



PATIENT

Rosie Decrescente

PRESENTING CLINICAL SIGNS

Acute onset vomiting this afternoon. May have eaten mushrooms in the yard

SPECIES

Canine

Abnormal PE/Chem/CBC/UA Results: WNL

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

BREED

German Shepherd

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2 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.

SEX

FS

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 7.0 cm in length. The right kidney measured 6.2 cm in length.

AGE

3yr

The area of the aortic trifurcation was free of pathology.

Adrenal Glands

WEIGHT

56lb

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.62 cm width at the caudal pole and 2.65 cm length. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.84 cm width at the caudal pole and 2.4 cm length.

INTERPRETED BY

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

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.

IMAGING PERFORMED BY

A. Rodriguez

Liver

HOSPITAL NAME

Foxfield Veterinary
Services

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.

REFERRING VET

A. Rodriguez

Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained mild retained anechoic fluid with no signs of ileus, obstruction or foreign material.

INVOICE

11501ag

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 generalized ileus pattern consisting of mild fluid accumulation in the intestinal lumen was present without obstruction or foreign material. Concurrent subjective increased segmental gas pattern was noted. No definitive area of obstructive pathology was visualized.

DATE

08/30/2022

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



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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 was evident.

SPECIES

Canine

Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

BREED

German Shepherd

ULTRASONOGRAPHIC FINDINGS

Primary

SEX

FS

- Acute gastroenteritis pattern with mild gastric and segmental to generalized small intestinal ileus and increased gas pattern

AGE

3yr

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No evidence of GI obstructive foreign body or mural pathology was visualized in this study. A small amount of passing material which may be obscured by luminal gas cannot be definitively excluded. Given the patient's history, dietary indiscretion, infectious gastroenteritis, occult parasitism or other non-obstructive acute gastroenteropathy is possible.

WEIGHT

56lb

Hospitalization with 24–48-hour IVF and GI support protocol with assessment of clinical response and ideally sonographic monitoring of the GI ileus pattern for evidence of resolution vs persistent/progressive ileus would be reasonable. A fresh fecal analysis is recommended if diarrhea arises. Adrenal screening to rule out occult Addison's disease +/- a GI panel to include PLI/TLI/Cobalamin/Folate could be considered. No overt indication for immediate surgical intervention given this presentation.

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REFERRING VET

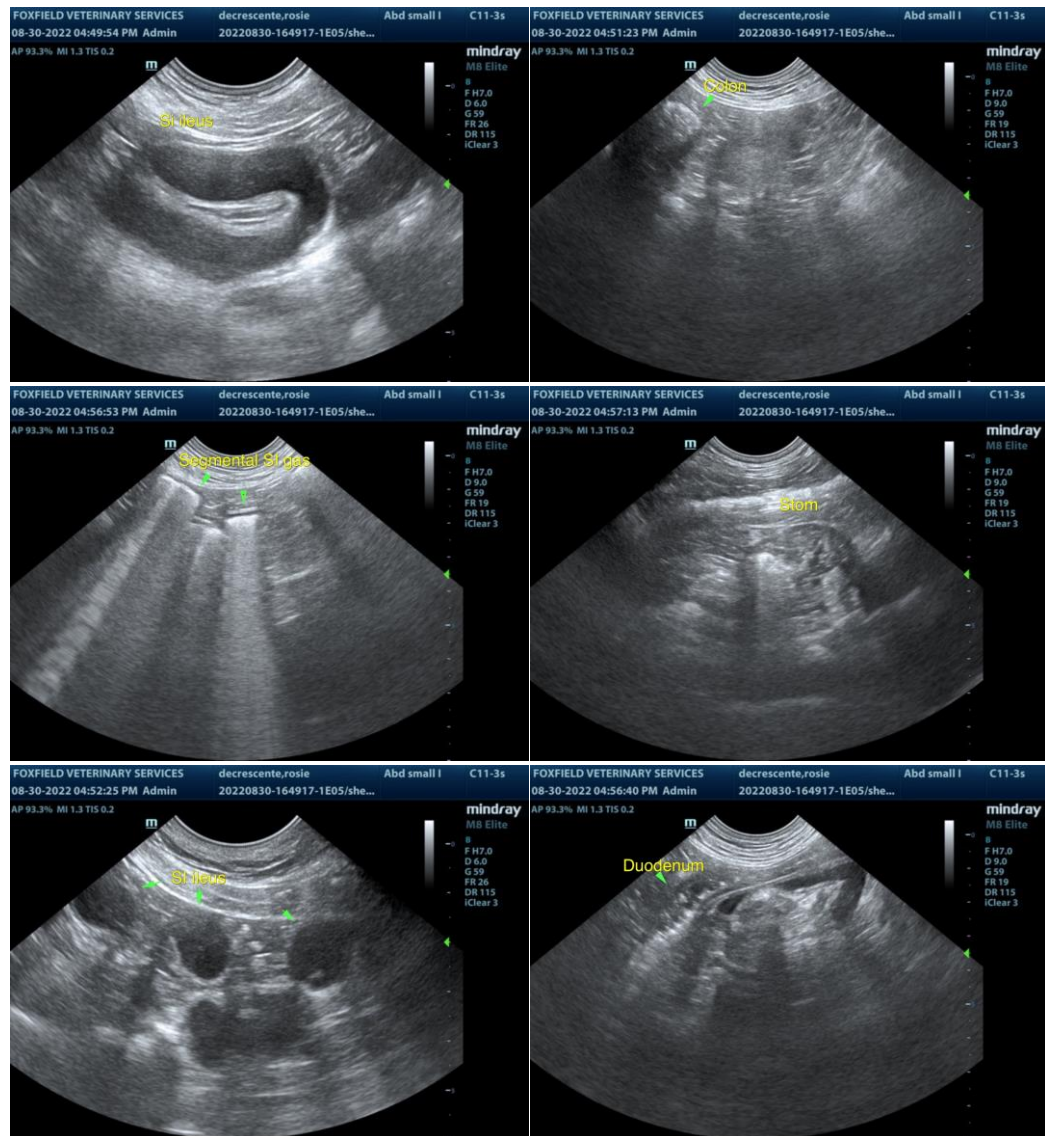
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INVOICE

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SEX

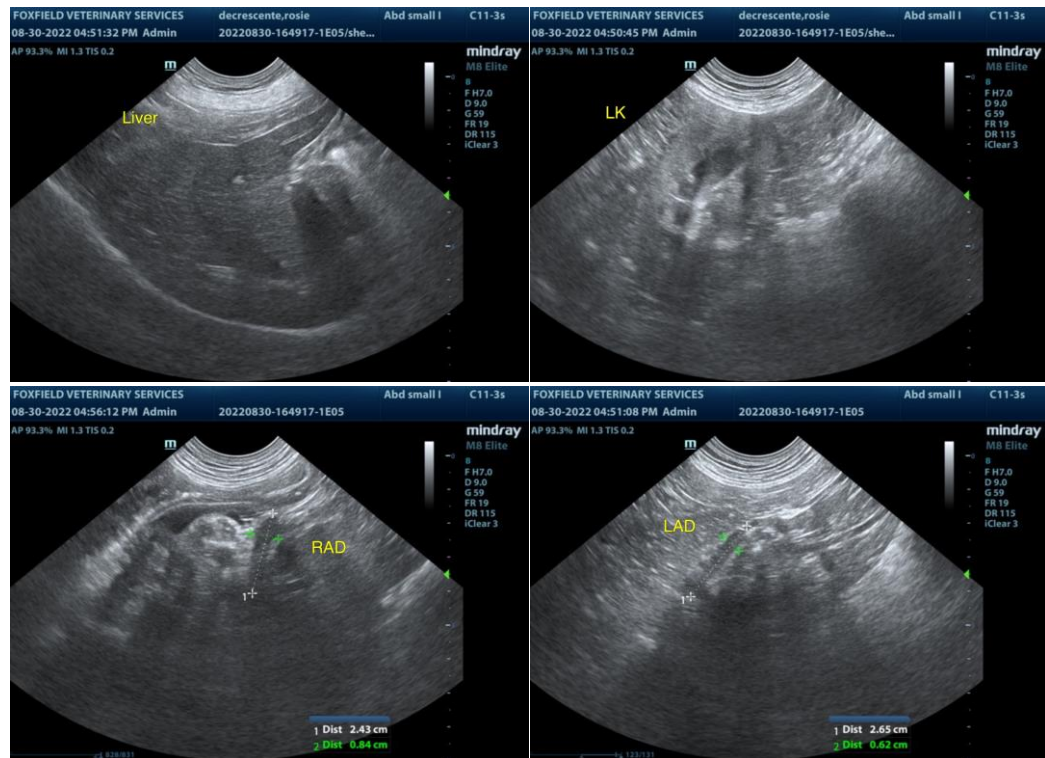
FS

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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

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