


PATIENT PRESENTING CLINICAL SIGNS

Mindy Perks Patient has had tremors occasionally but last night fell out of bed and was convulsing. Could not get up for some time after. Once up owner noticed she had been walking into things. Vomited dark brown. 20 mins later another episode, 2 more episodes throughout the night. No known toxins. On exam was pacing and panting. Tense abdomen. No meds.

SPECIES

Canine

BREED

JRT

SEX

Intact Female

AGE

15 Years

WEIGHT

6.6 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Crystal Hill

HOSPITAL NAME

BPH Stoney Creek

REFERRING VET

Dr. Salib

INVOICE

24857

DATE

8/23/21

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN
Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 3.0 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.

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 moderate loss of corticomedullary symmetry and definition expected for the age of the patient. A cranial thinly walled corticomedullary cyst containing anechoic fluid was present in the left kidney. Minor pyelectasia noted in the left kidney. The left kidney measured 4.1 cm. The right kidney measured 4.6 cm.

Adrenal Glands

The left adrenal gland was normal in size. Mild parenchyma heterogeneity and mild capsule asymmetry was present without suspicion for overt neoplasia. The left adrenal gland measured 1.9 cm length x 0.59 cm at the caudal pole.

The right adrenal gland was indistinctly visualized owing to the presence of regional intestinal and colonic gas artifact. The right adrenal gland subjectively measured 0.60 cm at the caudal pole.

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

The liver was subjectively normal in size, structure, and contour. The liver parenchyma was mildly nonuniform and hypoechoic to the spleen with a moderate coarse echotexture and subjective mild to benign parenchymal remodeling. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non distended in size with mild, echogenic, non-dependent yet non-organized debris. The common bile duct was normal.

Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained primarily echogenic ingesta exhibiting multiple areas of distal acoustic shadowing. Example of shadowing ingesta measured approximately 1.3 cm diameter. No evidence of mechanical pyloric outflow obstruction. Pylorus wall measured 0.50 cm.

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. Duodenum wall measured 0.42 cm. Jejunum wall measured 0.34 cm.



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

Mindy Perks **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.

SPECIES

Canine

Free Abdomen

BREED

No evidence of pathology in the area of the uterus or bilateral ovaries.

JRT

No overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

SEX

- Bilateral chronic renal changes with left kidney cyst and minor pyelectasia
- Mild hepatic parenchymal remodeling – subjectively benign
- Mild gallbladder debris
- Non-specific retained to shadowing gastric ingesta and chyme

Intact Female

AGE

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

WEIGHT

6.6 kg

Overall, largely geriatric abdomen without evidence of significant visceral pathology. The presence of echogenic to shadowing gastric ingesta and chyme is non-specific and may correlate with recent meal ingestion. However, the possibility of some degree of metabolic gastric stasis or potential areas of non-obstructive gastric foreign material (i.e., hair, fabric or similar) cannot be excluded. Given the patient's recent history of vomiting, gastroprotectants with monitoring for additional episodes of vomiting and sonographic reassessment of the stomach (if clinically indicated) would be appropriate.

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

The left kidney pyelectasia may be owing to chronic renal changes, potential pelvic scarring possibly owing to previous calculi passage, IV fluid therapy (if applicable). Urine C/S and protein: creatinine ratio on sterile urine sample is recommended.

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The gallbladder debris may be secondary to fasting or indicate nonclinical cholestasis.

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An obvious cause of the potential seizure activity was not definitively evident within the abdominal cavity. Thorough neurological examination with consideration for possible intracranial CT may be indicated.

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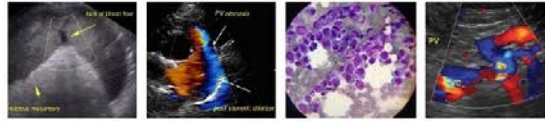
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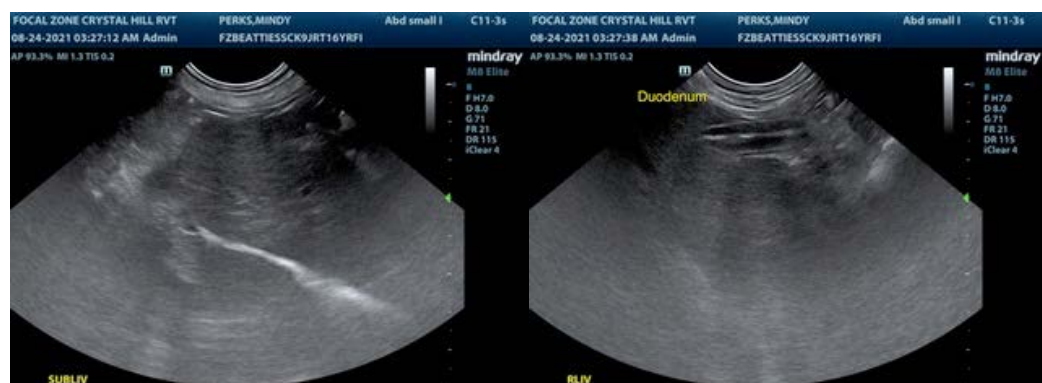
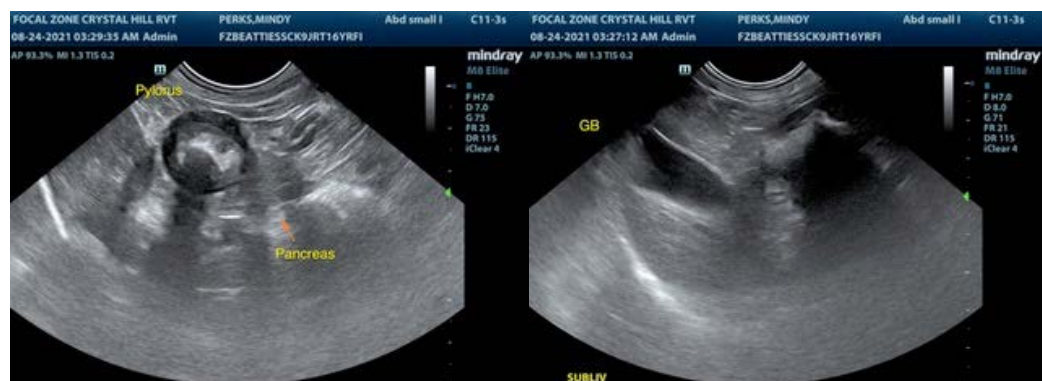
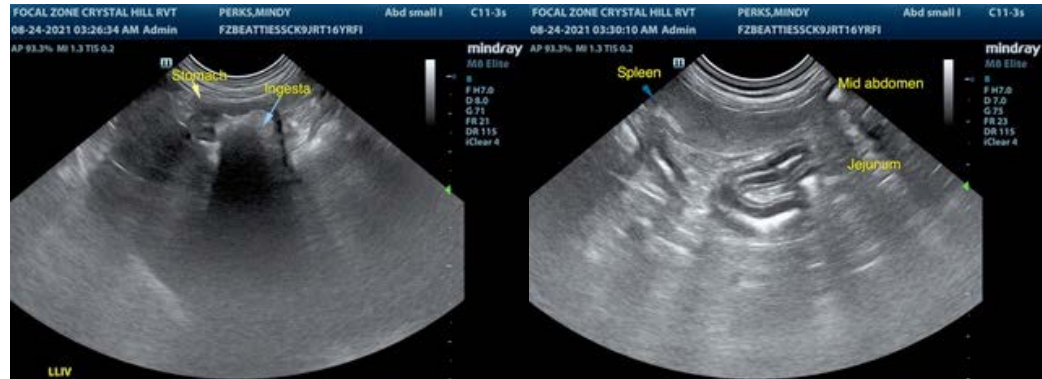
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PATIENT

Mindy Perks

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.

SPECIES

Canine

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.

BREED

JRT

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info@SonoPath.com

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