

PATIENT PRESENTING CLINICAL SIGNS

Jackson Kemp

Presented for history of getting into the garbage on the weekend (several days ago) Yesterday AM vomited up a plastic bag Yesterday PM vomited up about 2 inches of corn cob Nothing to eat since yesterday morning. Lethargic, drooling, unproductive retching. PE - Elevated HR (148) but nervous guy, tense abdomen, resistant to deep palpation. Has a history of seizures is on Potassium Bromide, Levetiracetam and Gabapentin.

SPECIES

Canine

Abnormal PE/Chem/CBC/UA Results: Na 161(144-160) Cl 129 (109-122) Snap cPL normal.

BREED

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Australian Shepherd

Urinary System

SEX

MN

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra 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.

AGE

3yr

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 6.1 cm in length. The right kidney measured 7.3 cm in length.

WEIGHT

38.5kg

The area of the aortic trifurcation was free of pathology.

The area of the residual prostate appeared normal and free of pathology.

INTERPRETED BY

Adrenal Glands

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

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.43 cm width at the caudal pole and 1.8 cm length. The right adrenal gland was indistinctly visualized subjectively measuring 0.72 cm width at the caudal pole.

IMAGING PERFORMED BY

Crystal Hill

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.

HOSPITAL NAME

Hamilton Region
Emergency Clinic

Liver/Gallbladder

REFERRING VET

Hill

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 with thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.

INVOICE

14702ag

Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach was empty with mild lumen gas and no signs of ileus, obstruction or foreign material.

DATE

08/25/2023



PATIENT

Jackson Kemp

The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. The lumen of the small intestine contained segmental subjective mildly increased gas pattern with no signs of ileus, obstruction or foreign material.

SPECIES

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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 was evident.

BREED

Australian Shepherd

Free Abdomen

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

SEX

MN

ULTRASONOGRAPHIC FINDINGS

AGE

3yr

- Mild gastroenteritis pattern-no evidence of mechanical GI ileus or obstructive pattern.
- Normal pancreas.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Overall, there is no overt evidence of significant abdominal visceral pathology as a definitive cause of the patient's clinical signs. Empirical therapy for gastroenteritis and dietary indiscretion with GI support is recommended. Although considered unlikely considering normal adrenal presentation, a resting cortisol level to rule out occult Addison's disease may be considered. No indication for immediate surgical intervention.

WEIGHT

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INTERPRETED BY

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

IMAGING PERFORMED BY

Crystal Hill

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REFERRING VET

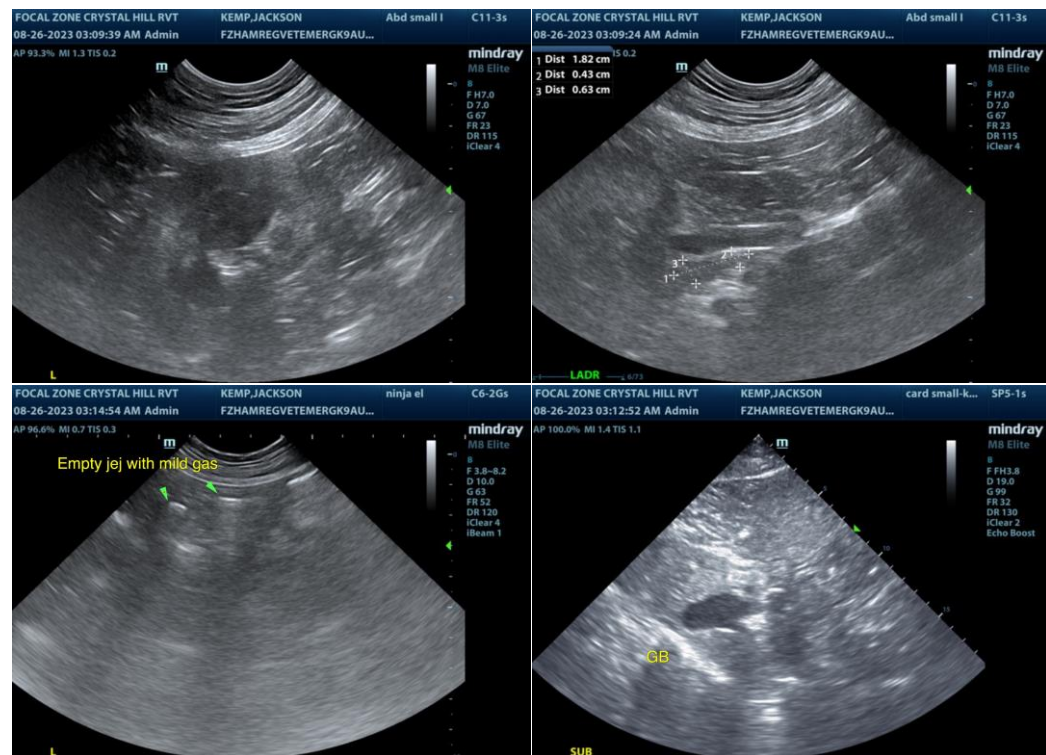
Hill

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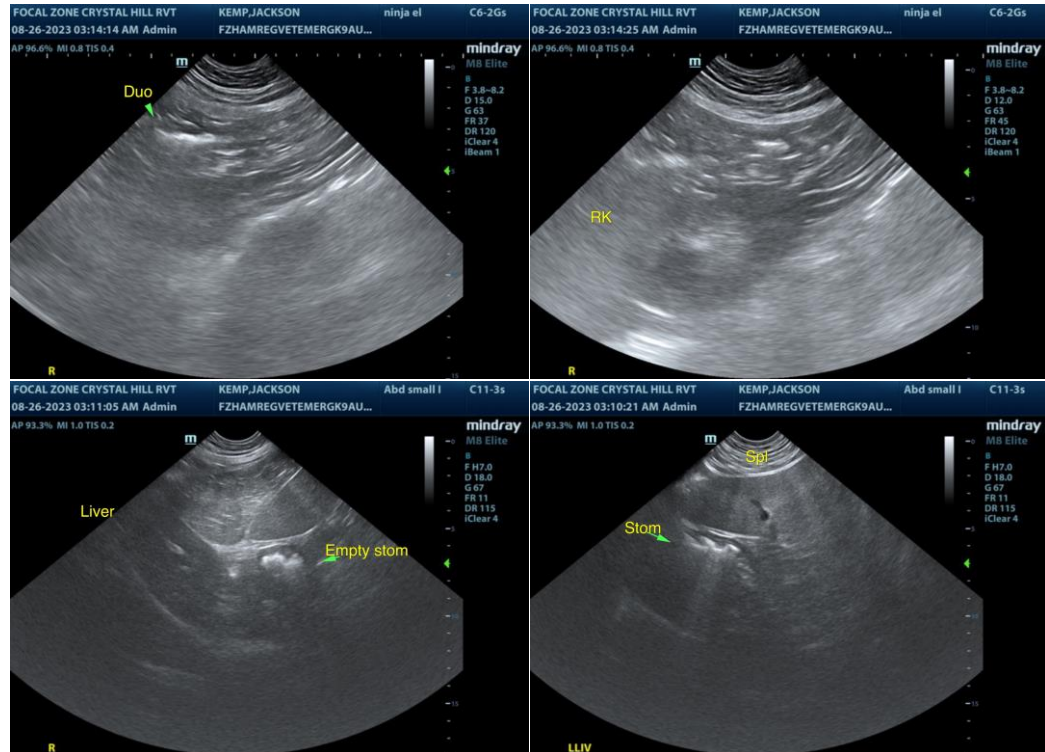
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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