



PATIENT PRESENTING CLINICAL SIGNS

Thelma Kuss Patient has had diarrhea on and off since July, and irregular.
Abnormal PE/Chem/CBC/UA Results: CBC: Eosinophils 1.29% Chem: Tbili 1.1mg/dL, ALKP < 10 U/L
Rads: Increased soft tissue opacity in the stomach, no evidence of mass in chest or abdomen Fecal Negative

SPECIES

Canine

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

BREED

Giant Schnauzer

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2.0 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

Spayed Female

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. The right kidney measured 7.2 cm.

AGE

5 Years

The area of the aortic trifurcation was free of pathology.

Adrenal Glands

WEIGHT

91.5

The left adrenal gland was not definitively visualized without overt evidence of pathology. The right adrenal glands were uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.63 cm at the cranial pole and 0.74 cm at the caudal pole.

INTERPRETED BY

R. McKenzie Daniel,
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(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

Dr. Griffin

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.

HOSPITAL NAME

Northside Vet Clinic

Gastrointestinal

REFERRING VET

Dr. Griffin

The stomach walls were sonographically unremarkable with intact wall layering and without overt evidence of gastric mural hypertrophy or pathology. A moderate amount of retained, primarily echogenic ingesta/chyme present in the stomach. Intermittent, non-specific, focally shadowing gastric luminal echoes were present. Example measured 1.4 cm in diameter. These echoes did not overtly appear to be obstructive, yet were noted focally in the area of the gastric antrum and pylorus. Gastric body wall measured 0.38 cm. Pylorus wall measured 0.41 cm.

INVOICE

25081

The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. Segmental duodenojejunal non-shadowing digesta/chyme were present. No evidence of mechanical small intestinal obstruction or small intestinal foreign material.

DATE

8/31/21

Normal visible colon wall layers were present with subjective formed to semiformal feces.



PATIENT

Pancreas

Thelma Kuss

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

Free Abdomen

Canine

No overt lymphadenopathy or peritoneal effusion was present.

BREED

ULTRASONOGRAPHIC FINDINGS

Giant Schnauzer

- Retained, focally shadowing gastric ingesta
- Sonographically unremarkable small bowel with segmental duodenojejunal digesta/chyme
- No evidence of small intestinal mechanical obstruction or overt foreign material

SEX

Spayed Female

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

AGE

5 Years

The presence of retained echogenic to focally shadowing gastric ingesta is non-specific, and may indicate post-prandial presentation. However, if documented NPO, some degree of gastric hypomotility may be present, while the possibility of focal non-obstructive gastric foreign material cannot be excluded. Concurrently, given the patient's history of intermittent diarrhea, dietary intolerance/food hypersensitivity, occult parasitism, or underlying inflammatory enteropathy without evidence of mural changes may be possible.

WEIGHT

91.5

Initially, hospitalization with 12-24 hour IV fluids and gastrointestinal support with either sonographic or radiographic monitoring for evidence of gastric emptying would be appropriate. However, if persistent retained gastric ingesta, additional diagnostics, which may include barium study to assess gastrointestinal motility, upper gastrointestinal endoscopy (if available), and/or exploratory laparotomy with intestinal biopsies considered essential may be indicated.

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PATIENT

Thelma Kuss

SPECIES

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Giant Schnauzer

SEX

Spayed Female

AGE

5 Years

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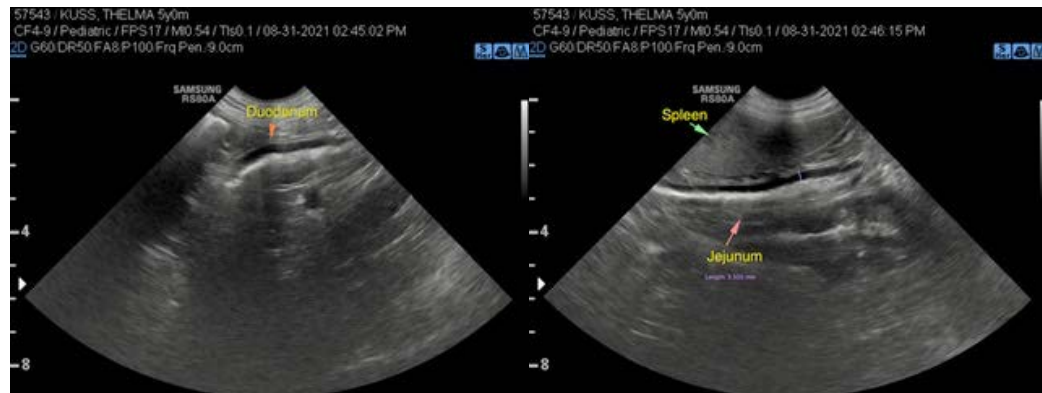
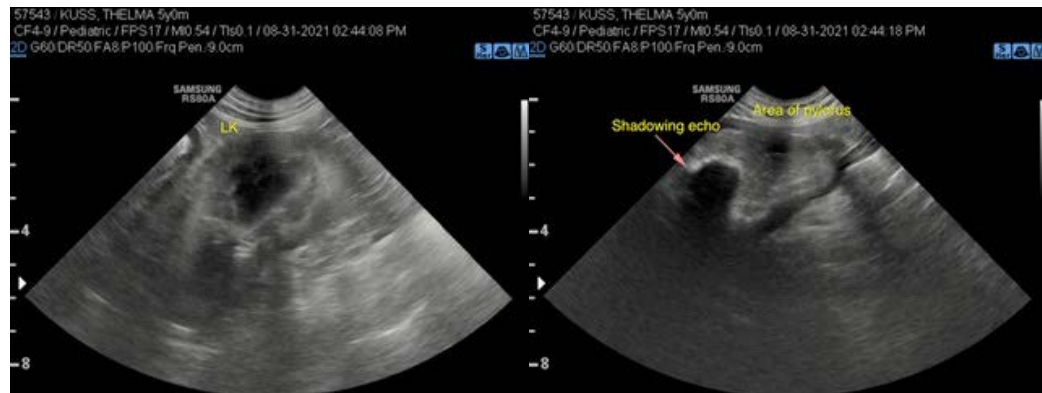
Dr. Griffin

INVOICE

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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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