



PATIENT PRESENTING CLINICAL SIGNS

Mishka Thomas History: Decreased appetite, vomiting, urinating in house, diarrhea Omeprazole, metronidazole, doxycycline, cerenia

SPECIES ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Canine **Urinary System**

BREED

Husky Mix

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 3 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.

SEX

FS

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

AGE

2016

The area of the aortic trifurcation was free of pathology.

Adrenal Glands

WEIGHT

47

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.57 cm width at the caudal pole and 1.9 cm length. No overt pathology in the area of the right adrenal gland.

Spleen

INTERPRETED BY

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

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.

IMAGING PERFORMED BY

Rebekah Jakum, CVT
 ARDMS/RVT

Liver

The liver presented mildly enlarged in size. The parenchyma of the liver was subjectively normal in echogenicity compared to the spleen and renal cortices. The liver parenchyma was uniform with a mildly coarse echotexture. The capsule of the liver was symmetrically rounded to mildly swollen in margination. The hepatic and portal vasculature were normal in appearance without signs of congestion.

HOSPITAL NAME

Littlestown Veterinary
 Hospital

The gallbladder was non-distended in size with primarily anechoic luminal content. The cystic and common bile ducts were normal.

REFERRING VET

Dr. Jennings

Gastrointestinal

The stomach presented intact wall layering in the fundus and body. The gastric wall measured 0.47 cm in width. The antrum and pylorus exhibited mild to variable wall thickening with decreased mural echogenicity and indistinct wall layer detail. The lumen of the stomach was empty with no signs of ileus, obstruction or foreign material. The pylorus wall measured up to 1.0 cm in width.

INVOICE

11351ag

DATE

08/15/2022



PATIENT

Mishka Thomas

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. The duodenum wall measured 0.40 cm in width. The jejunum wall measured 0.35 cm in width.

SPECIES

Canine

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

Pancreas

The pancreas base and right pancreatic limb exhibited mild enlargement with areas of capsule asymmetry and hypoechoic parenchyma compared to adjacent hyperechoic peripancreatic and perigastric omentum.

BREED

Husky Mix

Free Abdomen

No evidence of significant lymphadenopathy or peritoneal effusion was present.

SEX

FS

ULTRASONOGRAPHIC FINDINGS

AGE

2016

- Pancreatitis with regional peripancreatic omental inflammation
- Associated to secondary gastroduodenitis
- Reactive/vacuolar hepatopathy pattern-subjectively benign
- Unremarkable gallbladder

WEIGHT

47

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Sonographically the appearance of the pancreas and gastric antrum/pylorus is suggestive of pancreatitis with probable secondary gastritis/gastroduodenitis. Minor potential for early infiltrative neoplasia involving the stomach or pancreatic neoplasia is considered less likely. Correlation with a spec cPL or full GI panel to rule out occult small intestinal disease as a contributing factor is warranted. Hospitalization with medical therapy for pancreatitis and as needed GI supportive care with assessment of clinical response is recommended. Recheck sonogram suggested if persistent/progressive clinical signs despite empirical therapy.

INTERPRETED BY

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

IMAGING PERFORMED BY

Rebekah Jakum, CVT
ARDMS/RVT

HOSPITAL NAME

Littlestown Veterinary
Hospital

REFERRING VET

Dr. Jennings

INVOICE

11351ag

DATE

08/15/2022





PATIENT

Mishka Thomas

SPECIES

Canine

BREED

Husky Mix

SEX

FS

AGE

2016

WEIGHT

47

INTERPRETED BY

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

IMAGING PERFORMED BY

Rebekah Jakum, CVT
ARDMS/RVT

HOSPITAL NAME

Littlestown Veterinary
Hospital

REFERRING VET

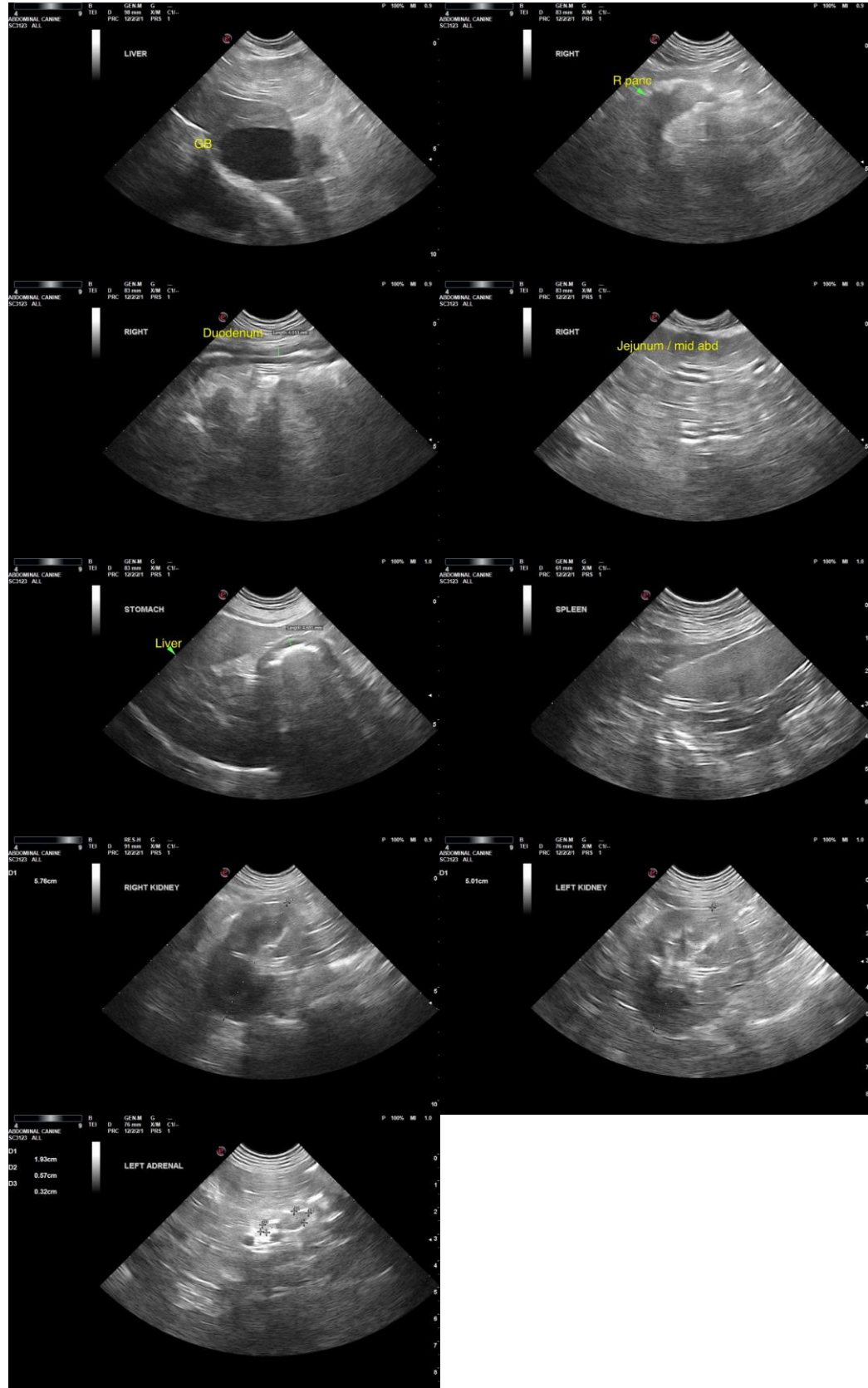
Dr. Jennings

INVOICE

11351ag

DATE

08/15/2022





PATIENT

Mishka Thomas

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.

SPECIES

Canine

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.

BREED

Husky Mix

R. McKenzie Daniel, DVM, DABVP (Canine/Feline Practice)
mac.daniel@sonopath.com

SEX

FS

AGE

2016

WEIGHT

47

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

Rebekah Jakum, CVT
ARDMS/RVT

HOSPITAL NAME

Littlestown Veterinary
Hospital

REFERRING VET

Dr. Jennings

INVOICE

11351ag

DATE

08/15/2022