

PATIENT	PRESENTING CLINICAL SIGNS
Pretty Penny Gray	Acute onset yesterday of vomiting and not eating. Lethargic. Got Cerenia and SQ fluids at E Clinic last night, vomiting despite Cerenia (reddish fluid). On IVF in hospital now, started with liquid diarrhea after US. Torbugesic IV for sedation, painful on pressure with probe.
SPECIES	Abnormal PE/Chem/CBC/UA Results: PE: Depressed, dehydration. BW: Hct 60%, WBC 10,300, with Neut. 8,400 and suspected Bands. Alb 4.1. Na:K normal. RADS: liver appears small, odd appearance to stomach/cranial abdomen.
Canine	
BREED	ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN
Bichon Mix	Urinary System
SEX	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.
FS	
AGE	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 4.2 cm in length. The right kidney measured 4.2 cm in length.
5yr	
WEIGHT	The area of the aortic trifurcation was free of pathology.
15lb	Adrenal Glands
INTERPRETED BY	The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.40 cm width at the caudal pole and 0.44 cm width at the cranial pole. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.42 cm width at the caudal pole and 0.61 cm width at the cranial pole.
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	Spleen
IMAGING PERFORMED BY	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.
Dr. Ebersole	Liver
HOSPITAL NAME	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.
Scanvet	Gastrointestinal
REFERRING VET	The stomach presented intact yet mildly prominent wall layering owing to a prominent mucosa layer. The lumen of the stomach was empty with no signs of ileus, obstruction or foreign material.
Dr. Sanders	
INVOICE	
11369ag	
DATE	
08/16/2022	



PATIENT

Pretty Penny Gray

The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. Subjective generalized propensity for decreased mucosa echogenicity was present. Mild small intestinal ileus was present. The lumen of the small intestine was empty with no signs of obstruction or foreign material.

SPECIES

Canine

Normal visible colon wall layers were present with marked colonic distention with apparent non formed feces in lumen.

Pancreas

BREED

Bichon Mix

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.

Free Abdomen

SEX

FS

No omental masses, overt lymphadenopathy or peritoneal effusion was present.

AGE

5yr

ULTRASONOGRAPHIC FINDINGS

- Acute gastroenteritis pattern with mild gastric and generalized small intestine hypomotility/ileus
- Moderate to marked colonic distention contained non-formed feces

WEIGHT

15lb

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No overt evidence of small intestinal obstructive pattern, foreign material or other pathology i.e. GI masses, torsion, etc. were present. Hospitalization with aggressive therapy for acute gastroenteritis including rehydration protocol, as needed GI support, broad spectrum antibiotic with assessment of clinical response would be reasonable.

INTERPRETED BY

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

Recheck sonogram is ideal for reassessment of the GI tract pending clinical response to therapy or if persistent/progressive GI signs despite supportive care.

Assessment of serum cobalamin and folate levels, fresh fecal analysis +/- resting cortisol level could be considered.

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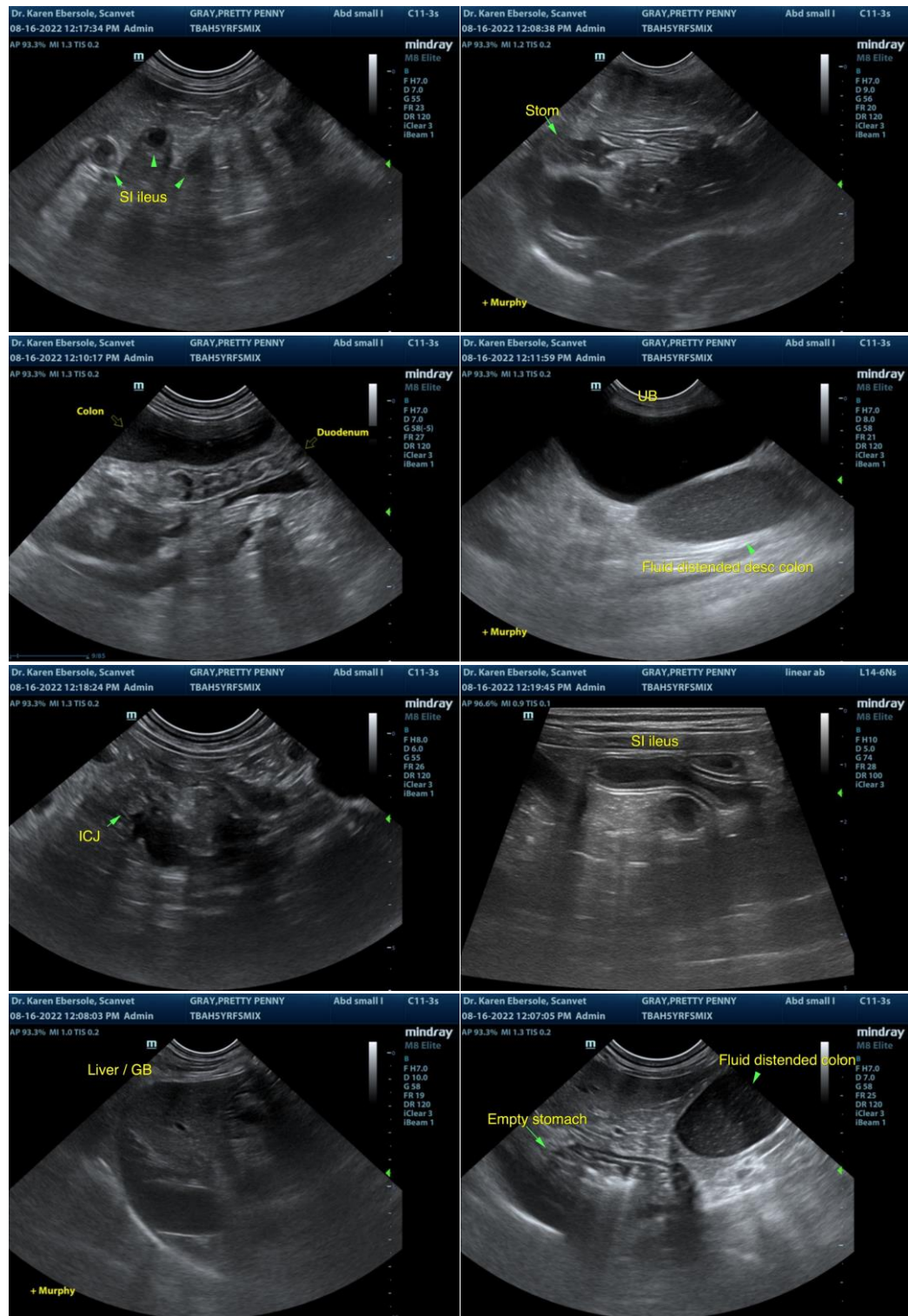
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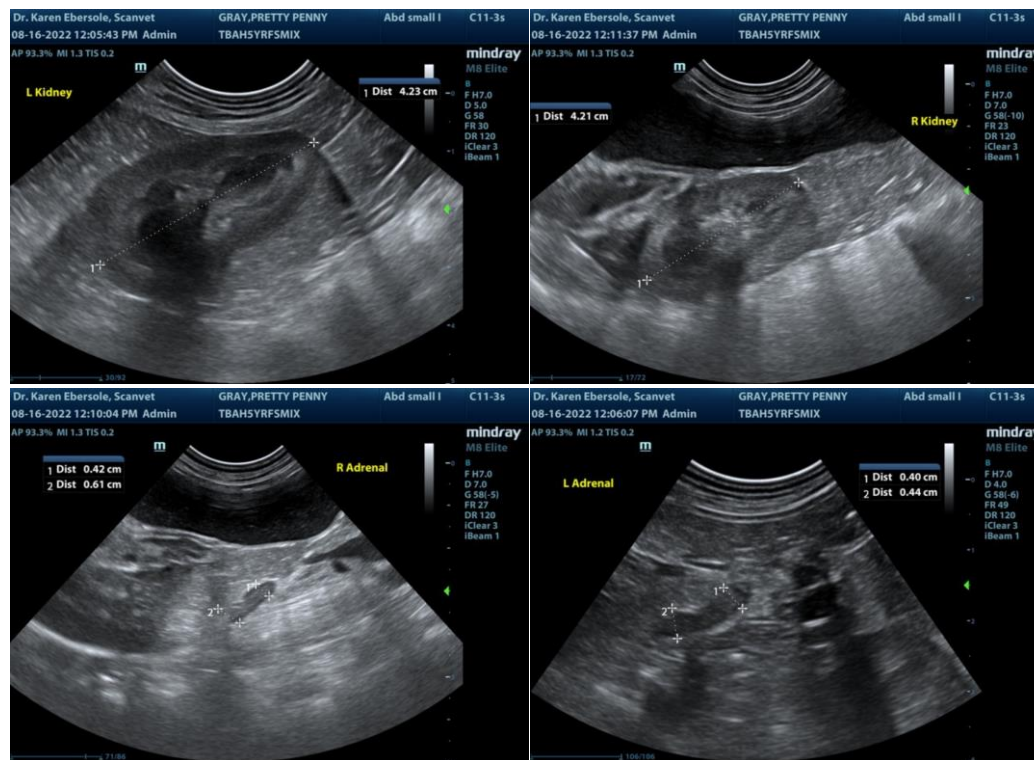
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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