



PATIENT

Mia Hayward

PRESENTING CLINICAL SIGNS

History: Vomiting since yesterday
Abnormal PE/Chem/CBC/UA Results: WNL

SPECIES

Canine

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

BREED

Mixed

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2.0 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. Aortic trifurcation was normal.

SEX

Spayed Female

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 6.2 cm in length. The right kidney measured 6.1 cm in length.

AGE

9 Months

Adrenal Glands

WEIGHT

46 Pounds

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 2.8 cm in length x 0.56 cm width at the caudal pole.

The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 2.6 cm in length x 0.53 cm width at the caudal pole.

INTERPRETED BY

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

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.

IMAGING PERFORMED BY

A. Rodriguez

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.

HOSPITAL NAME

Foxfield VS

Gastrointestinal

REFERRING VET

A. Rodriguez

The stomach presented intact yet mildly prominent wall layering. The lumen of the stomach was empty with no evidence of gastric distention with retained ingesta, fluid or foreign material. The ventral gastric body wall measured 0.43 cm.

INVOICE

16893

The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. Minor intermittent small intestinal mucosal speckling was present, along with mild luminal gas. No evidence of mechanical/metabolic small intestinal ileus pattern or foreign material. The duodenum wall measured 0.47 cm. The jejunum wall measured 0.40 cm.

DATE

8/18/22



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

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Pancreas

SPECIES

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.

Canine

Free Abdomen

BREED

Focal to intermittent, mildly prominent to enlarged mesenteric nodes were present. The lymph nodes were essentially isoechoic to adjacent omentum without evidence of peripheral inflammation and maintaining a normal width: length ratio (<0.5). An example of a lymph node measured 2.3 cm x 0.75 cm.

Mixed

SEX

No free fluid was noted.

Spayed Female

Other

No evidence of pathology in the area of the uterine remnant.

AGE

ULTRASONOGRAPHIC FINDINGS

9 Months

- Gastroenteritis pattern
- Focal to intermittent benign/reactive mesenteric lymphadenopathy- lymphoid hyperplasia, minor reactive lymphadenitis owing to inflammatory bowel episode or immunologic immaturity possible.

WEIGHT

46 Pounds

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

INTERPRETED BY

No evidence of mechanical GI obstruction or foreign material. Dietary indiscretion/food intolerance, acute gastroenteritis, gastroenterotoxic insult, occult parasitism or other inflammatory gastroenteropathy possible. No indication for surgical intervention. Supportive care should prove beneficial. If continued vomiting, adrenal screening with resting cortisol to rule out occult Addisons disease could be considered.

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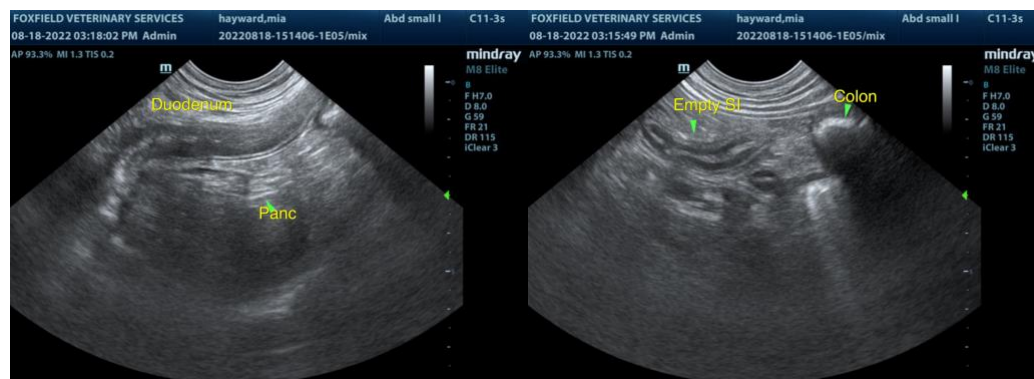
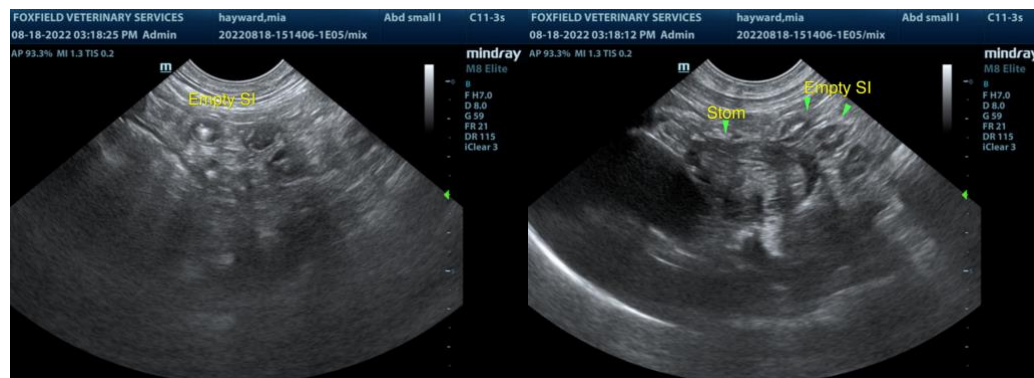
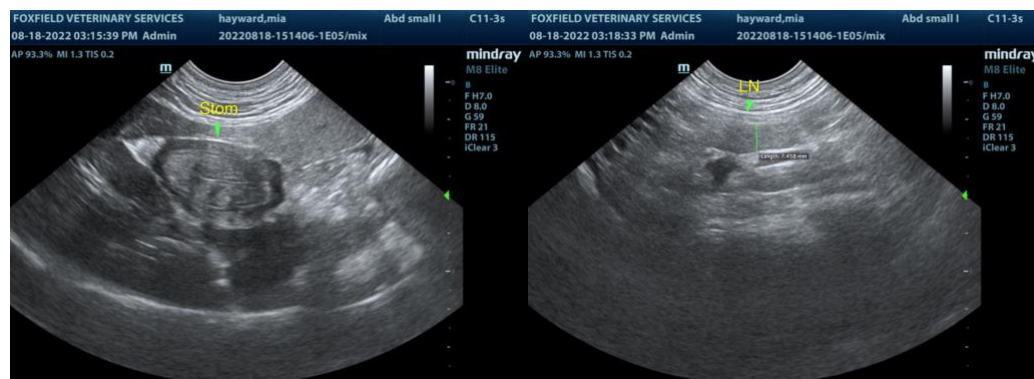
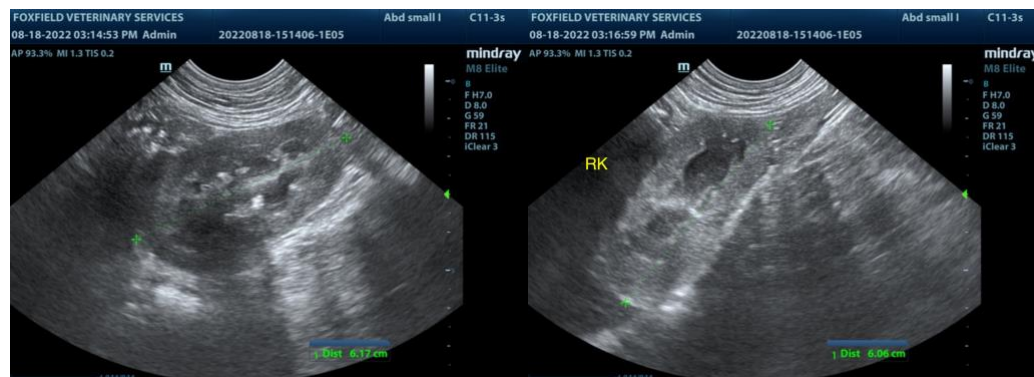
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The information and recommendations provided are based on the images presented by the



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referring veterinarian. 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.

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

info@SonoPath.com

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9 Months

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