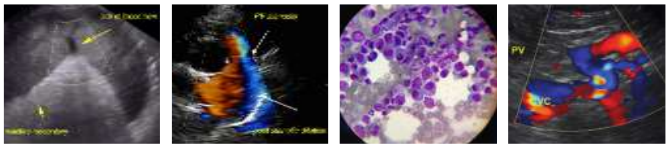
SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™



SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT
Penny Welch

SPECIES
Canine

BREED
Boxer

SEX
Spayed Female

AGE
8 years

WEIGHT
70.6 lbs

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

IMAGING PERFORMED BY
Kelly Vazquez

HOSPITAL NAME
Bergen County Vet Center

REFERRING VET
Dr. Halloran

INVOICE
12261

DATE
9/17/21

PRESENTING CLINICAL SIGNS

Decreased appetite - possible pain when eating? Licking lips, chronic pancreatitis, history of vomiting - improved on Cereni and Prilosec. Current meds: Cerenia, Prilosec. thyro-tabs, mixelitine, sotolol (due to history of arrhtymogenic cardiomyopathy), and Rimadyl.
Abnormal PE/Chem/CBC/UA Results: cPL elevated. USG: 1.029.

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 was noted.

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 6.9 cm in length. The right kidney measured 7.1 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 1.9 cm length x 0.51 cm width at the caudal pole. The right adrenal gland was not definitively visualized, yet no overt pathology was noted.

Spleen

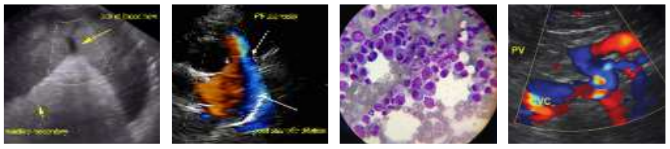
The spleen exhibited a finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. The capsule was smooth and regular without apparent expansion. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis. Acute 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 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

The stomach presented moderate yet variable gastric mural hypertrophy with intact to indistinct wall layering. Mild gastric distension with mild to moderate retained primarily anechoic fluid was present with a mild amount of nonspecific hyperechoic ingesta and nonspecific linear hyperechoic echoes. The gastric wall measured up to 1.0 cm in width.



SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Penny Welch

SPECIES

Canine

BREED

Boxer

SEX

Spayed Female

AGE

8 years

WEIGHT

70.6 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Kelly Vazquez

HOSPITAL NAME

Bergen County Vet Center

REFERRING VET

Dr. Halloran

INVOICE

12261

DATE

9/17/21

The small intestine exhibited intact wall layering and primarily maintained a 1:3 muscularis/mucosa ratio with subjective propensity for mildly prominent mucosa. The small intestine was primarily empty without overt evidence of an obstructive pattern.

The visualized colon exhibited generally sonographically unremarkable wall layering with potential for mild transverse colon mural hypertrophy and strongly shadowing transverse colon luminal echo noted in the mid cranial abdomen. The shadowing fecal matter within the likely transverse colon measured approximately 1.0-2.0 cm in diameter.

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 were evident.

Free Abdomen

Subtle evidence of mild peri intestinal to pericolic reactive mesentery was present.

Focal midabdominal mesenteric and focal medial iliac lymph nodes were present. These lymph nodes were homogenous, mildly hypoechoic and smoothly marginated. A normal width: length ratio was maintained (<0.5). Evidence of perilymphatic inflammation was evident. An example of a mesenteric lymph node size was 3.8 cm x 1.2 cm. A medical Iliac lymph node measured 0.82 cm diameter.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

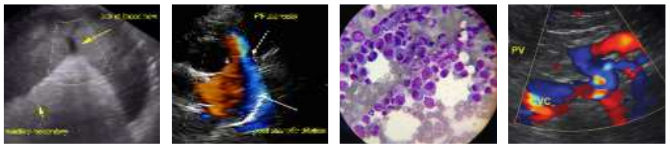
- Gastritis / gastroenteritis with mild to moderate retained gastric fluid and nonspecific hyperechoic ingesta and linear echoes
- Focal shadowing fecal matter or echo in suspected transverse colon
- Mild focal midabdominal mesenteric and medial iliac lymphadenopathy - suspect reactive lymphadenitis, potential for reactive hyperplasia, emerging neoplastic lymphadenopathy is considered less likely

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Given the patient's history of chronic vomiting, the appearance of the stomach is suggestive of chronic moderate gastritis and concurrent stasis. The possibility of emerging gastric neoplasia cannot be definitively excluded. An obvious obstructive pattern within the small intestine was not definitively evident. However, the possibility of mild retained nonspecific gastric foreign material such as hair, grass, fabric, or similar, or possible passed foreign material into the transverse colon may be possible.

Conservatively, hospitalization with 24 hour IV fluid and gastrointestinal support with recheck sonogram specifically of the shadowing likely transverse colon echo and the stomach would be appropriate. However, given the patient's history of chronic vomiting, gastrointestinal biopsies are likely Ideal in this case and given the patient's current clinical signs, exploratory laparotomy with essential gastrointestinal biopsies and further clarification would be appropriate.

SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™



SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Penny Welch

SPECIES

Canine

BREED

Boxer

SEX

Spayed Female

AGE

8 years

WEIGHT

70.6 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Kelly Vazquez

HOSPITAL NAME

Bergen County Vet Center

REFERRING VET

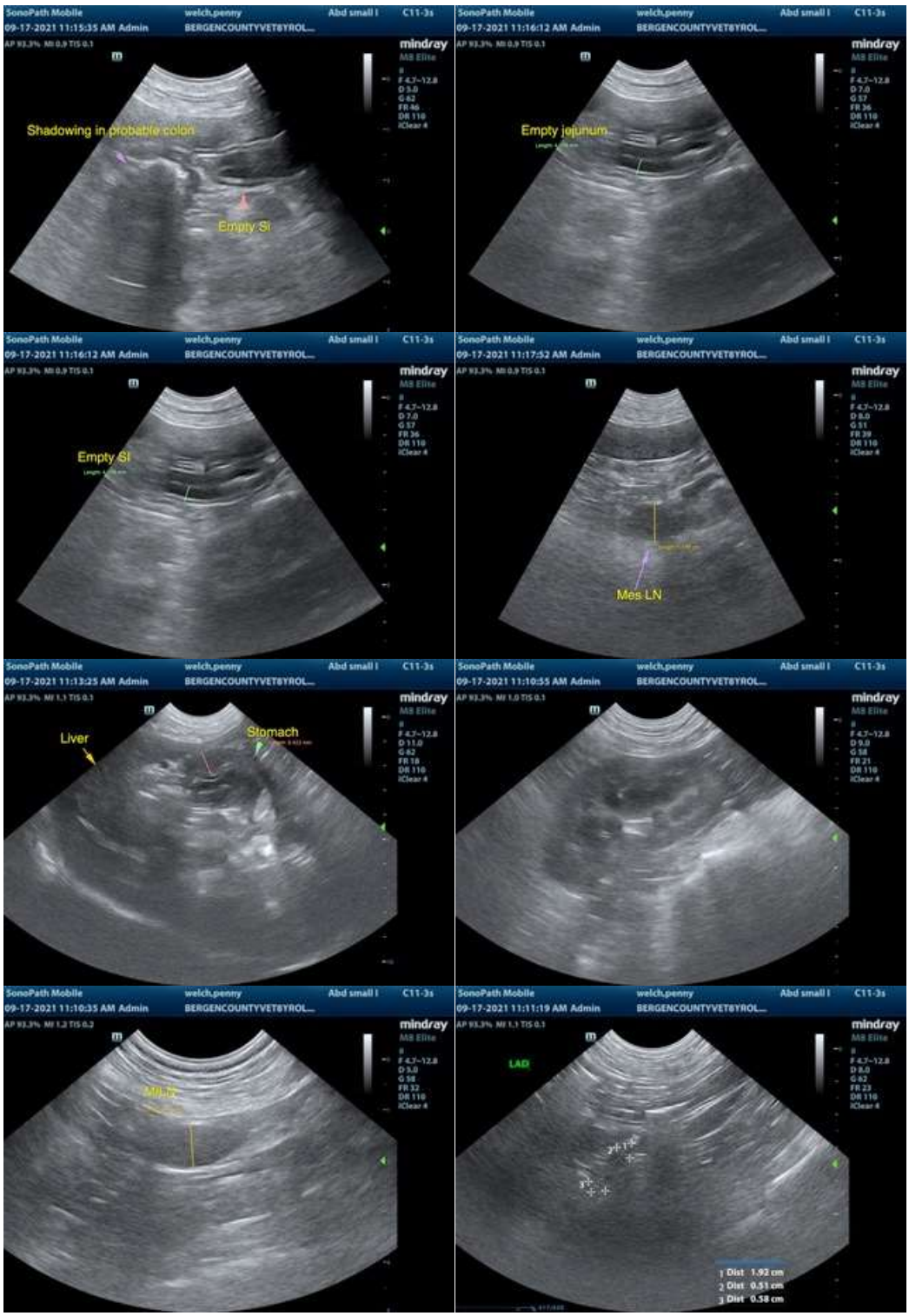
Dr. Halloran

INVOICE

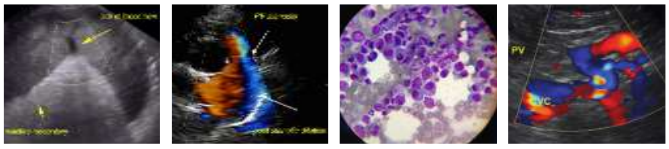
12261

DATE

9/17/21



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



SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Penny Welch

SPECIES

Canine

BREED

Boxer

SEX

Spayed Female

AGE

8 years

WEIGHT

70.6 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Kelly Vazquez

HOSPITAL NAME

Bergen County Vet Center

REFERRING VET

Dr. Halloran

INVOICE

12261

DATE

9/17/21

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