

PATIENT PRESENTING CLINICAL SIGNS

Matt Beckett Unable to keep food or water down for the last 36 hours Lethargic Painful upon abdominal palpation
Temp: 103.0
SPECIES Abnormal PE/Chem/CBC/UA Results: 0.67ml of Convenia (80mg/ml), 0.67ml of Onsiar (20mg/ml), 1
tablet Ondansetron 4mg

Canine

BREED

Coton De Tulear

SEX

MN

AGE

11 Years

WEIGHT

15.7 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Heidi Putnam

HOSPITAL NAME

Paws Animal Hospital

REFERRING VET

Dr. Johnson

INVOICE

47235

DATE

8-31-21

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra 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.

The residual prostate was symmetrically normal in size with uniform parenchyma and slight coarse echotexture measuring 0.95 cm in width.

No evidence of pathology in the area of the aortic trifurcation.

Normal size and margination was 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 mild loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The left kidney measured 4.4 cm in length. The right kidney measured 4.4 cm in length.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.47 cm width at the caudal pole and 0.48 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 0.34 cm width at the caudal pole and 0.44 cm width at the cranial pole.

Spleen

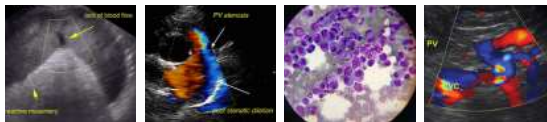
The spleen exhibited a finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. The capsule was smooth and regular without apparent expansion. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis. Acute to chronic inflammatory, neoplastic, or benign parenchyma changes were not noted.

Liver

The liver exhibited potential for mild generalized enlargement. 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 echogenic, nonmineralized biliary sludge. The cystic duct and common bile ducts were normal without evidence of dilation.

Gastrointestinal



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The stomach exhibited intact yet subjective mild prominent wall layering. The gastric fundus and body contained gas with a mild amount of retained anechoic pyloric fluid. No overt evidence of gastric foreign material although complete evaluation of the gastric interior was limited owing to the presence of gas. The pylorus wall measured 0.36 cm width.

SPECIES

Canine

The duodenum exhibited intact yet subjective mild prominent wall layering. The duodenum was empty without evidence of mechanical ileus or foreign material. The duodenum wall measured 0.40 cm width. The jejunum and ileum were sonographically unremarkable with an empty lumen.

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

Pancreas

SEX

MN

The pancreas base and right pancreatic limb exhibited generalized subjective prominent size with mild hypoechoic to heterogeneous parenchyma compared to subtle reactive peripancreatic omentum. The visible pancreatic duct was normal. No signs of active inflammation or neoplastic disease was evident.

AGE

11 Years

Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

WEIGHT

15.7 lbs

ULTRASONOGRAPHIC FINDINGS

- Gastritis / gastroduodenitis pattern with probable mild gastric hypomotility.
- Suspect mild active to chronic active pancreatitis.

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

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Given the patient's inability to keep food or water down, hospitalization with IV fluid and gastrointestinal support with as needed medical therapy for suspected mild pancreatitis would be appropriate. Technically, the possibility of gastric foreign material cannot be definitively excluded given the presence of gas within the stomach yet considered less likely. Recheck sonogram may be considered in 24-48 hours if persistent vomiting is noted.

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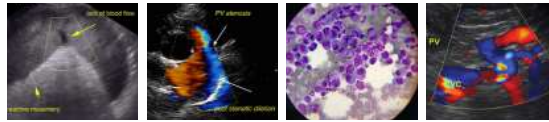
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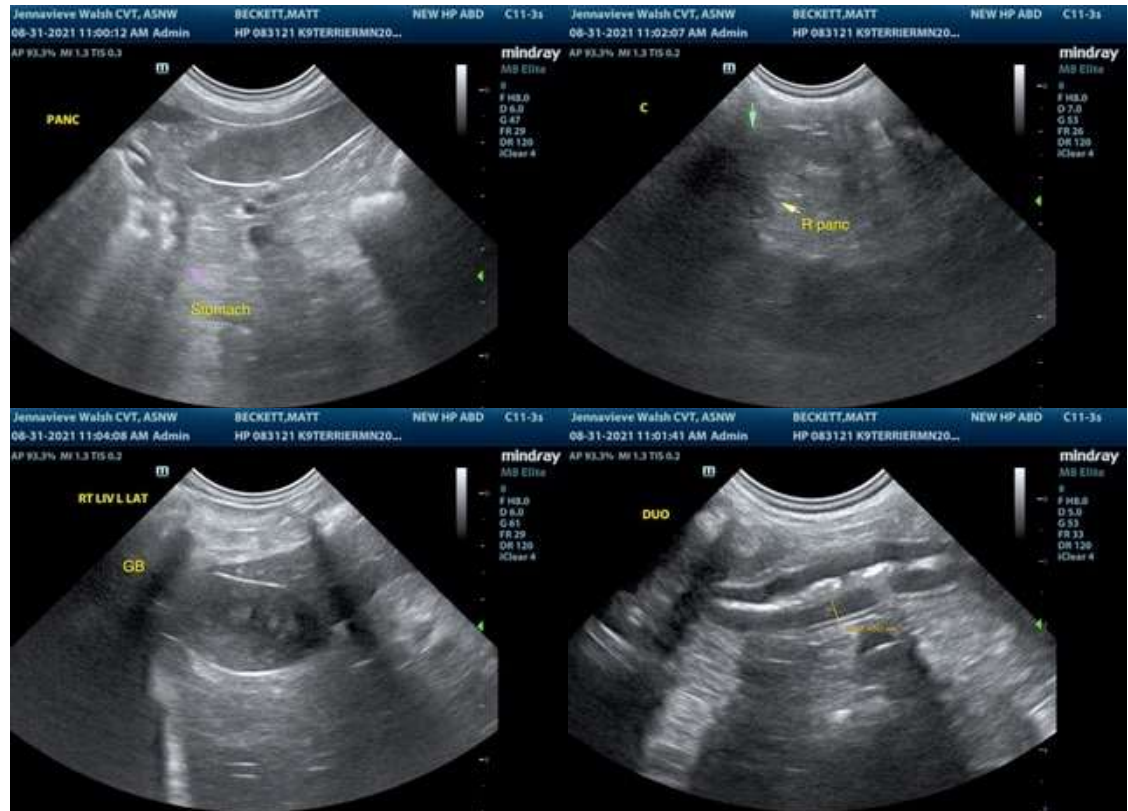
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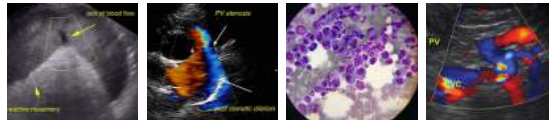
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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