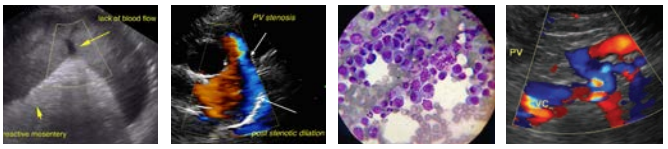
SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™



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

PATIENT
Memphis Van Houten

SPECIES
Canine

BREED
Lab X

SEX
Neutered Male

AGE
6 Months

WEIGHT
43

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

IMAGING PERFORMED BY
Jenn

HOSPITAL NAME
Rockaway AH

REFERRING VET
Dr. Maniar

INVOICE
25140

DATE
9/2/21

PRESENTING CLINICAL SIGNS

anorexia, vomiting, decreased water consumption, could have eaten something

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

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.

The area of the residual prostate was sonographically unremarkable.

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 kidneys measured 7.0 cm each.

Adrenal Glands

The adrenal glands were uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.52 cm at the cranial pole and 0.39 cm at the caudal pole. The right adrenal gland measured 0.77 cm at the caudal 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 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 wall layering with a normal wall layer ratio. The lumen of the stomach was empty with no signs of ileus, obstruction or foreign material. Pylorus wall measured 0.76 cm.

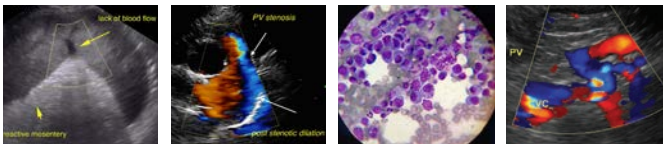
The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. Segmental areas of minor jejunal ileus were present. No evidence of mechanical small intestinal obstruction or foreign material. Jejunum wall measured 0.35 cm.

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

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.

Intermittent, mildly prominent to enlarged mesenteric nodes were present. The lymph nodes were



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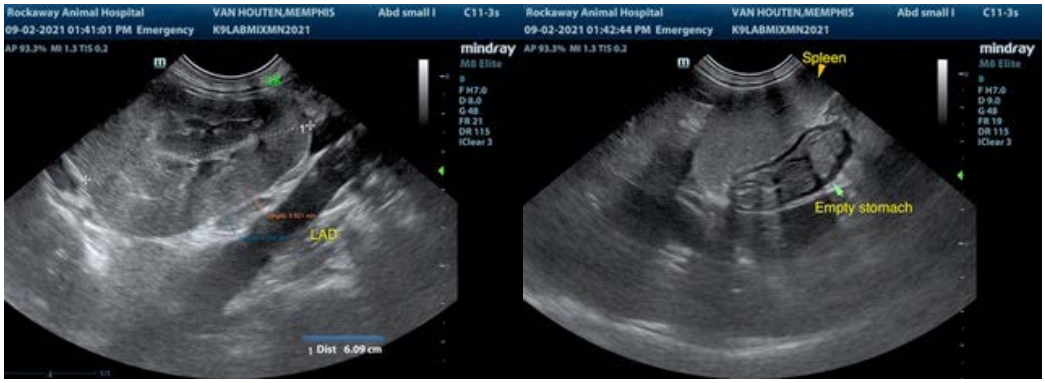
essentially isoechoic to adjacent omentum without evidence of peripheral inflammation and maintaining a normal width: length ratio (<0.5). Example measured 1.4 cm in width.

ULTRASONOGRAPHIC FINDINGS

- Subjective acute gastroenteritis
- Intermittent mild subjectively benign mesenteric lymph nodes – lymphoid hyperplasia or immunologic immaturity likely.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No evidence of overt gastrointestinal obstructive pattern or foreign material. Generalized inflammatory gastrointestinal pattern was present, which may be secondary to dietary indiscretion/food intolerance, occult parasitism, gastrointestinal insult, or infectious gastroenteritis. No indication for immediate surgical intervention. Hospitalization with 24-48 hour IV fluid therapy and gastroenteritis should prove beneficial. GI panel and screening cortisol may be considered if gastrointestinal signs persist.



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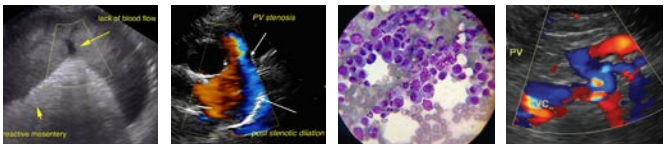

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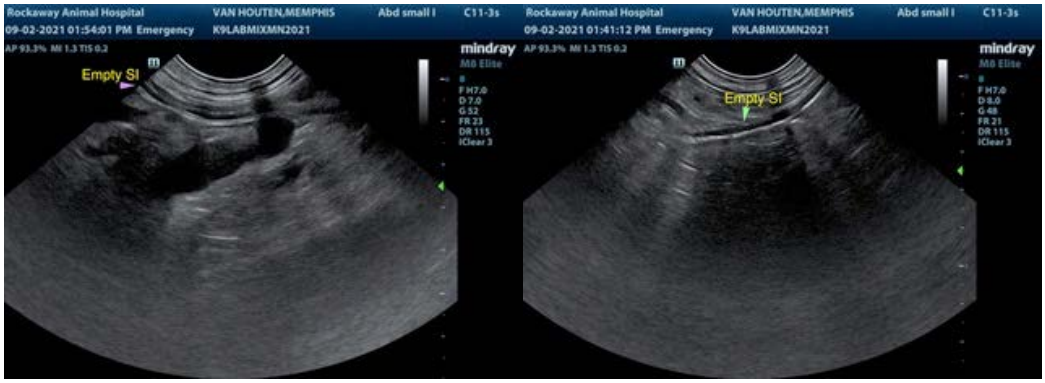

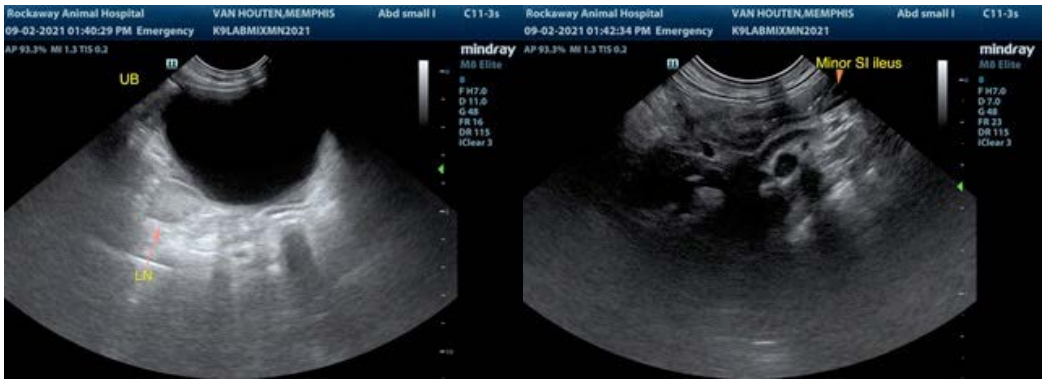

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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