



PATIENT

Teddy White

SPECIES

Canine

BREED

Bearded Collie

SEX

MI

AGE

1yr

WEIGHT

21.3kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Patti Mayfield DVM

HOSPITAL NAME

Bend Animal
Emergency &
Specialty Center

REFERRING VET

Adam Stone DVM

INVOICE

11349ag

DATE

08/14/2022

PRESENTING CLINICAL SIGNS

History: Patient presented to BAESC for V+ undigested food from previous day. D+ as well today. NPO since yesterday AM. No known inappropriate ingestion, but does live on acreage. Therapeutic plan:*** IVF Norm R 300 ml bolus IVF Norm R 100 ml/hr rate Maropitant 20 mg IV q24 Metronidazole 250 mg IV q12 Buprenorphine 0.3 mg IV q8 PRN

Abnormal PE/Chem/CBC/UA Results: PE: 5-7% dehydrated with tense, painful abdomen, Temp: 103 F CBC: WNL CHEM: SDMA 15, , ALT 370, AMY > 2500, LIP 3208 PCV/TP: 60%, 6.2 g/dL Snap cPL: ABNORMAL Abdominal radiographs: Two view abdominal radiographs were performed. There are no significant skeletal abnormalities appreciated. There is decreased serosal detail in the cranial abdomen. The stomach is mildly distended with gas/fluid and does not have obvious foreign material. The small intestines are small and fluid-filled. On the lateral, there is a section of SI cranial to the urinary bladder that has non-obstructive material in it that has a pinecone appearance - not appreciated on the VD. The colon has unstructured feces present and gas/fluid distension of the descending colon. There are NSF of splenic, hepatic, renal, and urinary bladder silhouettes. PARVO TEST: NEG FECAL TEST: Pending

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

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.

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 5.8 cm in length. The right kidney measured 6.4 cm in length.

The area of the aortic trifurcation was free of pathology.

The prostate was mildly enlarged in size with intact, symmetrical capsule contour. The margins of the gland were intact and able to be differentiated from the surrounding tissue. The prostatic parenchyma was mildly echogenic to heteroechoic without parenchymal mineralization. The prostate measured 3.2 cm in diameter. No evidence of prostatitis.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.47 cm width at the caudal pole and 2.4 cm length. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.56 cm width at the caudal pole and 3.0 cm length.

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.



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Liver

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The liver presented normal in size. The hepatic parenchyma revealed diffuse reduced echogenicity compared to the spleen and renal cortical parenchyma with a mild coarse echotexture. Increased portal vein prominence was evident. The capsule of the liver was normal in margination. Distinct masses or nodules were not evident. The hepatic and portal vasculature were normal in appearance. The gallbladder was non-distended in size.

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The gallbladder wall was thickened in appearance consisting of an echogenic double rim corresponding to the inner and outer portions of the wall. The gallbladder wall measured 0.24 cm in width. This is consistent with gallbladder wall edema. Possible causes may include acute inflammation, edema and anaphylaxis. The cystic and common bile ducts were normal.

Gastrointestinal

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The stomach presented intact yet mildly prominent wall layering with a normal wall layer ratio. The lumen of the stomach was empty with no signs of ileus, obstruction or foreign material. The gastric body wall measured 0.69 cm in width.

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The intestinal walls demonstrated intact wall layering and maintained 1:3 muscularis / mucosa ratio. The mucosa exhibited mild decreased echogenicity with occasional mucosal speckling. A segmental to diffuse ileus pattern consisting of mild fluid accumulation in the intestinal lumen was present without obstruction or foreign material. The duodenum wall measured 0.47 cm in width.

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The colon walls presented intact yet prominent wall layering with mild thickened to echogenic submucosa. The descending colon was primarily empty.

Pancreas

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The pancreas base and right limb exhibited enlargement with areas of capsule asymmetry and heterogeneous to hypoechoic parenchyma with mild hypoechoic striations. Peripancreatic to generalized mild reactive mesentery was present.

Free Abdomen

IMAGING PERFORMED BY

Patti Mayfield DVM

Scant to mild volume anechoic peritoneal effusion was present.

Intermittent enlarged mesenteric and medial iliac lymph nodes were present. These lymph nodes were homogenous, mildly hypoechoic and smoothly marginated. A normal width: length ratio was maintained (<0.5). Evidence of perilymphatic inflammation was evident. An example of lymph node size was 1.5 cm x 0.8 cm.

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ULTRASONOGRAPHIC FINDINGS

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- Acute gastroenterocolitis pattern-viral, bacterial, parasitic, enterotoxic insult, dietary indiscretion, IBD or less likely occult intestinal neoplasia
- Pancreatitis
- Acute hepatopathy with concurrent gallbladder wall edema-reactive, noncardiogenic hepatic congestion, acute hepatitis (viral, bacterial, toxin etc.) possible
- Intermittent mild mesenteric and medial iliac lymphadenopathy-hyperplasia or suspected reactive lymphadenitis, not overtly consistent with neoplastic criteria which is unlikely
- Scant to mild volume peritoneal free fluid

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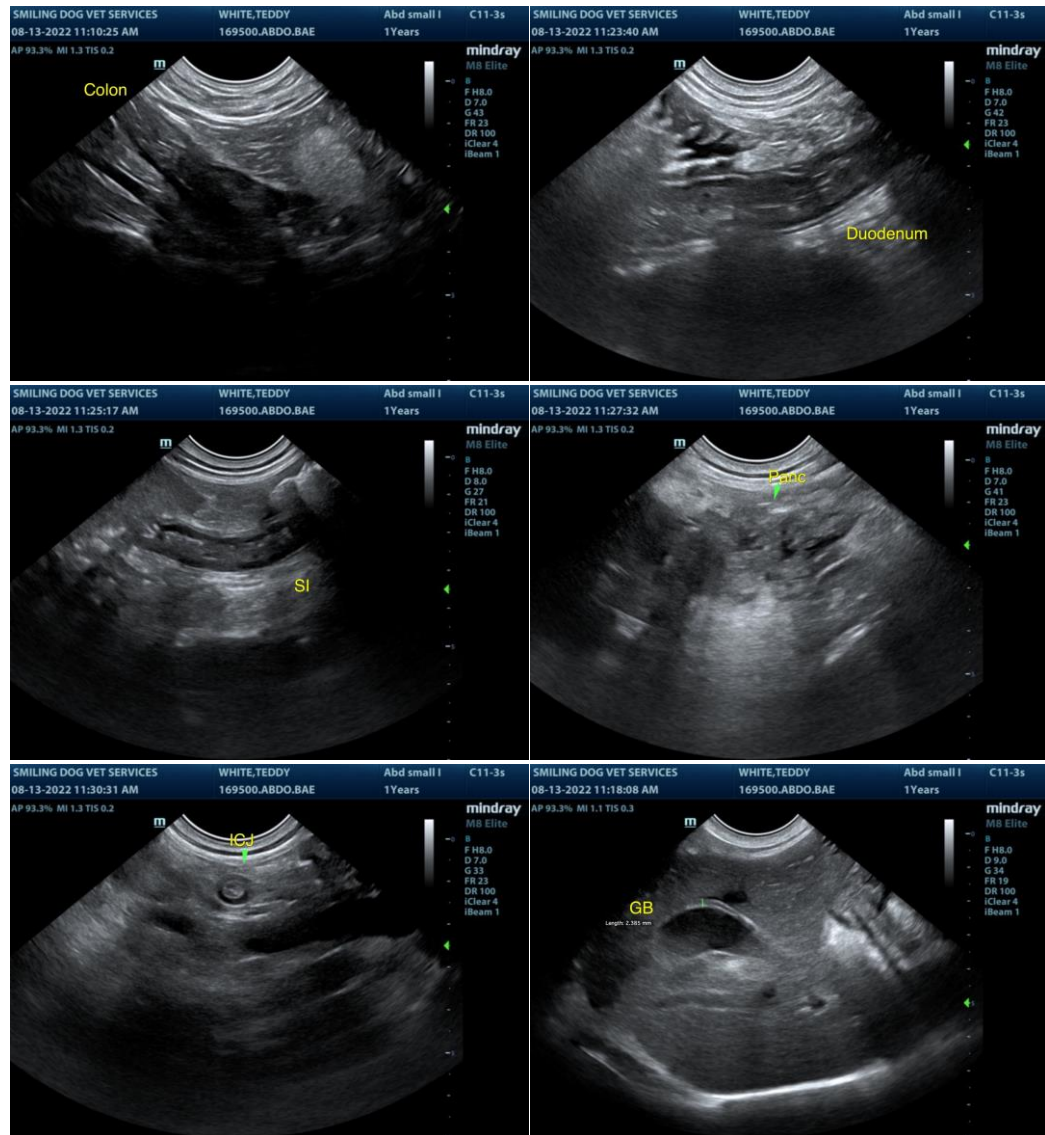
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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Given the clinical improvement in the patient, continued supportive care for acute gastroenterocolitis and pancreatitis with as needed hepatic support would be reasonable. A GI panel to include PLI/TLI/Cobalamin/Folate is recommended if persistent GI signs. A leptospirosis titer +/- hepatic FNA could be considered if persistent to progressive ALT elevation. No indication for immediate surgical intervention.



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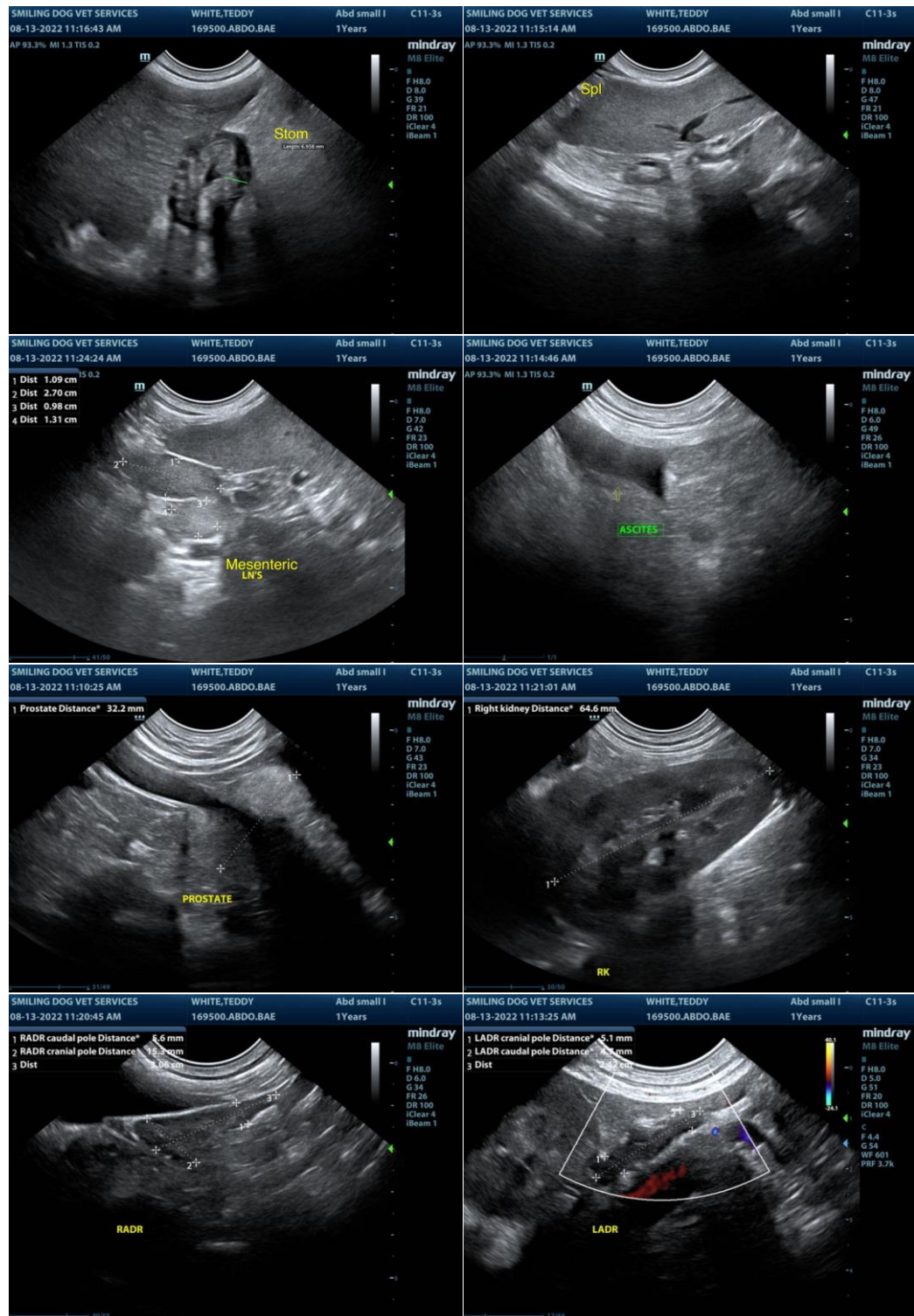
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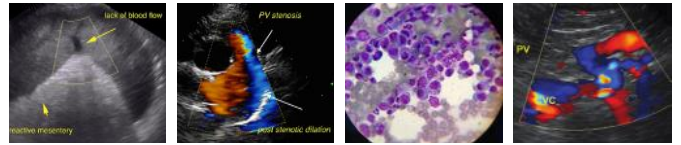
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

Thank you for this referral. If the clinical or image interpretation does not parallel your findings or if I



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can be of any further assistance please contact me.

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info@SonoPath.com

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