

PATIENT PRESENTING CLINICAL SIGNS

Sunny Ellis Abdominal pain; decreased appetite. On Cerenia 160 mg SID. Sedated with torb/alfaxalone
Abnormal PE/Chem/CB

SPECIES ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Canine **Urinary System**

BREED

Labrador Retriever X

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of – 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 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 right kidney measured 6.0 cm. The left kidney measured 6.8 cm.

AGE

8 Years

The area of the aortic trifurcation was free of pathology. Visualized medial iliac lymph nodes were sonographically unremarkable. Example measured 0.49 cm in width.

Adrenal Glands

WEIGHT

79 Pounds

The adrenal glands were uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.52 cm at the cranial pole and 0.43 cm at the caudal pole. The left adrenal gland measured 0.47 cm at the cranial pole and 0.44 cm at the caudal pole.

Spleen

INTERPRETED BY

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

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

Pamela Harrigan, RDCS

Liver

HOSPITAL NAME

Norfolk County VS

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.

Gastrointestinal

REFERRING VET

Dr. Christina Poor

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach was empty with no signs of ileus, obstruction or foreign material. Gastric body wall measured 0.52 cm.

The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. Minor upper duodenal ileus was present. Duodenum wall measured 0.35 cm. Jejunum wall measured 0.31 cm.

INVOICE

25676

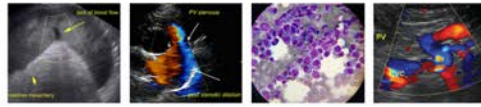
Normal visible colon wall layers were present with apparent formed feces in lumen.

Pancreas

DATE

9/16/21

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.



PATIENT *Free Abdomen*

Sunny Ellis No intraabdominal masses, lymphadenopathy or effusion.

ULTRASONOGRAPHIC FINDINGS

- Sonographically unremarkable abdomen

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No overt pathology as an obvious cause of the patient's decreased appetite and reported abdominal pain. Potential for low-grade or chronic pancreatitis may be present, yet ultrasonographically normal, and could be considered if cranial abdominal or subxiphoid discomfort on palpation is present. Potential for low-grade inflammatory gastroenteropathy without evidence of mural changes (given the decrease in appetite) also possible. As needed gastrointestinal support suggested. Thorough musculoskeletal and neurological examination to assess for evidence of referred abdominal pain (if not done already) is recommended. 3-view chest radiographs could be considered to rule out occult thoracic pathology as a possible contributor to the patient's clinical signs.

SPECIES

Canine

BREED

Labrador Retriever X

SEX

Spayed Female

AGE

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REFERRING VET

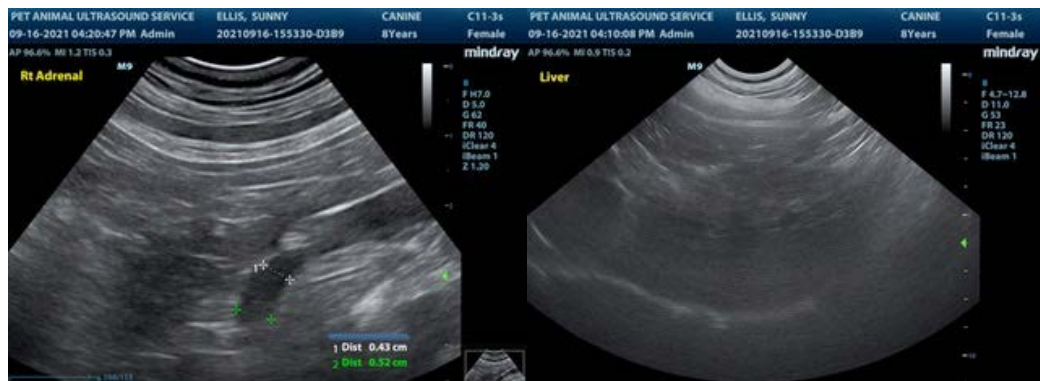
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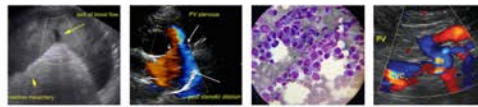
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PATIENT

Sunny Ellis

SPECIES

Canine

BREED

Labrador Retriever X

SEX

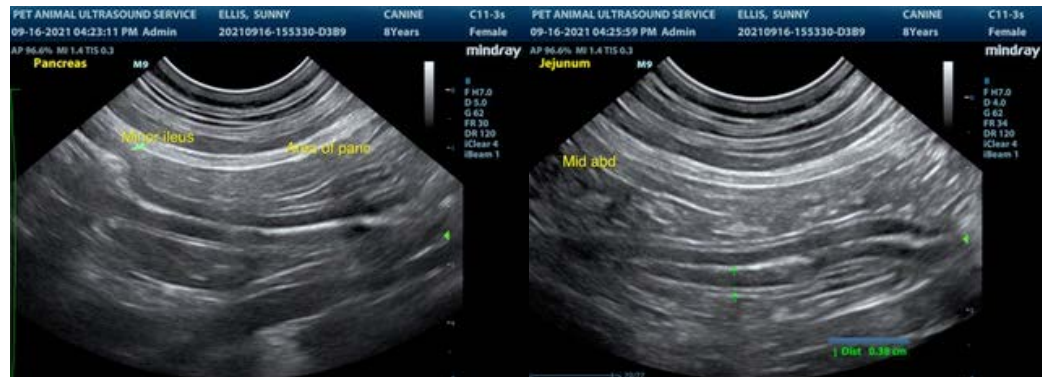
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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