



PATIENT PRESENTING CLINICAL SIGNS

Willow Podger

History: Vomiting food and fluid 5 AM vomited up dinner. Vomited breakfast up and ate it, vomited up again 10 AM. Doesn't usual vomit. Not as energetic. No known to eat random things. Does have access to soft toys. Did have formed BM today. Called HREVC, told that they have 2 critical cases so cannot take Willow. Only meds have been on Propalin.

SPECIES

Canine

Abnormal PE/Chem/CBC/UA Results: Bloodwork N/A Rads nothing obvious seen.

BREED

Husky X

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

SEX

Spayed Female

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 were noted.

AGE

5 Years

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

WEIGHT

70 Pounds

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 2.6 cm in length x 0.43 cm width at the caudal pole.

INTERPRETED BY

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

The right adrenal gland was indistinctly visualized secondary to patient size and conformation. No overt pathology in the area of the right adrenal gland. The right adrenal gland subjectively measured 0.98 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

Mountain AH

Liver

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.

REFERRING VET

Woodward

INVOICE

16816

Gastrointestinal

The stomach presented intact yet subjective mildly prominent wall layering. The lumen of the stomach was empty with mild luminal gas. No evidence of gastric distention with retained ingesta, fluid or foreign material. The gastric body wall measured 0.59 cm.

DATE

8/11/22



PATIENT

Willow Podger

The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. The lumen of the small intestine was primarily empty with mild segmental gas pattern. No evidence of small intestinal mechanical/metabolic ileus or foreign material.

SPECIES

Canine

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

BREED

Husky X

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.

SEX

Spayed Female

ULTRASONOGRAPHIC FINDINGS

- Overtly normal GI tract, suspect probable mild acute gastroenteritis

AGE

5 Years

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

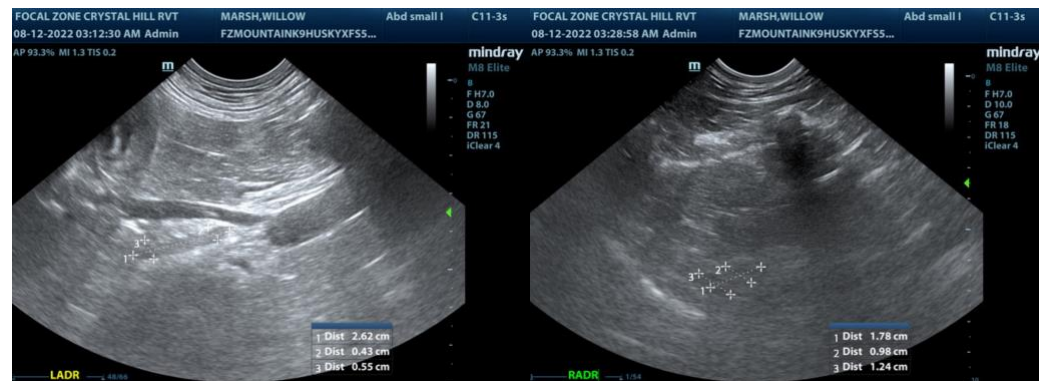
No evidence of GI mechanical/metabolic ileus, foreign material or significant GI mural pathology. Sonographically, the appearance of the stomach is suggestive of gastritis with likely mild generalized gastroenteritis. Potential for low grade pancreatitis or structurally insignificant inflammatory bowel, both of which may present as sonographically normal, cannot be definitively excluded and may be considered if persistent or recurrent GI signs are present. No indication for immediate surgical intervention based on this presentation. Empirical therapy for gastroenteritis should prove beneficial. recheck sonogram could be considered if clinically indicated or if persistent/progressive GI signs, despite empirical therapy for gastroenteritis. Resting cortisol level to rule out occult Addisons disease could be considered.

WEIGHT

70 Pounds

INTERPRETED BY

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

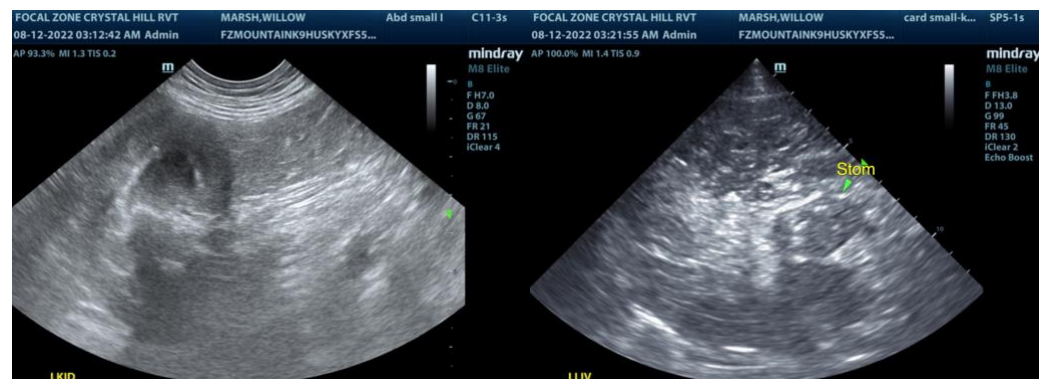


IMAGING PERFORMED BY

Crystal Hill

HOSPITAL NAME

Mountain AH



REFERRING VET

Woodward

INVOICE

16816

DATE

8/11/22



PATIENT

Willow Podger

SPECIES

Canine

BREED

Husky X

SEX

Spayed Female

AGE

5 Years

WEIGHT

70 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Crystal Hill

HOSPITAL NAME

Mountain AH

REFERRING VET

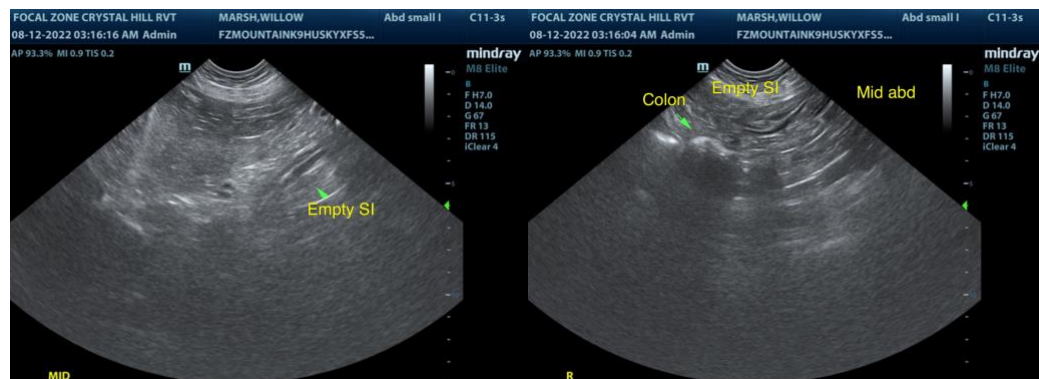
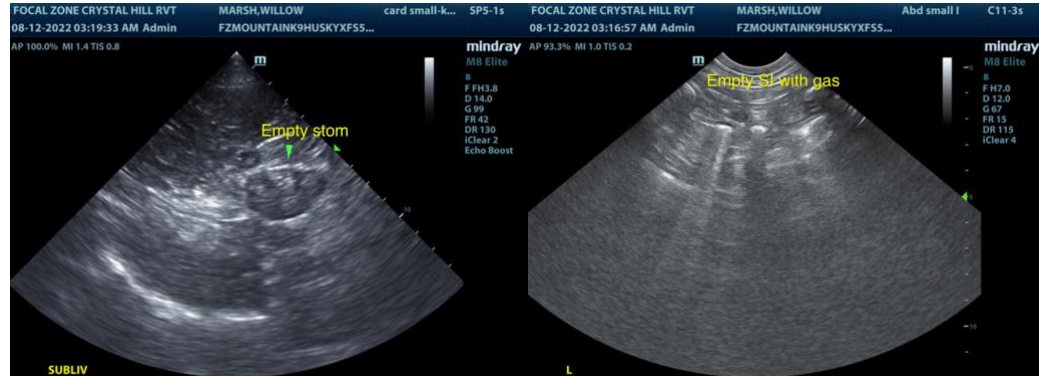
Woodward

INVOICE

16816

DATE

8/11/22



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 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