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Clinical Sonography & Telecytology
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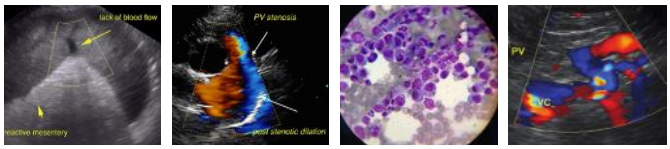

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1-800-838-4268 info@sonopath.com

PATIENT

Maggie Feininger

SPECIES

Canine

BREED

Boston Terrier

SEX

FS

AGE

8yr

WEIGHT

22.2lb

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Evoniuk

HOSPITAL NAME

State Avenue Veterinary Clinic

REFERRING VET

Dr. Evoniuk

INVOICE

11499ag

DATE

08/30/2022

PRESENTING CLINICAL SIGNS

Saw last Thursday after jumping for a ledge for pain and R hind soreness. Currently on Gabapentin and Carprofen Os reported seemingly more bloated every day. More anxious since the lost of housemate last week. Not as flatulence as previous. E/D well. No V/D. Slight head tilt to the right. No circling or ataxia. Generally anxious nature. Slight strabismus (more of the medial sclera visible of OD). No nystagmus, PLRS indirect and consensual intact IOP OD 21, 22, OS 21, 22 RH no overt pain with ROM, mild intermittent mistep. Abd very tense/full. More tense in right abdomen. CBC elevated HCT, PCV 62% H/L WNL. Skin and coat appear healthy

Abnormal PE/Chem/CBC/UA Results: Chem: ALP 17 GLU 127 CBC RBC 9.55 HGB 20.7 HCT 63.59

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 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 4.8 cm in length. The right kidney measured 5.4 cm in length.

The area of the aortic trifurcation was free of pathology.

No evidence of pathology in the area of the uterine remnant.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.72 cm width at the caudal pole and 0.71 cm width at the cranial pole. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.45 cm width at the caudal pole and 0.46 cm width at the cranial 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 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 thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.

Gastrointestinal

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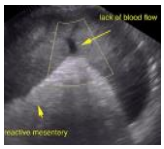
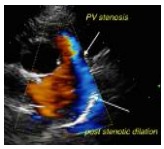
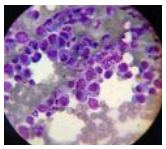
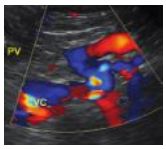

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The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained mild non-shadowing ingesta/chyme with no signs of ileus, obstruction or foreign material.

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.

Normal visible colon wall layers were present with apparent formed 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.

Free Abdomen

No omental masses, overt lymphadenopathy or peritoneal effusion was present.

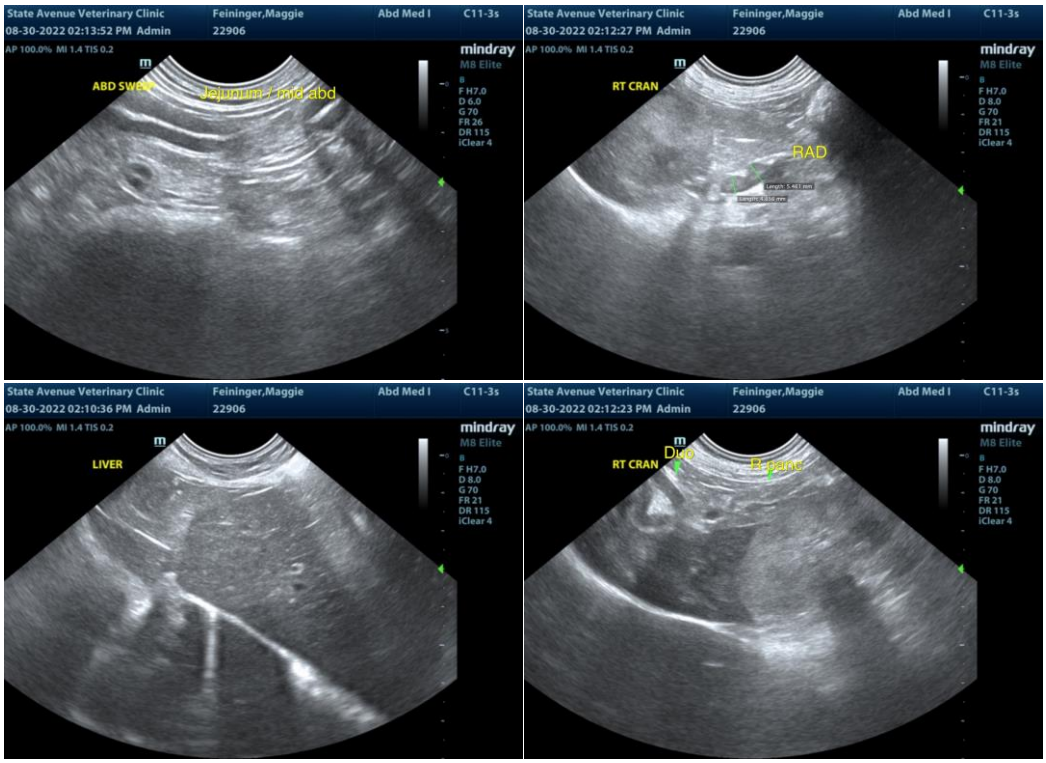
ULTRASONOGRAPHIC FINDINGS

Primary

- Sonographically unremarkable abdomen-no evidence of abdominal visceral pathology
- Mild gastric ingesta/chyme

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Overall, no evidence of significant abdominal visceral pathology was present in this study as a definitive cause of the patient's clinical signs. The presence of mild gastric ingesta/chyme was non-specific and may correlate with recent meal ingestion. Some degree of delayed metabolic gastric emptying could be present if documented NPO.



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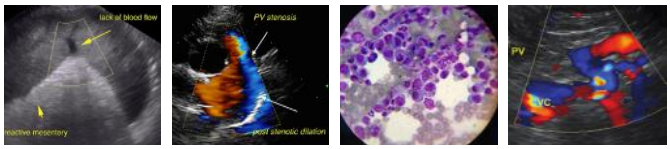

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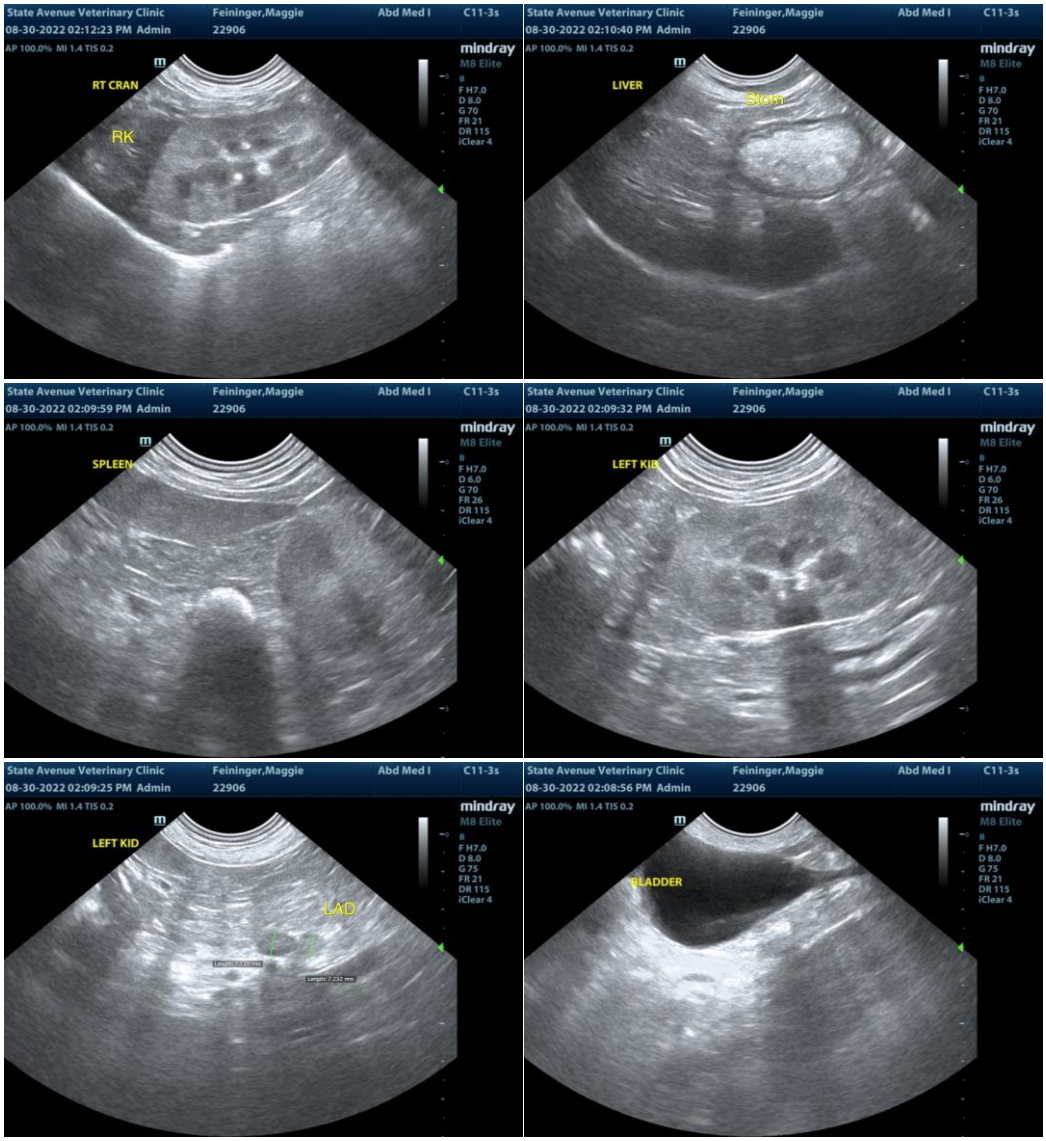

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)

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