



PATIENT

Chloe Wilson

PRESENTING CLINICAL SIGNS

Lethargic and dehydrated vomiting for 3 days Cranial Ab pain when scanned. Given methadone for last half of scan.

SPECIES

Canine

Abnormal PE/Chem/CBC/UA Results: CBC normal chemistry pending

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

BREED

French Bulldog

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.

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 4.6 cm in length. The right kidney measured 4.4 cm in length.

AGE

2yr

The area of the aortic trifurcation was free of pathology.

WEIGHT

11kg

Adrenal Glands

The bilateral adrenal glands were overtly normal in size, position and shape. The left adrenal gland measured 0.42 cm width. The right adrenal gland measured 0.45 cm width.

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

Dr Belan

Liver/Gallbladder

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. Normal vascular volume. 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

Bridgeland Vet Clinic

REFERRING VET

Dr Kelamn

Gastrointestinal

The stomach presented mild wall thickening secondary to echogenic mucosa hypertrophy. Intact wall layering was maintained and distinct. The gastric body wall measured 0.42 cm width. Mild gastric distension with mild variably echogenic to shadowing ingesta was present.

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14640ag

DATE

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The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. Empty segments of small intestine with concurrent similar appearing ingesta and segmental areas of mild non-obstructive intestinal ileus were present.

SPECIES

Canine

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

Pancreas

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.

BREED

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Free Abdomen

No omental masses or peritoneal effusion was present.

SEX

FS

Intermittent enlarged mid abdominal mesenteric lymph nodes were present. These lymph nodes were homogenous, mildly hypoechoic and smoothly margined. A normal width: length ratio was maintained (<0.5). Evidence of subtle perilymphatic inflammation was present. An example of lymph node size was 2.4 cm.

AGE

2yr

ULTRASONOGRAPHIC FINDINGS

- Non-specific gastroenteropathy exhibiting mild gastric and segmental intestinal ingesta.
- Segmental non-obstructive mild intestinal ileus pattern.
- Intermittent variably prominent non-homogenous mesenteric lymph nodes-suspect mild mesenteric lymphadenitis secondary to inflammatory bowel episode.

WEIGHT

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No obvious evidence of GI obstructive pattern or visualized foreign material. The possibility of a small amount of non-obstructive or passing foreign material cannot be definitively excluded however, without evidence of obstructive pattern, no indication for immediate surgical intervention.

IMAGING PERFORMED BY

Dr Belan

Assessment for evidence of cranial abdominal/subxiphoid discomfort on palpation which may allude to low grade pancreatitis which may present sonographically normal is recommended. Emerging inflammatory bowel or less likely occult infiltrative neoplasia, dietary indiscretion / food hypersensitivity, occult parasitism, infectious disease or occult Addison's disease all potential.

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Correlation with pending chemistry panel is suggested. A GI panel to include PLI/TLI/Cobalamin/Folate is recommended. Although considered unlikely considering normal adrenal presentation, a resting cortisol level to rule out occult Addison's disease is recommended. Hospitalization with 24 - 48 hour IVF and GI support, assessment of clinical response and possible sonographic reassessment if persistent/progressive GI signs is recommended.

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SEX

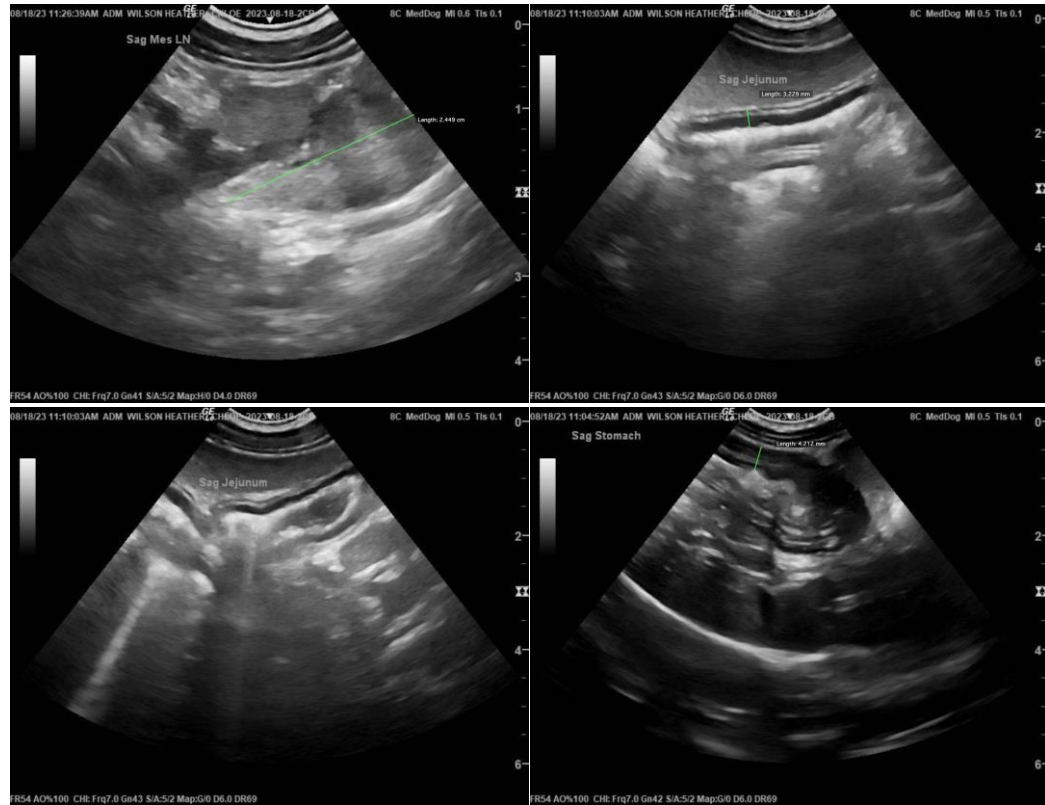
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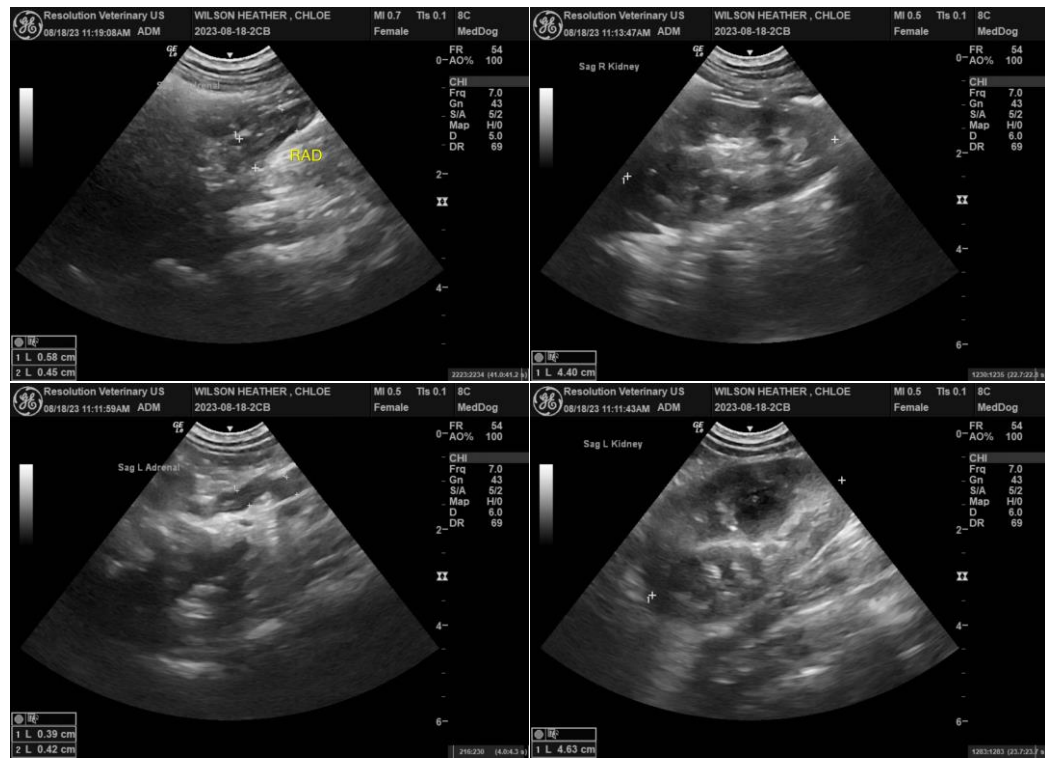
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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