

PATIENT

Bulleit Robison

SPECIES

Canine

BREED

Whippet

SEX

Neutered Male

AGE

6 Years

WEIGHT

37 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

44862

DATE

8/23/23

PRESENTING CLINICAL SIGNS

Lethargic last night. Febrile. Ate last night but not eating today
Abnormal PE/Chem/CBC/UA Results: WBC: 2.15, alk: 219

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, and cystourethral junction 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.

No evidence of medial iliac or sublumbar lymphadenopathy.

The residual prostate 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 6.5 cm. The right kidney measures 6.4 cm.

Adrenal Glands

The adrenal glands were uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 2.7 cm length x 0.69 cm at the caudal pole. The right adrenal gland measured 2.7 cm length x 0.74 cm at the caudal pole.

Spleen

The spleen was normal in size with mild non-homogeneous to mixed echogenic splenic parenchymal. Minor medial capsule asymmetry noted. No splenic masses or nodules. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis.

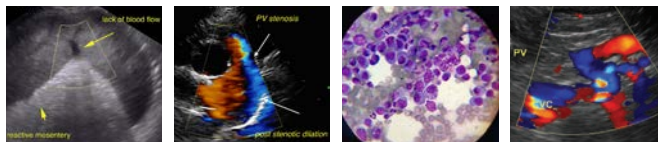
Liver

The liver presented mildly enlarged in size. The parenchyma of the liver was subjectively normal in echogenicity compared to the spleen and renal cortices. The liver parenchyma was uniform with a mildly coarse echotexture. The capsule of the liver was symmetrically rounded to mildly swollen in margination. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended in size with primarily anechoic luminal content. The cystic and common bile ducts were normal

Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The stomach contained a mild to moderate amount of echogenic fluid and luminal gas. No evidence of mechanical pyloric outflow obstruction.

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.



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

Bulleit Robison **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

BREED *Free Abdomen*

Whippet No omental masses, lymphadenopathy or peritoneal effusion.

ULTRASONOGRAPHIC FINDINGS

SEX • Mild hepatopathy – sonographically benign, suggestive of reactive/vacuolar hepatopathy pattern.

Neutered Male

AGE • Normal gallbladder

6 Years

• Mild to moderate retained gastric fluid – consistent with metabolic/functional gastric stasis or hypomotility. Possible low-grade hypomotile gastritis.

WEIGHT • Sonographically unremarkable small bowel

37 Pounds

• Mild heterogeneous to mixed echogenic spleen – subjectively benign.

INTERPRETED BY INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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

No overt evidence of intraabdominal neoplastic criteria, peritonitis, or obstructive gastrointestinal pathology. A definitive cause of the patient's fever was not obvious. Further assessment may include (assuming normal clotting status) screening splenic FNA cytology, primarily to ensure only suspected benign changes are present as well as 3-view chest radiographs to assess for or rule intrathoracic pathology as a contributing factor. CBC pathology review warranted. This patient may be at risk for sepsis if significant neutropenia. Empirically, hospitalization with as needed gastrointestinal support, IV fluids, and potential therapy for fever of unknown origin pending additional diagnostics and assessment of clinical response is recommended.

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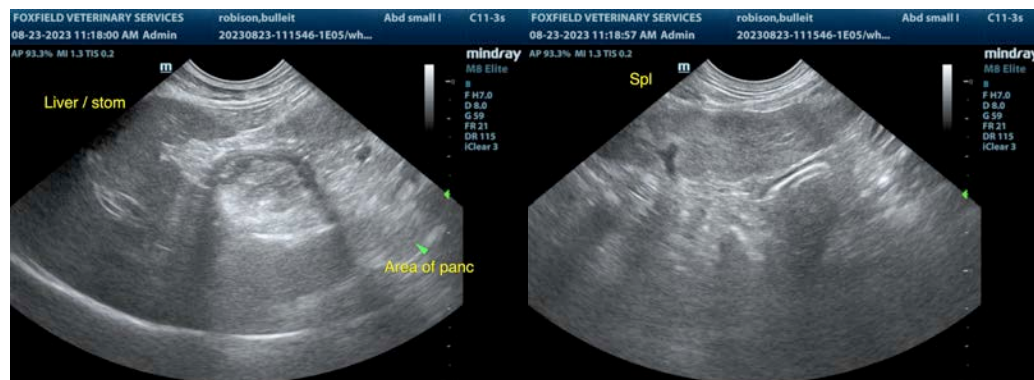
Dr. Rodriguez

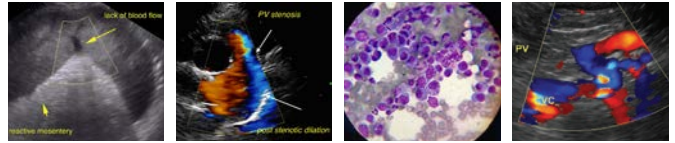
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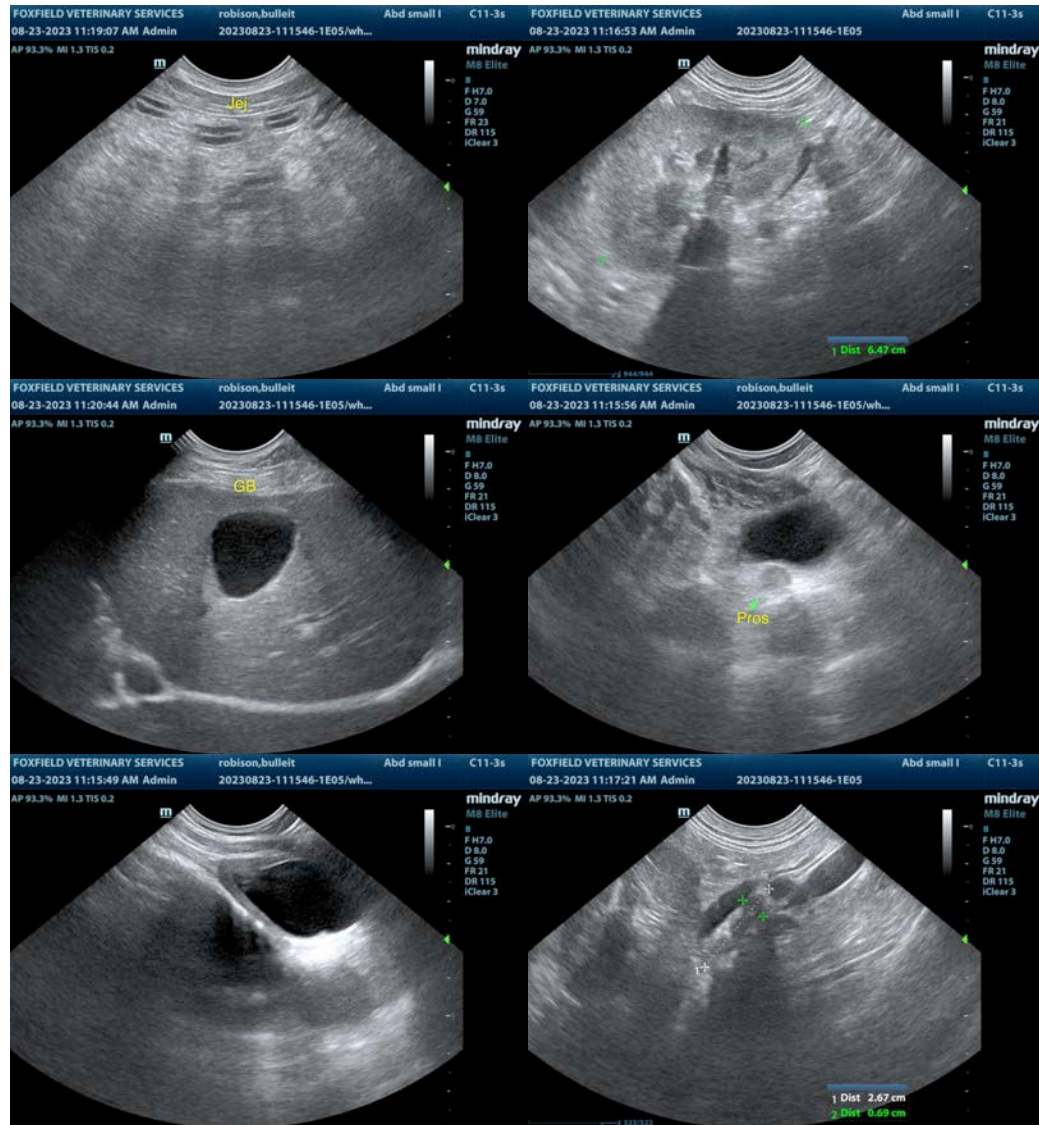
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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