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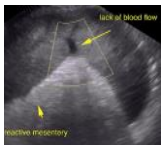

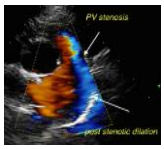

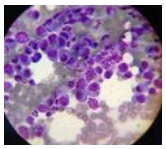
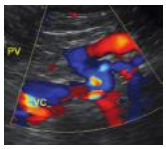

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1-800-838-4268 info@sonopath.com

PATIENT
Eloise Ward

SPECIES
Canine

BREED
French Bulldog

SEX
FI

AGE
4mo

WEIGHT
3.4kg

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

IMAGING PERFORMED BY
Tom McNeill

HOSPITAL NAME
SVS Imaging CT

REFERRING VET
WVRC-Dr. Jochman

INVOICE
11504ag

DATE
09/02/2022

PRESENTING CLINICAL SIGNS

2 day history of intermittent vomiting and diarrhea, inappetance, and lethargy. 1/5 pups of litter to survive, 1 DAPP vxn 8/10/22, unsure deworming history possible ingestion foreign material

Abnormal PE/Chem/CBC/UA Results: grade 3/6 systolic left base murmur. Parvo Neg, BG 98 (full cbc/chem pending), rDVM CXR and AXR: some intestinal gas, decreased serosal detail of abdomen, additional rib on right hemithorax/unclear if hemivertebrae present

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2 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.

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 3.6 cm in length. The right kidney measured 4.0 cm in length.

The area of the aortic trifurcation was free of pathology.

No evidence of pathology associated with the uterus or bilateral ovaries.

The area of the iliac trifurcation was free of pathology including no evidence of medial, iliac or sublumbar lymphadenopathy.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.30 cm width at the caudal pole and 0.31 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 0.20 cm width at the caudal pole and 0.21 cm width at the cranial pole.

Spleen

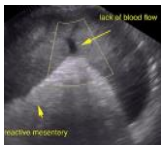
The spleen exhibited a finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. The capsule was smooth and regular without apparent expansion. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis. Acute to chronic inflammatory, neoplastic, or benign parenchyma changes were not noted.

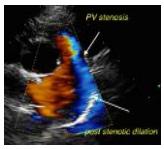
Liver

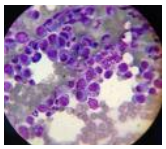
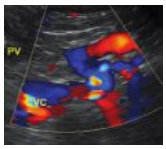
The liver was subjectively normal in size, structure, and contour. The liver parenchyma was uniform and hypoechoic to the spleen with a mild coarse echotexture. The hepatic and portal vasculature were normal in appearance without overt signs of congestion. No evidence of subnormal liver size.

The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.

Gastrointestinal





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The stomach presented intact yet mildly prominent wall layering with a normal wall layer ratio. The lumen of the stomach was empty with mild luminal gas and no signs of ileus, obstruction or foreign material. The gastric body wall measured 0.38 cm in width.

The small intestine presented intact yet subjective mildly prominent wall layering. The lumen of the small intestine was empty with no signs of ileus, obstruction or foreign material. The duodenum wall measured 0.34 cm in width. The jejunum wall measured up to 0.41 cm in width.

Normal visible colon wall layers were present with apparent semi 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.

Free Abdomen

Mild to moderate volume anechoic peritoneal free fluid was present.

Intermittent, mildly prominent to enlarged mesenteric nodes were present. The lymph nodes were essentially isoechoic to adjacent omentum without evidence of peripheral inflammation and maintaining a normal width: length ratio (<0.5). An example of a lymph node measured 1.8 cm x 0.61 cm.

ULTRASONOGRAPHIC FINDINGS

- Mild to moderate volume anechoic peritoneal free fluid
- Intact yet subjective prominent GI walls
- Intermittent benign/reactive mesenteric lymph nodes-mild hyperplasia, reactive lymphadenitis potentially secondary to inflammatory bowel episode or immunologic immaturity possible
- Overtly normal liver without evidence of subnormal volume or overt hepatic congestion

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The appearance of the gastrointestinal tract although potential for patient variant may suggest some degree of GI inflammatory process given the recent V/D. Dietary intolerance / food hypersensitivity, occult parasitism, infectious gastroenteritis possible. No evidence of mechanical obstructive pattern was noted.

The peritoneal free fluid may be physiologic given the patient's young age yet subjectively the amount of fluid appeared to be somewhat increased as to expected effusion commonly seen in a puppy. Additional considerations may include non-septic effusion i.e. increased vascular permeability, decreased hydrostatic pressure. Further assessment may include effusion analysis +/- C/S if evidence of inflammatory cells. Although no overt evidence of hepatic congestion, the potential for cardiogenic ascites still possible given the heart murmur. Correlation with echocardiogram is recommended.

As needed GI support, monitoring of blood GLU levels and prophylactic deworming even if fecal testing is negative with monitoring of clinical response would be reasonable.

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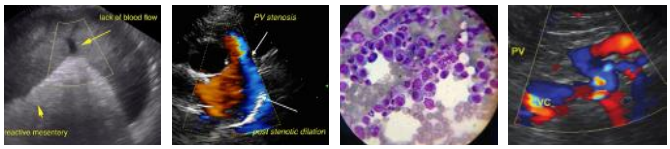

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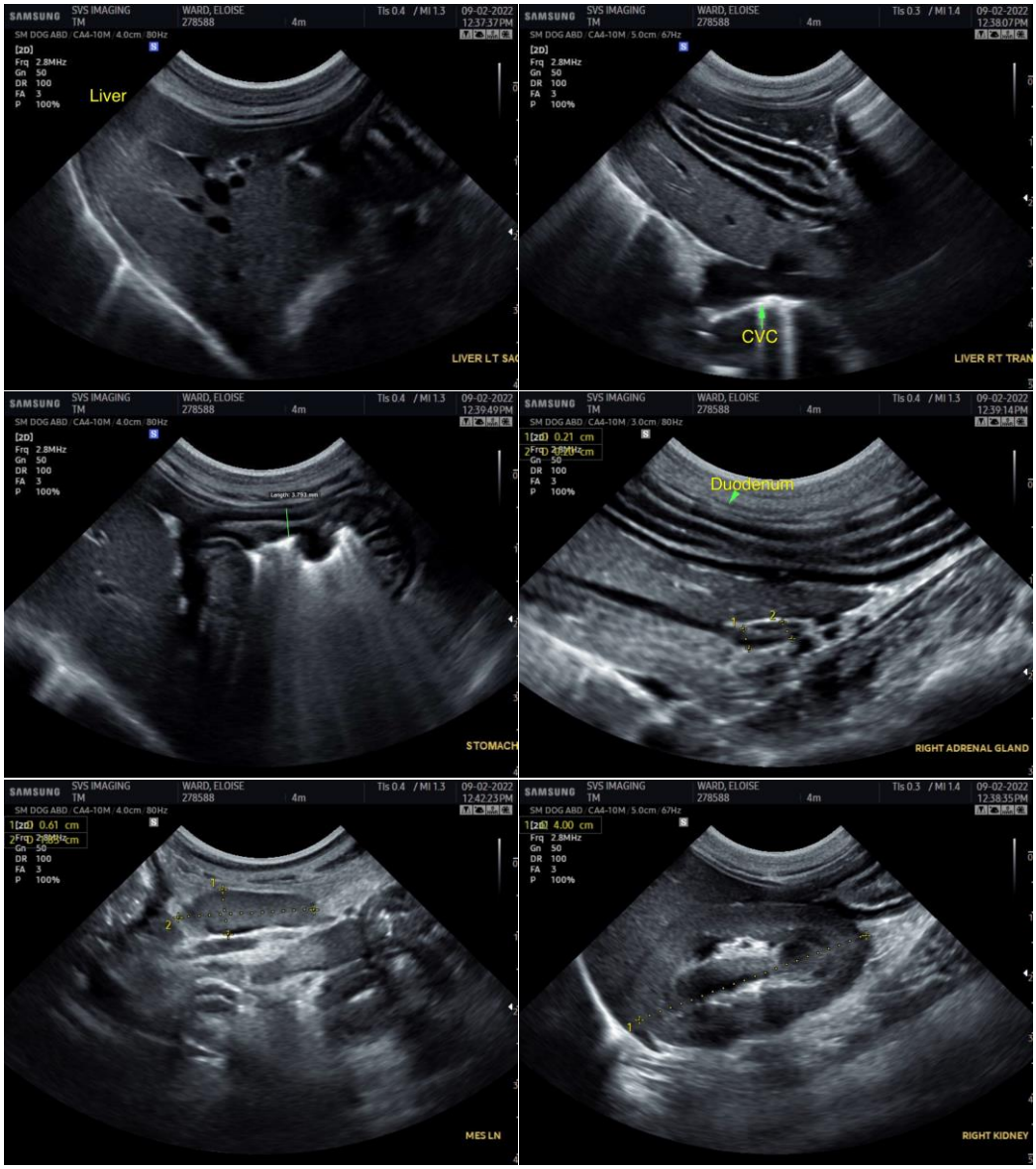

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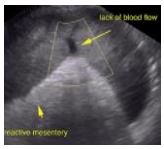
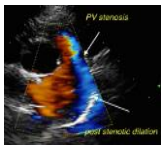
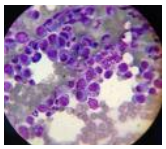
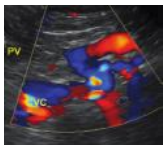

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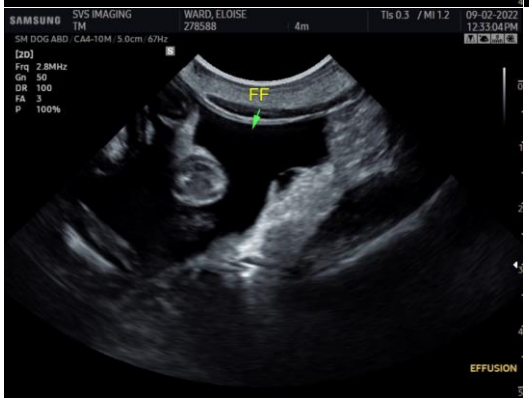

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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