

PATIENT

Molly Hayes

SPECIES

Canine

BREED

Beagle

SEX

F

AGE

7mo

WEIGHT

19.8lb

INTERPRETED BY

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

IMAGING PERFORMED BY

A. Rodriguez

HOSPITAL NAME

Foxfield Veterinary
Services

REFERRING VET

A. Rodriguez

INVOICE

11354ag

DATE

08/15/2022

PRESENTING CLINICAL SIGNS

History: Decreased appetite and lethargy. Crying when picked up. T=103. Very anxious.

Abnormal PE/Chem/CBC/UA Results: WBC: 28.87, Neut: 20.54, Mono: 4.15. Basic chem WNL

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2 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.

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. Focal small thinly walled cortical cysts present bilaterally, an example measuring 0.47 cm. The left kidney measured 4.6 cm in length. The right kidney measured 5.3 cm in length.

The area of the aortic trifurcation was free of pathology.

No overt pathology in the area of the uterus or bilateral ovaries.

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 1.8 cm length. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.61 cm width at the caudal pole and 1.85 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.

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 yet mildly prominent wall layering with a normal wall layer ratio. The lumen of the stomach contained a moderate amount of retained anechoic to echogenic fluid with no signs of ileus, obstruction or foreign material. The ventral gastric body wall measured 0.36 cm in width.

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 obstruction or foreign material. Minor segmental jejunal ileus was present. The jejunum wall measured 0.31 cm in width.



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Pancreas

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The area of the pancreas base and right pancreatic limb exhibited mild prominent size with areas of minor capsule asymmetry. Mild primarily uniform hypoechoic pancreatic parenchyma compared to the adjacent hyperechoic 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.

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Free Abdomen

No peritoneal effusion was present.

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F

Focal, mildly prominent to enlarged mesenteric node was present. The lymph node was essentially isoechoic to adjacent omentum without evidence of peripheral inflammation and maintaining a normal width: length ratio (<0.5). The lymph node measured 0.42 cm width.

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ULTRASONOGRAPHIC FINDINGS

- Gastroenteritis pattern-potentially acute
- Intermittent subjective benign mesenteric lymphadenopathy-minor mesenteric lymphoid hyperplasia, reactive lymphadenitis or immunologic immaturity possible
- Suspect low grade pancreatitis
- Small bilateral renal cortical cysts-incident

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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(Canine and Feline)

No evidence of GI mechanical obstruction or overt foreign material was observed. Abdominal radiographs could be considered for correlation. Given the fever and elevated WBC, considerations may include viral, bacterial or parasitic enteritis, enterotoxin, dietary indiscretion, IBD or other. No indication for immediate surgical intervention. Pancreatitis would be suspected if evidence of cranial abdominal or subxiphoid discomfort on palpation. Correlation with a spec cPL or a GI panel to include PLI/TLI/Cobalamin/Folate is recommended.

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Empirically therapy for acute gastroenteritis and pancreatitis with assessment of clinical response would be reasonable.

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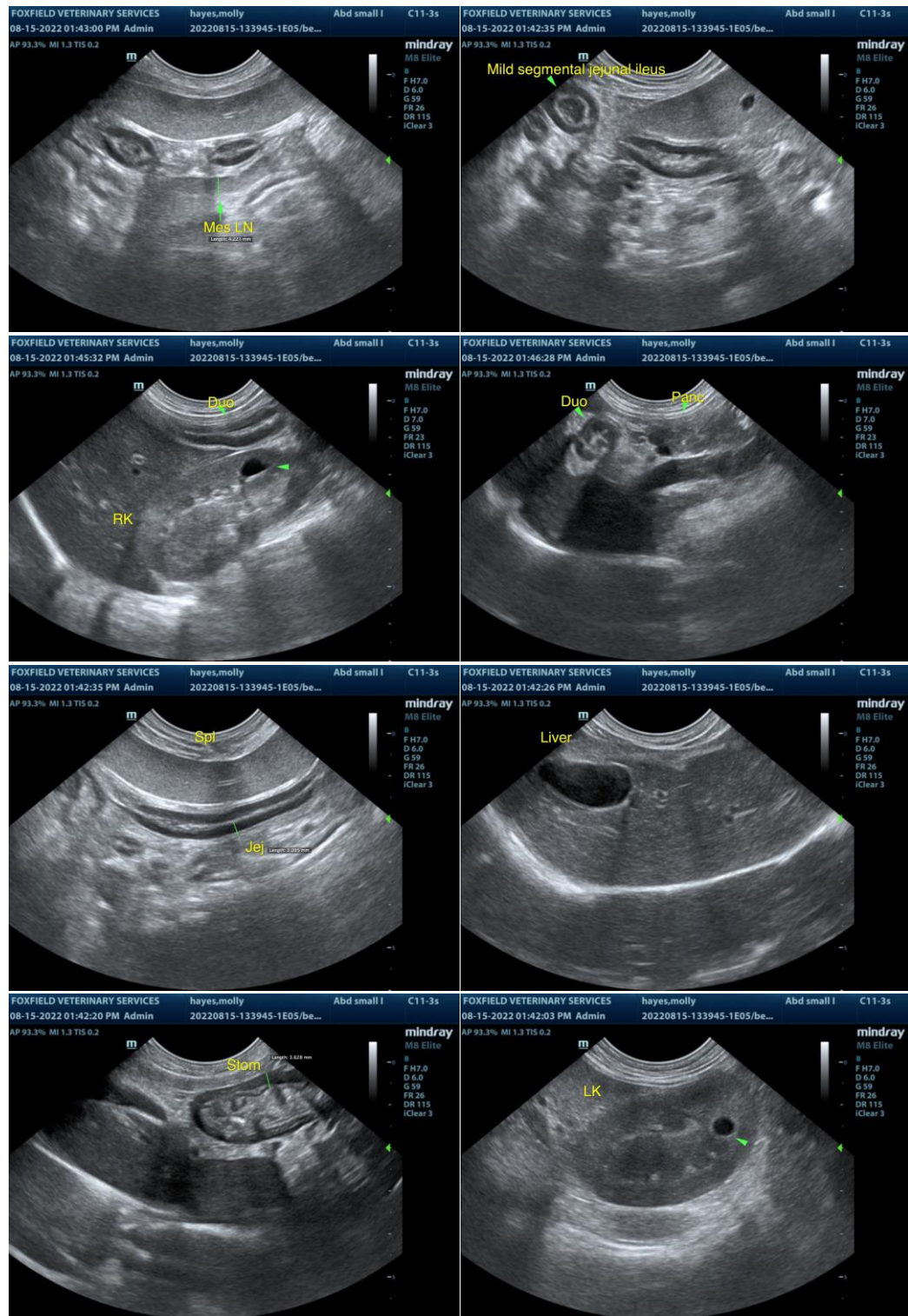
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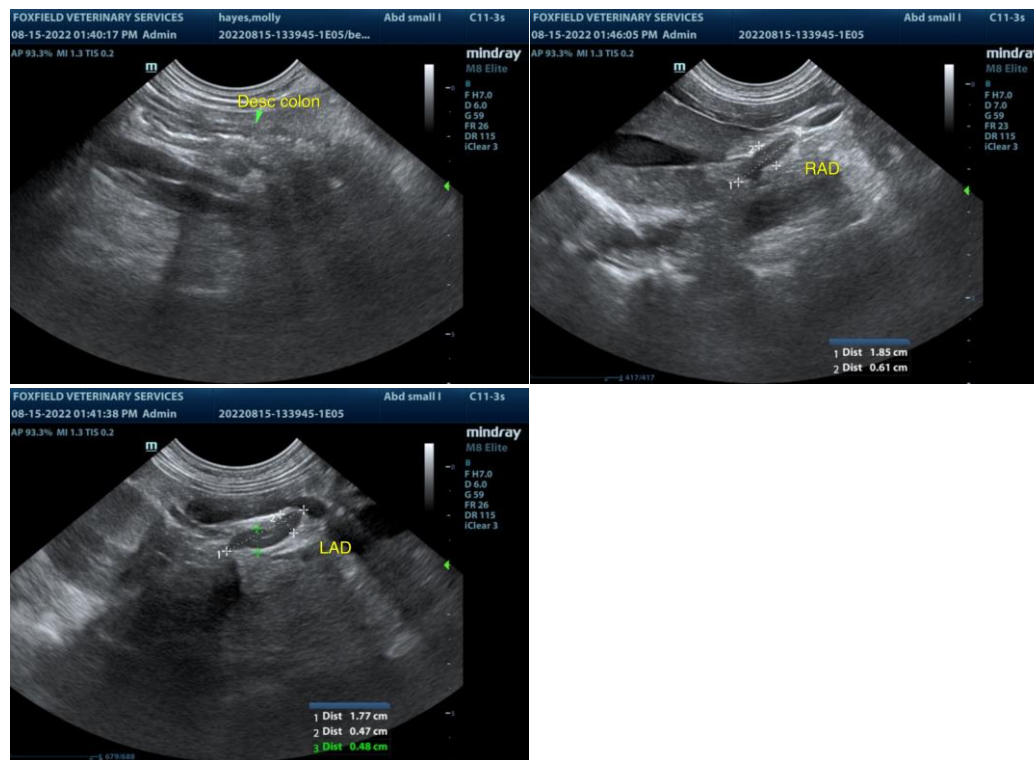
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

Thank you for this referral. If the clinical or image interpretation does not parallel your findings or if I can be of any further assistance please contact me.

R. McKenzie Daniel, DVM, DABVP (Canine / Feline Practice)

info@SonoPath.com

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