


PATIENT

Libby Barkdull

SPECIES

Canine

BREED

 Mini Australian
 Shepherd

SEX

Intact Female

AGE

5 Years

WEIGHT

5.5 kg

PRESENTING CLINICAL SIGNS

History: A ~4 yr FI dog presented on 8/5/23 for vomiting once two days ago. The patient then ate a large amount of grass on 8/4/23. No history of diarrhea / coughing / sneezing. Hx of dietary discretion on thursday. Urinating / drinking normally. P is eating well at home. P is not lethargic at home. Energy is normal. Patient was sent home on omeprazole, cerenia, probiotics. Last night Libby began acting listless (8/8) and then vomitted twice. She is not having diarrhea, she is still eating. She has normal urination and drinking. COMORBIDITIES: None known MEDICATIONS: - Cerenia - last given yesterday at 3PM - Omeprazole - last given yesterday at 7PM - Proviaalbe - given last yesterday around 7PM - Fenbendazole - given last yesterday around 7PM -- LRS @ 25 mL/hr -- Buprenex 0.02 mg/kg OTM q 8 hours -- Gabapentin 10 mg/kg PO TID

Abnormal PE/Chem/CBC/UA Results: PCV 45% TP 6 CBC: Stress leukogram, no bands present - NO 13.10 - LO 1.0 CHEMISTRY: No clinically significant changes - Glucose WNL - potassium 2.0 - phosphorus 1.7 SNAP cPL: Abnormal Radiographs: FINDINGS: The stomach is mildly distended with gas and soft tissue opacity measuring. There is mild intermittent gas and soft tissue opacity filling of the small bowel without pathologic dilation. Peritoneal serosal detail is adequate. No other significant abdominal abnormalities are identified. Within the visible thorax, no significant abnormalities are noted. There is mild multifocal thoracic spondylosis, as well as mild suspected narrowing of the T11-13 disc spaces.. There is also suspicion for left hip incongruity and osteoarthritis. IMPRESSIONS: The gastric and small bowel soft tissue content may represent normal ingesta if the patient has recently eaten. Soft tissue foreign material must also be considered, although no obvious evidence of a GI obstructive pattern is appreciated. RECOMMENDATIONS: If the GI clinical signs continue or worsen despite supportive care and medical management, consider an abdominal ultrasound study. Fasting 3-view abdominal radiographs in approximately 12-24 hours should be considered to evaluate for appropriate emptying of the GI tract.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN
INTERPRETED BY

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

IMAGING PERFORMED BY

Patti Mayfield, DVM

HOSPITAL NAME

Emergency VH

REFERRING VET

Patti Mayfield, DVM

INVOICE

23863

DATE

8/10/23

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 3.0 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 were 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 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 3.7 cm in length. The right kidney measured 3.9 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 1.4 cm length x 0.54 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 1.5 cm x 0.54 cm width at the caudal pole.

Spleen



PATIENT

Libby Barkdull

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.

SPECIES

Canine

Liver

The liver was normal in size and vascular volume with maintained symmetrical capsular contour with subjective decreased hepatic parenchyma echogenicity compared to the spleen, exhibiting mild coarse echotexture. Increased prominence of portal vascular borders was noted.

BREED

Mini Australian Shepherd

The gallbladder was non-distended in size with normal wall, exhibiting subjective mild increased gallbladder wall echogenicity. Anechoic gallbladder contents were present. The cystic and common bile ducts were normal.

SEX

Intact Female

Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The lumen contained mild nonshadowing ingesta/chyme.

AGE

5 Years

The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. Segmental similar appearing nonshadowing intestinal ingesta/chyme was noted.

WEIGHT

5.5 kg

The colon exhibited overtly normal visualized wall layering. Subjective non-formed fecal matter was present in the proximal colon and potentially cecum. Subjective formed to semi-formed fecal matter was present in the transverse descending colon.

INTERPRETED BY

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

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.

IMAGING PERFORMED BY

Patti Mayfield, DVM

Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

HOSPITAL NAME

Emergency VH

ULTRASONOGRAPHIC FINDINGS

- Structurally unremarkable gastrointestinal tract with mild gastric and segmental intestinal ingesta/chyme.
- Sonographically unremarkable pancreas
- Subjective non-formed fecal matter in the proximal colon and possible cecum.

REFERRING VET

Patti Mayfield, DVM

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

INVOICE

23863

No evidence of gastrointestinal obstructive pattern or foreign body. No indication for immediate surgical intervention. Nonspecific gastroenteritis, potentially secondary to dietary indiscretion, potentially emerging inflammatory bowel or typhlitis, low grade pancreatitis (which may present sonographically normal) are all possible potentials.

DATE

8/10/23

Supportive gastrointestinal care, which may include dietary therapy, gastroprotectants, empirical deworming, +/- antibiotic and prokinetic medication trial, if clinically indicated, is recommended.



PATIENT

Libby Barkdull

SPECIES

Canine

BREED

Mini Australian Shepherd

SEX

Intact Female

AGE

5 Years

WEIGHT

5.5 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Patti Mayfield, DVM

HOSPITAL NAME

Emergency VH

REFERRING VET

Patti Mayfield, DVM

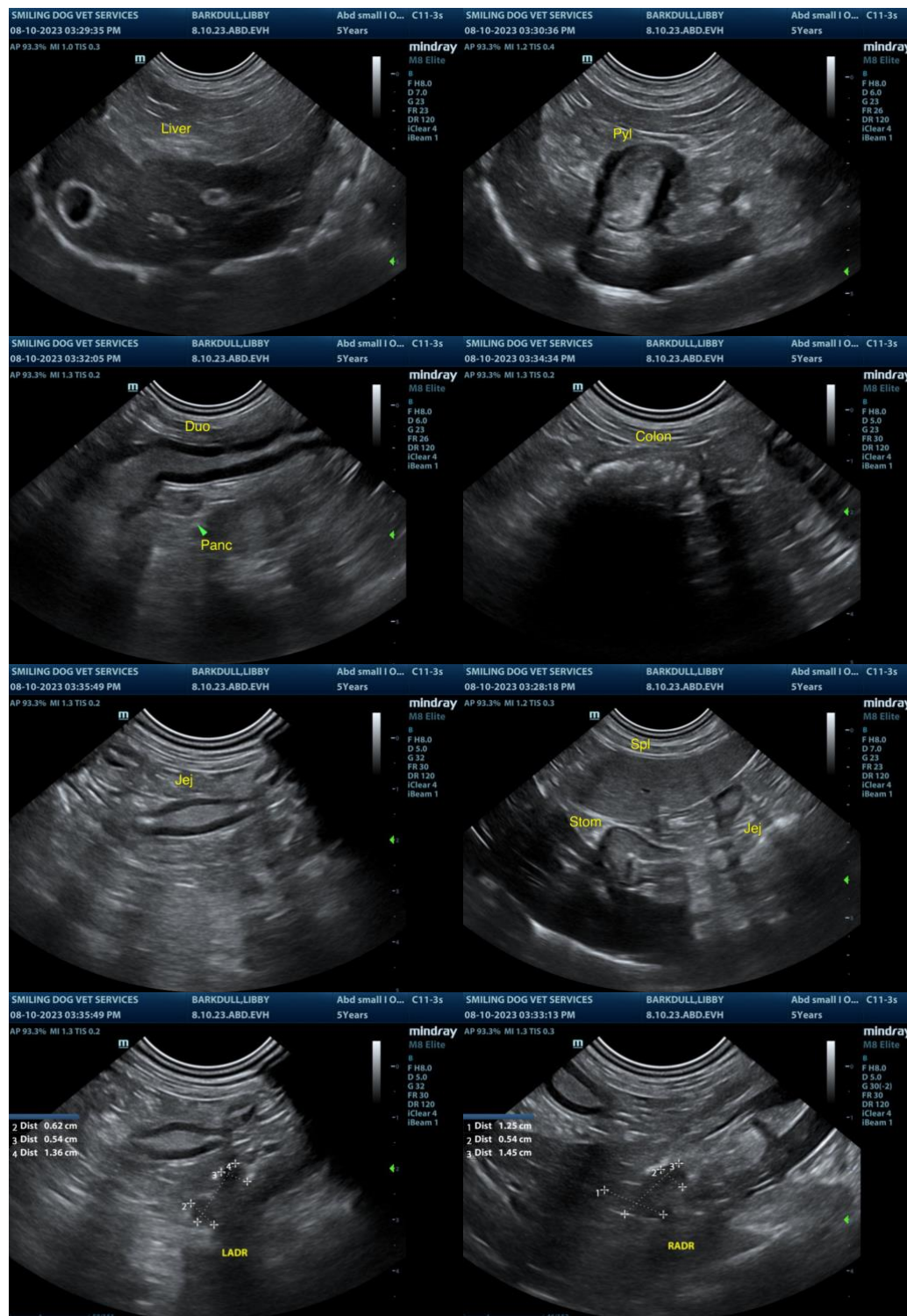
INVOICE

23863

DATE

8/10/23

If persistent gastrointestinal signs, or evidence of weight loss, recheck sonogram or gastrointestinal panel is recommended.



The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not



PATIENT

visible in the image/video clips provided.

Libby Barkdull

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.

SPECIES

Canine

R. McKenzie Daniel, DVM, DABVP (Canine / Feline Practice)
info@SonoPath.com

BREED

Mini Australian
Shepherd

SEX

Intact Female

AGE

5 Years

WEIGHT

5.5 kg

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

Patti Mayfield, DVM

HOSPITAL NAME

Emergency VH

REFERRING VET

Patti Mayfield, DVM

INVOICE

23863

DATE

8/10/23