



| PATIENT | PRESENTING CLINICAL SIGNS |
|-----------------------------------|---|
| Samantha York | vomiting, anorexia, ongoing for 1 week, patient is known to eat leashes, IV cath currently on cerenia Abnormal PE/Chem/CBC/UA Results: low potassium, all else WNL rads: 8/04/2021 No radiographically visible FB or obstructive pattern. Gastric lumen contains gas without overdistension, prominent gastric mucosal folds. 8/07/2021 These appear very different from the radiographs taken at RDVM a few days ago. Two populations of small intestine. Many loops of small intestine are gas dilated and stacked. Stomach mildly dilated with gas. Formed stool in colon. 8/07/2021 Repeat rads at Emerg: Significant improvement in the gas pattern Petrays from Radiographs on 8/04/2021 Conclusions: 1. Suspect mild uterine distention (ie, due to pyometra, muco/hydrometra, early pregnancy). Correlate this best clinically. Remainder of the abdomen is unremarkable , with no evidence of distinct gastrointestinal foreign material or obstruction. 2. Unremarkable thorax on single view provided. May consider and abdominal ultrasound to further evaluate the gastrointestinal tract and reproductive tract if warranted. |
| SPECIES | |
| Canine | |
| BREED | |
| Aussie | |
| SEX | |
| FI | |
| AGE | |
| 7 Years | |
| WEIGHT | |
| 46.6 lbs | |
| INTERPRETED BY | |
| R. McKenzie Daniel, DVM, DABVP | |
| IMAGING PERFORMED BY | |
| Kelly Reshny, RVT | |
| HOSPITAL NAME | |
| Village Centre AH | |
| REFERRING VET | |
| Kunnath | |
| INVOICE | |
| 46901 | |
| DATE | |
| 8-9-21 | |

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.

The visualized uterus was sonographically unremarkable without evidence of fluid dilation. The uterine body width measured approximately 0.8 cm.

The ovaries were sonographically unremarkable with normal subjective size, position, and shape. An example of an ovary measured 1.8 cm diameter.

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 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 5.0 cm in length. The right kidney measured 5.2 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 0.59 cm width at the caudal pole and 0.43 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 0.44 cm width at the caudal pole and 0.87 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



PATIENT

Samantha York

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

SPECIES

Canine

The stomach presented wall thickening secondary to echogenic mucosa hypertrophy. Mildly prominent yet intact wall layering was maintained and distinct. The gastric body wall measured 0.57 cm width. The stomach contained a mild amount of retained fluid as well as luminal gas exhibiting distal reverberation artifact. Aside from the fluid, overt evidence of gastric foreign material was not noted yet complete evaluation of the gastric lumen was somewhat limited owing to the presence of luminal gas.

BREED

Aussie

The small intestine exhibited intact wall layering with maintained 1:3 muscularis/mucosa ratio. Very minor duodenal ileus pattern was present. No evidence of duodenal mechanical obstruction. The jejunum and ileum lumen were empty without evidence of jejunoileal mechanical or metabolic ileus, obstruction, or foreign material. The duodenum wall measured 0.43 cm width and the jejunum wall measured 0.31 cm width.

SEX

FI

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

AGE

7 Years

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.

WEIGHT

46.6 lbs

Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

INTERPRETED BY

R. McKenzie Daniel,
DVM, DABVP

ULTRASONOGRAPHIC FINDINGS

- Gastroenteritis pattern exhibiting mild retained gastric and upper duodenal fluid and with moderate gastric and segmental small intestinal gas pattern - no evidence of mechanical obstruction or overt foreign material.
- Sonographically unremarkable visible uterus and bilateral ovaries - no evidence of pyometra, hydrometra, mucometra, pregnancy, or other.

**IMAGING
PERFORMED BY**

Kelly Reshny, RVT

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

HOSPITAL NAME

Village Centre AH

The presence of minor retained gastric fluid is suggestive of mild metabolic stasis potentially owing to gastric or upper duodenal inflammation. The only potential for a foreign body in this case is the mild potential for nonobstructive gastric foreign material potentially ingested from the previous radiographs until now that is obscured by the presence of gastric gas. However, this potential is considered less likely. Correlation with current abdominal radiographs may be considered if clinically indicated. Medical therapy for gastroenteritis is suspected to prove beneficial in this case.

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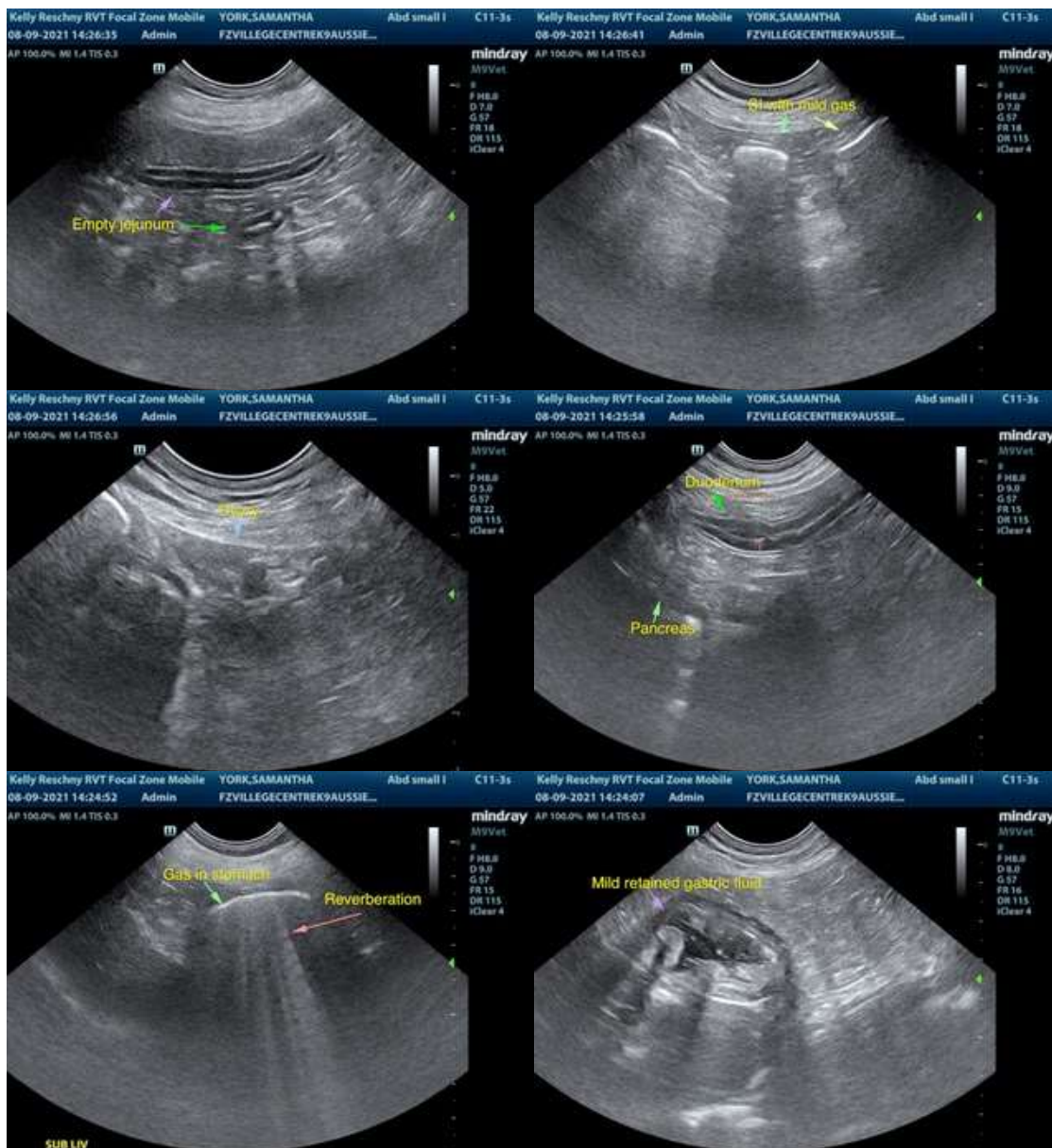
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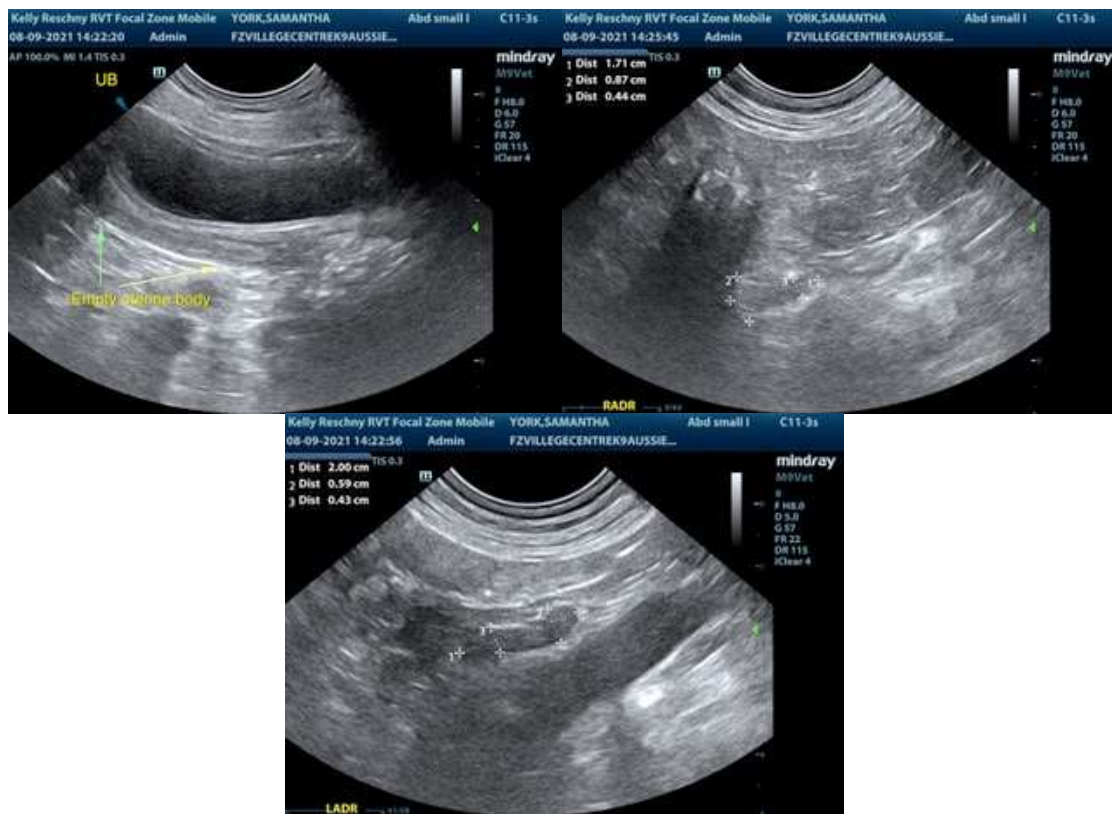
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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