



PATIENT PRESENTING CLINICAL SIGNS

Mera Tippy History: Several week duration lethargy, decreased appetite

Medication: Pred, Doxycycline, Omeprazole

SPECIES

CBC hematocrit 49.6, WBC 7.6, platelets 177, Chem panel unremarkable, 4dx neg

Canine

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

BREED

Urinary System

Border Collie Mix

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.

SEX

No overt pathology in the area of the uterine stump or aortic trifurcation.

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Normal size and margination was 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 5.2 cm in length. The right kidney measured 5.8 cm in length.

4 years

WEIGHT

Adrenal Glands

44 Pounds

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 2.5 cm length x 0.54 cm width at the caudal pole. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 1.8 cm length x 0.54 cm width at the caudal pole.

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

Rebekah Jakum, CVT
ARDMS/RVT

Liver / Gallbladder

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.

HOSPITAL NAME

The Village
Veterinarian

The gallbladder was non distended in size with mild inspissated yet nonorganized echogenic, gallbladder debris primarily in the mid to cranial lumen. The cystic duct and common bile ducts were normal without evidence of dilation.

REFERRING VET

Dr. Longenecker

Gastrointestinal

INVOICE

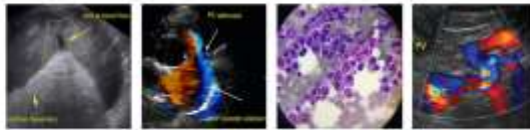
The stomach presented intact wall layering with a normal wall layer ratio. Mild retained pyloric fluid and ingesta was present. No evidence of overt foreign material or mechanical pyloric outflow obstruction. The pylorus wall width measured 0.47 cm.

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DATE

The duodenum exhibited intact yet subjective mild prominent wall layering and subtle duodenal corrugation which may indicate duodenal hypermotility or spasming. The jejunum and ileum, to the level of the colon, were sonographically unremarkable. No evidence of mechanical obstruction or foreign

8.31.2021



PATIENT

Mera Tippy

material in the small intestine. The duodenum wall width measured 0.45 cm and the jejunum wall width measured 0.36 cm.

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

SPECIES

Canine

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.

BREED

Border Collie Mix

Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

SEX

FS

ULTRASONOGRAPHIC FINDINGS

- Subjective mild gastroduodenitis pattern with minor retained pyloric fluid / ingesta.
- Mild inspissated yet nonorganized gallbladder debris (nonmucocele).

AGE

4 years

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The presence of gallbladder debris was nonspecific yet may correlate with recent hyporexia or potential nonclinical cholestasis. Although not definitive, mild upper gastrointestinal inflammation and mild gastric hypomotility are suspected. Potentially, the current use of prednisone may be masking gastrointestinal mural changes. Aside from potential mild upper gastrointestinal inflammation and gastric stasis, no other evidence of significant visceral pathology as an obvious cause of the patient's clinical signs. Continued gastrointestinal supportive protocol would be appropriate.

WEIGHT

44 Pounds

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If not done, three view chest radiographs suggested to rule out occult thoracic or esophageal pathology.

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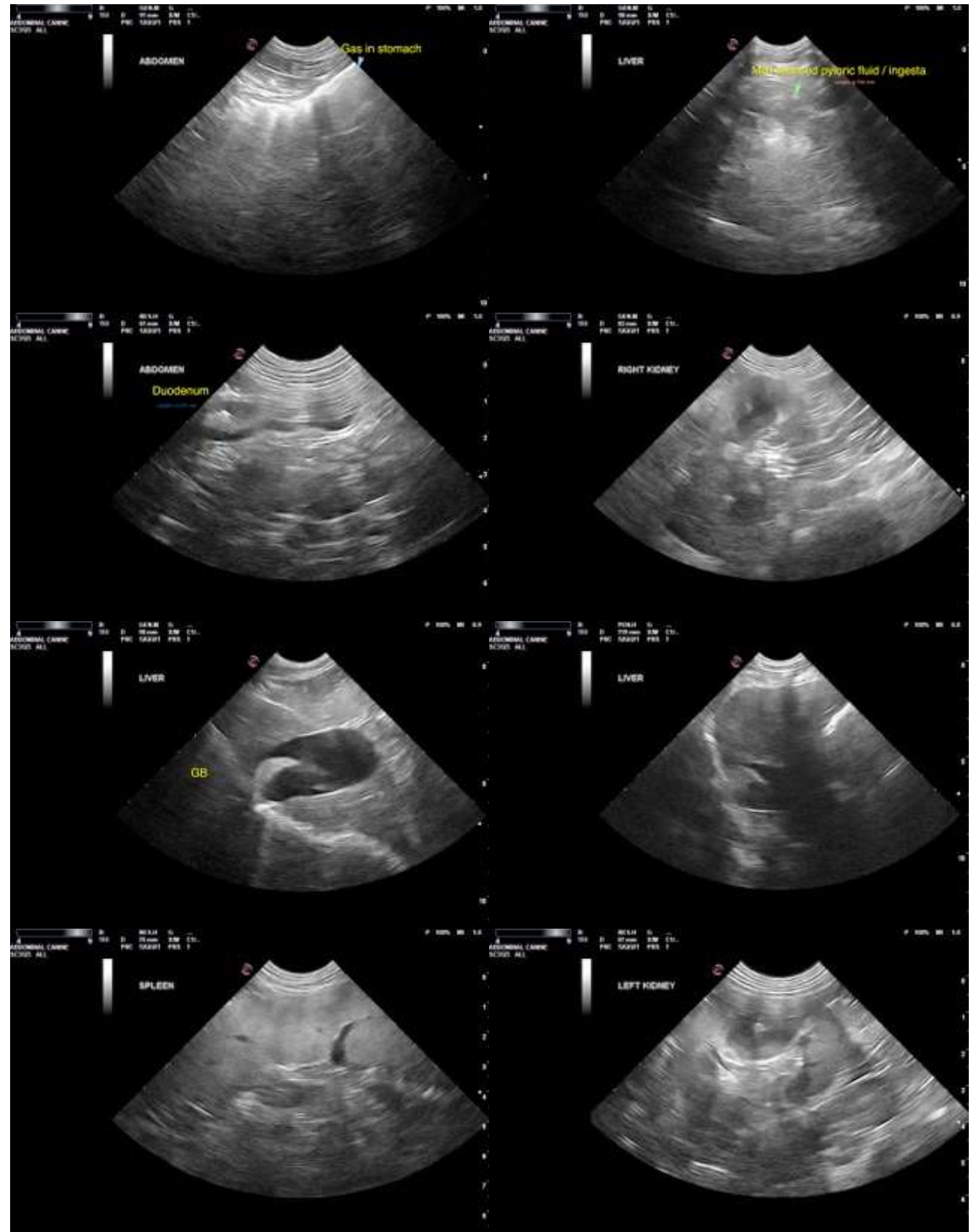
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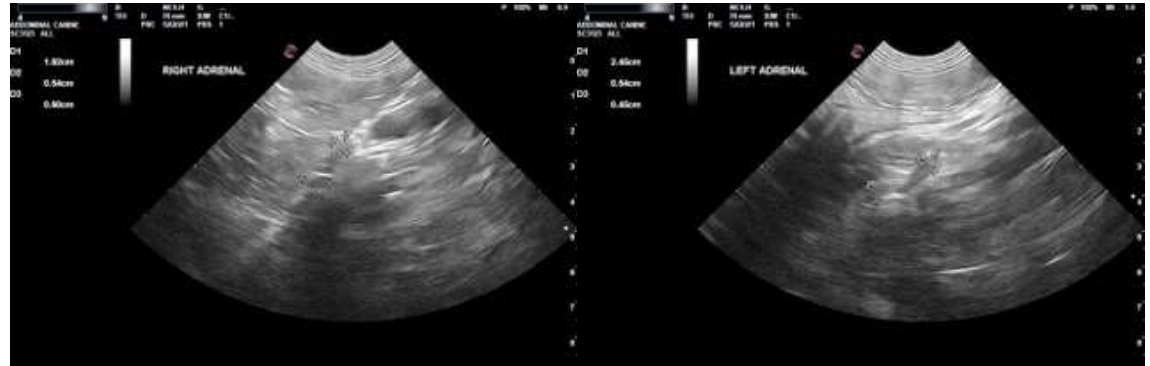
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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