



PATIENT

Maddy Hornak

SPECIES

Canine

BREED

Husky X Shep

SEX

FS

AGE

13.5 yr

WEIGHT

35 kg

INTERPRETED BY

R. McKenzie Daniel,
DVM, DABVP

**IMAGING
PERFORMED BY**

Crystal Hill

HOSPITAL NAME

Grand River Veterinary
Hospital

REFERRING VET

Dr. Hornak

INVOICE

14881

DATE

9-15-22

PRESENTING CLINICAL SIGNS

Ongoing issues with pancreatitis flare ups. Most recent was quite severe in July of 2022. Has recently been off food, picky eater and has had some bloody stools. Painful abdomen. Nauseous. Has been given Cerenia, Codeine and Sulcrate. Will be applying a Fentanyl Patch today for pain management. Did eat a small piece of jerky this morning.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 4.0 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 was noted.

The area of the aortic trifurcation was free of pathology.

Normal size and margination were 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 5.7 cm in length. The right kidney measured 6.5 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 2.3 cm length x 0.46 cm width at the caudal pole. The right adrenal gland was indistinctly visualized without overt evidence of pathology.

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/ Gallbladder

The liver was subjectively normal in size, structure, and contour. The liver parenchyma was mildly nonuniform and hypoechoic to the spleen with a moderate coarse echotexture and subjective mild to benign parenchymal remodeling. 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.

Gastrointestinal

The stomach presented intact yet mild prominent wall layering. The stomach was primarily empty with a mild amount of retained, nonshadowing ingesta / chyme. The ventral gastric body wall width measured 0.58 cm.



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The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. The lumen of the small intestine was empty with no signs of ileus, obstruction, or foreign material. The duodenum wall measured 0.45 cm width. The jejunum wall measured 0.35 cm width.

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The colon walls presented intact yet mildly prominent wall layering with mild thickened to echogenic submucosa. The colon contained a mild amount of subjective semi-formed to soft fecal matter, consistent with patient history.

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Pancreas

The pancreas was normal in size and contour with isoechoic to heterogeneous parenchyma compared to adjacent omentum. No signs of active inflammation or neoplasia.

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Free Abdomen

No omental masses, lymphadenopathy, or peritoneal free fluid were noted.

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ULTRASONOGRAPHIC FINDINGS

- Mild gastritis / colitis pattern
- Mild pancreatic remodeling
- Minor age-related renal changes

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

INTERPRETED BY

R. McKenzie Daniel,
DVM, DABVP

No overt evidence of significant visceral, specifically gastroenterocolic or pancreatic, pathology.

Sonographically, the appearance of the stomach is suggestive of gastritis with likely concurrent colitis in conjunction with the patient history of hematochezia.

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No sonographic evidence of active or significant pancreatitis or evidence of intraabdominal neoplastic criteria. The minor pancreatic remodeling may suggest previous pancreatic inflammatory episodes or low grade to chronic pancreatitis. Dietary intolerance / food hypersensitivity, low-grade to chronic pancreatitis, and mild inflammatory gastroenterocolonopathy, are all potentials.

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Continued as-needed gastrointestinal support with potential canned bland or hydrolyzed diet, and high colony count probiotics such as ProViable, may prove beneficial. Sonographic reassessment of the gastrointestinal tract and pancreas is recommended if persistent / progressive signs despite continued supportive care.

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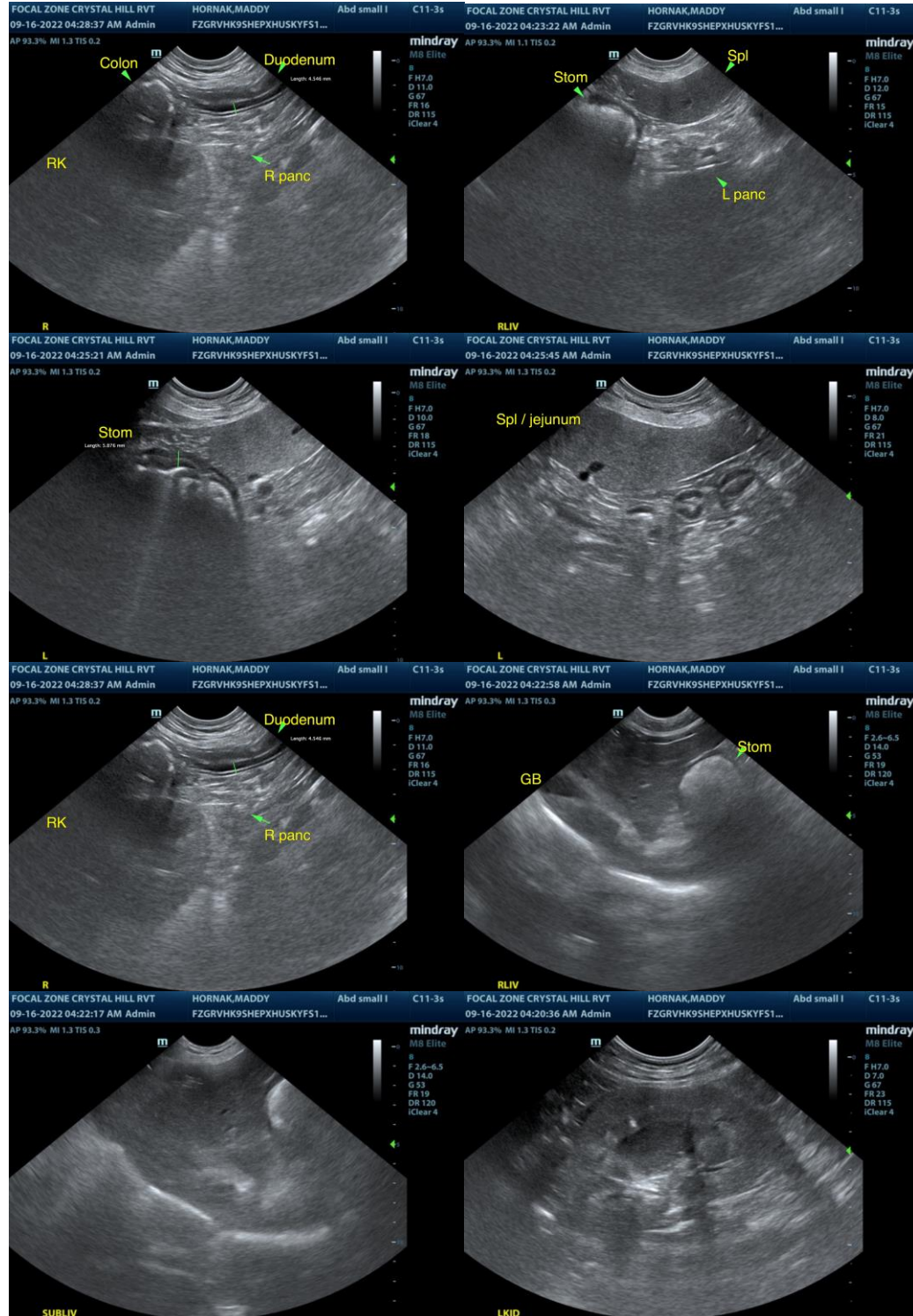
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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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info@SonoPath.com

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