



PATIENT

Pixie Cleaver

SPECIES

Canine

BREED

Springer Spaniel

SEX

Spayed Female

AGE

10 Years

WEIGHT

17 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Hayley Heindel, CVT

HOSPITAL NAME

Mason Dixon Animal
Emergency Hospital

REFERRING VET

Dr. Longbottom

INVOICE

44632

DATE

8/13/23

PRESENTING CLINICAL SIGNS

P presented for v/d, decreased appetite yesterday
Abnormal PE/Chem/CBC/UA Results: K 3.6

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

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 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 loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. A moderately sized cyst was occupying the mid to caudal aspect of the left kidney with associated mild capsule distention containing anechoic fluid with mild echogenic component. The cyst measured approximately 7.0 cm in diameter. Overall left kidney measured 10.0 cm in length. The right kidney measured 6.1 cm.

Adrenal Glands

The left adrenal gland was not definitively visualized. The right adrenal gland was overtly normal in size, position, and shape, measuring 0.49 cm at the caudal pole.

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.

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.

Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained a mild amount of retained echogenic fluid and chyme. No evidence of overt foreign material or mechanical pyloric outflow obstruction.

The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. The lumen of the small intestine was empty with no signs of ileus, obstruction or foreign material.

Normal visible colon wall layers were present with semiformal to soft fecal matter and gas.



PATIENT *Pancreas*

Pixie Cleaver

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.

SPECIES

Canine

Free Abdomen

BREED

Springer Spaniel

Intermittent, mildly prominent to enlarged mesenteric node was present. Example measured 2.9 cm x 0.65 cm. The lymph node was essentially isoechoic to adjacent omentum without evidence of peripheral inflammation and maintaining a normal width: length ratio (<0.5).

SEX

Spayed Female

No evidence of peritoneal effusion or omental masses.

AGE

10 Years

PRIMARY FINDINGS

- Mild gastroenteritis pattern with mild hypomotile stomach
- Intermittent benign / reactive mesenteric lymph nodes

WEIGHT

17 kg

SECONDARY FINDINGS

- Large left kidney cyst

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

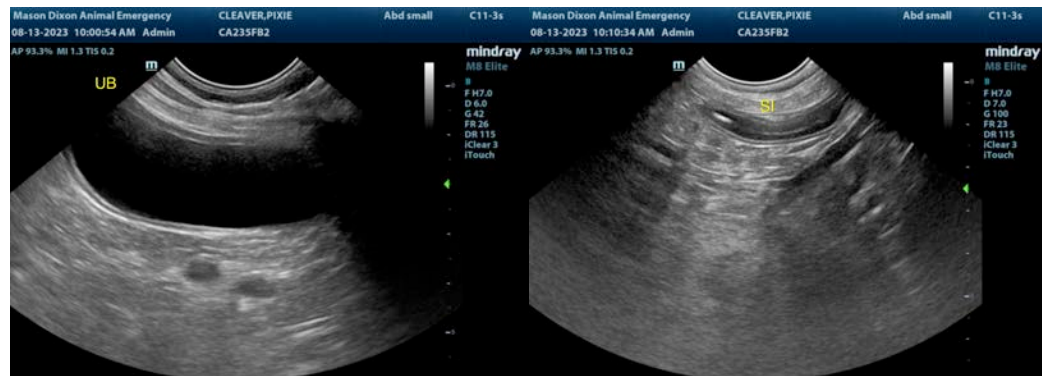
INTERPRETED BY

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

No evidence of gastrointestinal obstruction, foreign body or structural gastrointestinal pathology. Dietary indiscretion, inflammatory bowel episode, enterotoxin, infectious disease, occult parasitism, occult Addison's disease all potentials. Supportive gastrointestinal care should prove beneficial. A GI panel to include PLI/TLI/B12/folate and screening cortisol level may be considered if persistent or recurrent gastrointestinal signs despite supportive care or weight loss.

IMAGING PERFORMED BY

Hayley Heindel, CVT



HOSPITAL NAME

Mason Dixon Animal
Emergency Hospital

REFERRING VET

Dr. Longbottom

INVOICE

44632

DATE

8/13/23



PATIENT

Pixie Cleaver

SPECIES

Canine

BREED

Springer Spaniel

SEX

Spayed Female

AGE

10 Years

WEIGHT

17 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Hayley Heindel, CVT

HOSPITAL NAME

Mason Dixon Animal
Emergency Hospital

REFERRING VET

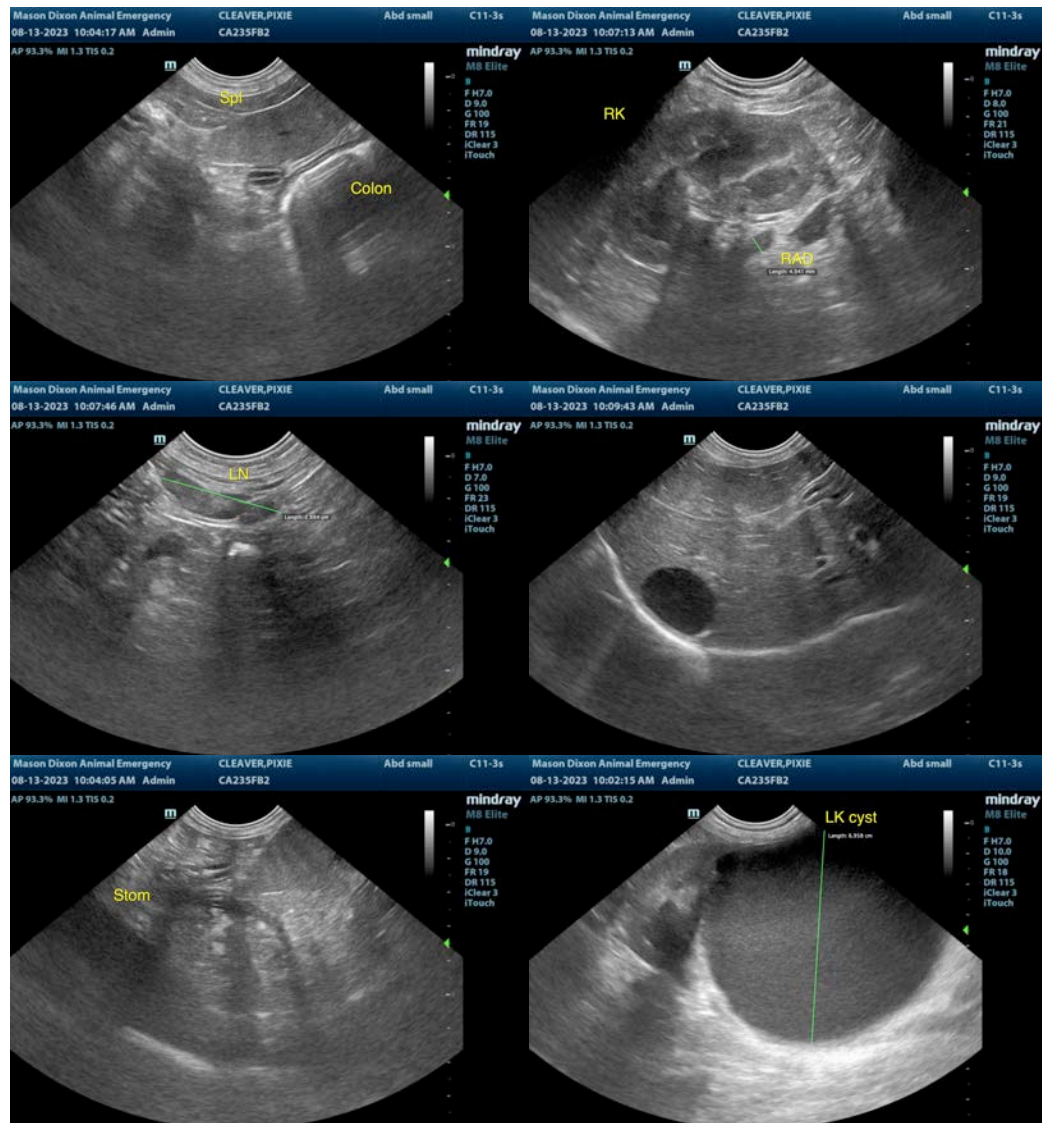
Dr. Longbottom

INVOICE

44632

DATE

8/13/23



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