



PATIENT

Yoshi McCarthy

SPECIES

Canine

BREED

Italian Greyhound

SEX

MN

AGE

7 years

WEIGHT

14.6 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Sara Hansen

HOSPITAL NAME

The Veterinary
Hospital

REFERRING VET

Dr. Berman

INVOICE

14875

DATE

8/22/23

PRESENTING CLINICAL SIGNS

Rapidly declining QOL at home, inappetent/vomiting (cannot hold food down), progressing lethargy
Hx IMHA (has been in remission since 2017) Labwork wnl on 8/10/23 Fecal PCR wnl

Abnormal PE/Chem/CBC/UA Results: Rechecking labwork today (P not yet arrived -- emergency fit in)
Radiographic Findings No major changes on 8/10/23, mild gas dilation in region of cecum

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder was mildly subnormal in size owing to lack of urine distention which prohibited full evaluation of the urinary bladder wall. There was no overt evidence of urinary bladder wall pathology or tumors. Mild anechoic urine was present with no sediment, mineral, or calculi.

There was no overt pathology in the area of the residual prostate.

The area of the aortic trifurcation was free of pathology.

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 4.5 cm in length. The right kidney measured 4.7 cm in length.

Adrenal Glands

The left and right adrenal glands were not definitively visualized. No overt pathology was noted in the area of the left or right adrenal glands.

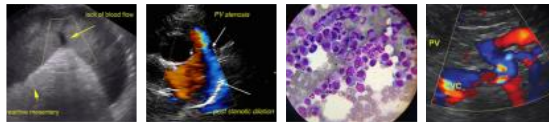
Spleen

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/ 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. The hepatic and portal vasculature were normal in appearance without signs of congestion.

The gallbladder was non-distended in size containing primarily anechoic content with mild gallbladder sediment. The cystic and common bile ducts were normal. No evidence of gallbladder inflammatory criteria was noted.



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Gastrointestinal

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The stomach presented intact borderline to mild thickened wall layering most notable in the area of the gastric antrum and pylorus with mild retained pyloric anechoic fluid. No overt mechanical pyloric outflow obstruction or obstructive pyloric mural pathology was noted. Mild lumen gas was present without evidence of significant retained gastric fluid, ingesta, or overt foreign material. The ventral gastric body wall width measured 0.45 cm. The ventral pylorus wall width measured 0.70 cm.

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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 ileus, obstruction, or foreign material. The duodenum wall measured 0.30 cm width. The jejunum wall measured 0.23 cm width.

SEX

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

MN

Pancreas

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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 were evident.

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Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

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ULTRASONOGRAPHIC FINDINGS

- Borderline / mild thickened gastric wall with minor retained pyloric fluid
- Sonographically unremarkable small bowel / pancreas
- Mild gallbladder sediment (non-mucocele)

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The borderline to mild thickened gastric wall with potential for minor metabolic or functional gastric hypomotility is suggestive of gastritis criteria, although the possibility of early infiltrative gastric disease such as early infiltrative neoplasia cannot be excluded.

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Three-view chest radiographs, if not done, are suggested to rule out occult intrathoracic or esophageal pathology as a contributing factor. Endoscopy, if available, is likely ideal for further clarification and potential for biopsies for histopathology and further clarification. If the patient is not currently or recently on steroid therapy, given the history of IMHA, a resting cortisol level to screen for occult Addison's Disease is suggested.

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Empirically, gastroprotectant protocol, canned to slurried novel protein or hydrolyzed diet with avoidance of dry food over the next 3 weeks with assessment of clinical response and sonographic monitoring would be reasonable. Concurrent empirical therapy for helicobacter may be considered.

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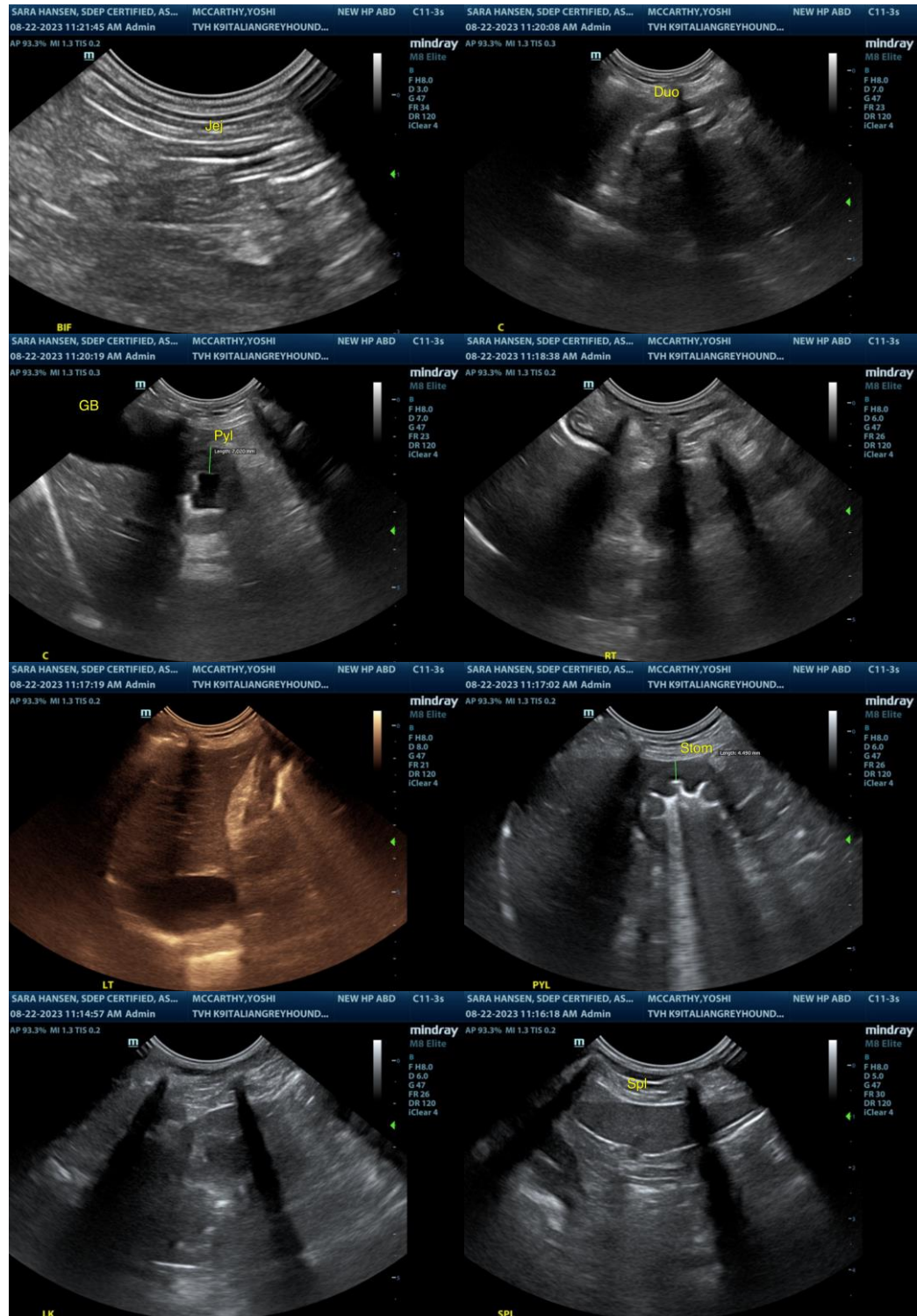
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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