



PATIENT

Dr. Pickles Beverlin

SPECIES

Canine

BREED

Mini Dachshund

SEX

Neutered Male

AGE

12 Years

WEIGHT

10.4 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Rodriguez

HOSPITAL NAME

Foxfield Vet Services

REFERRING VET

Dr. Rodriguez

INVOICE

24835

DATE

8/10/21

PRESENTING CLINICAL SIGNS

Blood in vomit. Vomited several times overnight.
Abnormal PE/Chem/CBC/UA Results: RBC: 10.74, HCT: 69, HGB: 25, WBC: 16.54, amylase>2500, lipas: 5513. alb: 2.8

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of – 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 was maintained. The medulla and cortices were uniform in texture with some increased echogenicity and loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. Pinpoint areas of dystrophic medullary mineral noted. The left kidney measured 4.0 cm. The right kidney measured 3.9 cm.

Adrenal Glands

The adrenal glands were uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.48 cm at the cranial pole and 0.53 cm at the caudal pole. The right adrenal gland measured 0.51 cm at the cranial pole and 0.49 cm at the caudal pole.

Spleen

The spleen exhibited primarily finely textured parenchyma which was hyperechoic to the liver and renal cortical parenchyma. Mild generalized parenchyma heterogeneity was present without evidence of nodular changes. 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. The parenchymal heterogeneity is likely consistent with benign changes such as extramedullary hematopoiesis or age related remodeling with minor potential for inflammatory or neoplastic disease.

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 mild, echogenic, nonmineralized biliary sludge. The cystic duct and common bile ducts were normal without evidence of dilation.

Gastrointestinal

The stomach presented wall thickening secondary to echogenic mucosa hypertrophy. Intact wall layering was maintained and distinct. Mild to moderate retained, primarily anechoic fluid present. Gastric body wall measured 0.48 cm.

The intestinal walls demonstrated intact wall layering and maintained 1:3 muscularis / mucosa ratio. The mucosa exhibited mild decreased echogenicity with occasional mucosal speckling. A segmental to diffuse ileus pattern consisting of mild fluid accumulation in the intestinal lumen was present without obstruction or foreign material. Segmental areas of suspected dysfunctional jejunum with potential for hypercontractility or spasming were present. Duodenum wall measured 0.35 cm. Jejunum wall measured 0.34 cm.



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Ileocolic wall measured 0.32 cm. The colon walls were sonographically unremarkable with generalized colonic distention, primarily in the proximal to transverse colon, containing nonformed to liquid feces.

Pancreas

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The pancreas was normal in size and contour with non-homogeneous to echogenic parenchyma compared to adjacent omentum.

Free Abdomen

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Subtle generalized peri intestinal to peripancreatic reactive mesentery noted. No evidence of concurrent effusion or lymphadenopathy.

ULTRASONOGRAPHIC FINDINGS

SEX

Neutered Male

- Acute gastroenteritis pattern with gastric and segmental jejunal hypomotility
- Non-homogeneous to echogenic pancreas
- Mild age related kidneys with pinpoint dystrophic medullary mineral
- Mild gallbladder debris (non-mucocele)

AGE

12 Years

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

WEIGHT

10.4 Pounds

No evidence of mechanical gastrointestinal obstruction or overt foreign material, therefore no indication for immediate surgical intervention. The overall appearance of the gastrointestinal tract and colon is most consistent with acute gastrointestinal insult (i.e., dietary indiscretion, occult parasitism, enterotoxin, with potential for other inflammatory/infectious gastroenteropathy. Potential for occult gastrointestinal neoplasia, yet considered unlikely.

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The appearance of the pancreas is suggestive of parenchymal remodeling owing to previous inflammatory episode, reactive changes owing to gastrointestinal inflammation, or chronic pancreatitis. Sonographically, the appearance of the pancreas was not consistent with primary active or significant pancreatitis. Potential for gastric microulceration possible, given the hematemesis.

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The gallbladder debris may be secondary to fasting or indicate nonclinical cholestasis. Hospitalization with IV fluid support to correct dehydration along with aggressive medical therapy for acute gastroenteritis +/- plasma expanders with monitoring of albumin levels recommended. Recheck sonogram may be considered to assess for progressive inflammatory gastroenterocolic and pancreatic changes pending clinical response to therapy.

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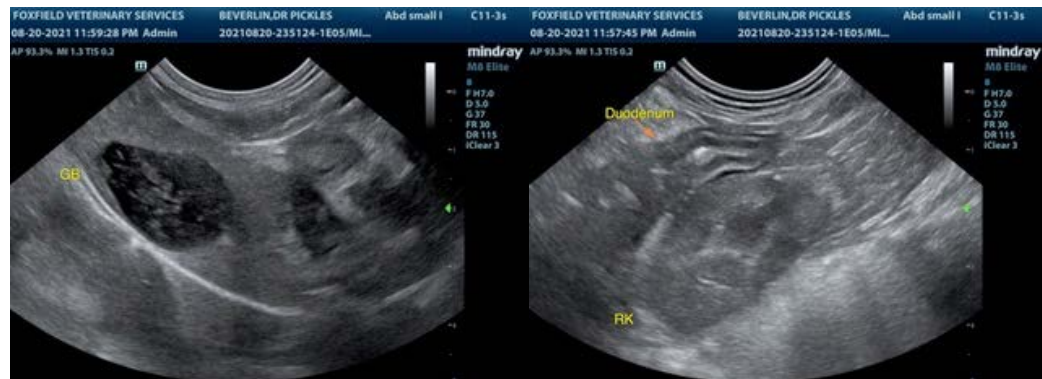
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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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