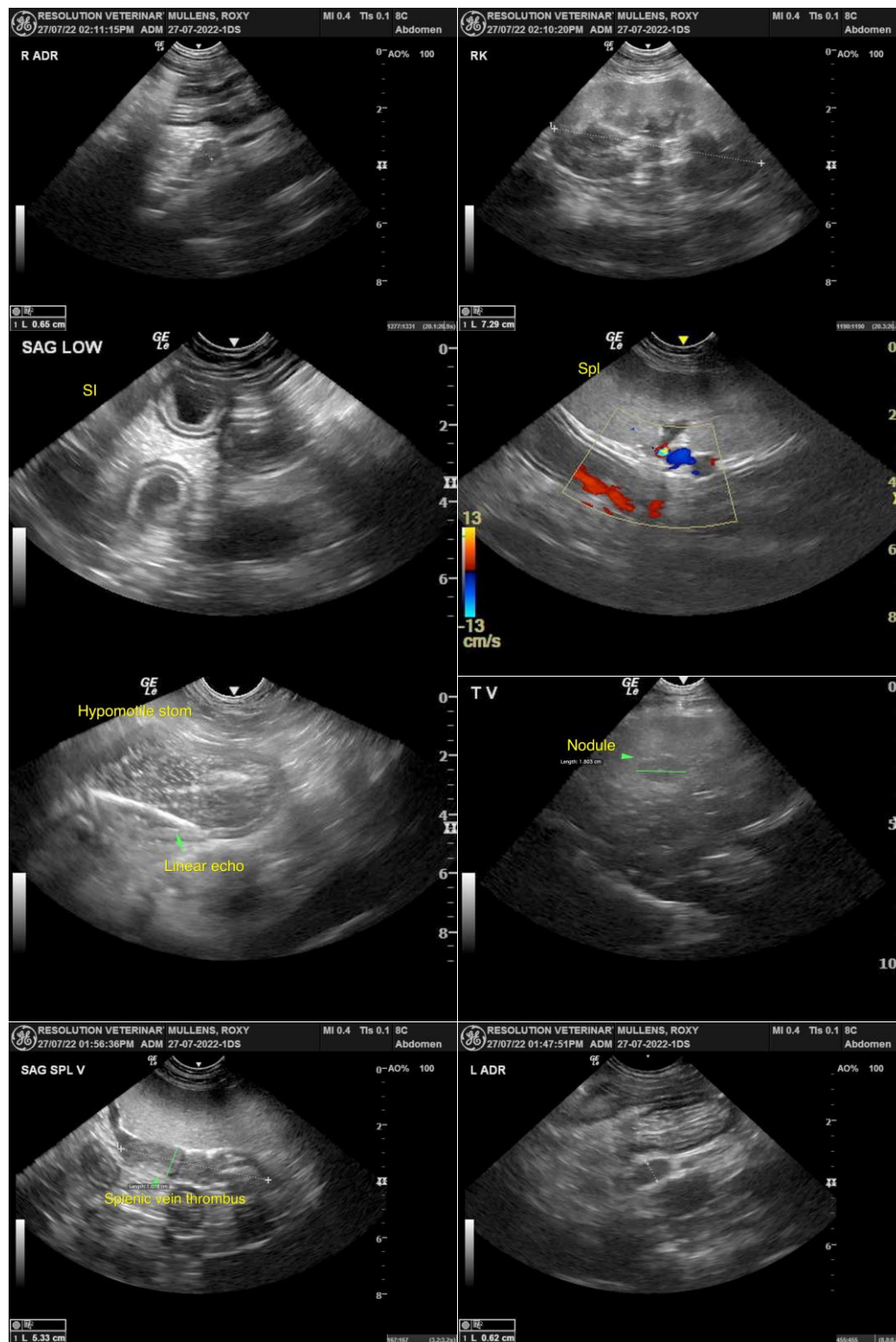
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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