



PATIENT

Gru Flynn

SPECIES

Canine

BREED

Yorkshire Terrier

SEX

MN

AGE

4yr

WEIGHT

5.9kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Patti Mayfield DVM

HOSPITAL NAME

Blue Sky Veterinary
Clinic

REFERRING VET

Dr. Ford

INVOICE

11684ag

DATE

09/20/2022

PRESENTING CLINICAL SIGNS

Gru is a 4 yo Yorkie mix who presented to BAESC 9/16/22 for acute onset vomiting and hematochezia. He was hospitalized for presumptive AHDS/HGE. He continued to have diarrhea and was inappetent and a NG tube was placed there 9/18/22. He continues to have diarrhea leaking out of him, lethargy, and inappetence. TREATMENTS: - IVF w/ Reglan and KCl added - cerenia IV - metronidazole IV - Entyce PO - Fenbendazole PO (9/19) - Provable PO (9/19) - Vitamin B therapy (9/20)

Abnormal PE/Chem/CBC/UA Results: Bloodwork revealed hemoconcentration (HCT 65%), normal cPL, unremarkable chemistry. Normal ALB. Resting cortisol WNL (>2) Abdominal radiographs were performed morning 9/17/22 and revealed no overt foreign body or obstructive gas pattern.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 3 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 4.4 cm in length. The right kidney measured 4.4 cm in length.

The area of the aortic trifurcation was free of pathology.

The residual prostate was free of pathology.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.55 cm width at the caudal pole and 1.6 cm length. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.55 cm width at the caudal pole and 2.0 cm length.

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



PATIENT

Gru Flynn

The stomach presented intact wall layering with a normal wall layer ratio. Mildly prominent wall layering in the area of the pylorus with minor retained pyloric fluid was present. The lumen of the stomach was empty with no signs of ileus, obstruction or foreign material. The gastric body wall measured 0.28 cm in width.

SPECIES

Canine

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 measured 0.32 cm in width. The jejunum measured 0.26 cm in width.

BREED

Yorkshire Terrier

Normal visible colon wall layers were present with luminal gas and apparent formed feces in lumen. The descending colon wall measured 0.15 cm in width.

Pancreas

SEX

MN

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

Free Abdomen

AGE

4yr

No omental masses, peritoneal effusion was present.

Intermittent prominent isoechoic mesenteric lymph nodes were present-not consistent with inflammatory/neoplastic criteria.

WEIGHT

5.9kg

ULTRASONOGRAPHIC FINDINGS

Primary

- Resolving gastroenterocolitis pattern
- Heterogeneous pancreas

INTERPRETED BY

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

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Overall, no overt evidence of significant visceral pathology was present in this study. No obvious gastroenterocolic, IBD or neoplastic criteria was present. The mildly heterogeneous pancreas may indicate patient variant or minor remodeling owing to previous or resolving inflammation. Continued conservative therapy for suspected resolving hemorrhagic gastroenteritis/ acute hemorrhagic diarrhea syndrome would be reasonable. If persistent/recurrent GI signs, a full GI panel may be considered. Long term hydrolyzed diet and continued high colony count probiotic may be indicated.

IMAGING PERFORMED BY

Patti Mayfield DVM

HOSPITAL NAME

Blue Sky Veterinary
Clinic

REFERRING VET

Dr. Ford

INVOICE

11684ag

DATE

09/20/2022



PATIENT

Gru Flynn

SPECIES

Canine

BREED

Yorkshire Terrier

SEX

MN

AGE

4yr

WEIGHT

5.9kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Patti Mayfield DVM

HOSPITAL NAME

Blue Sky Veterinary
Clinic

REFERRING VET

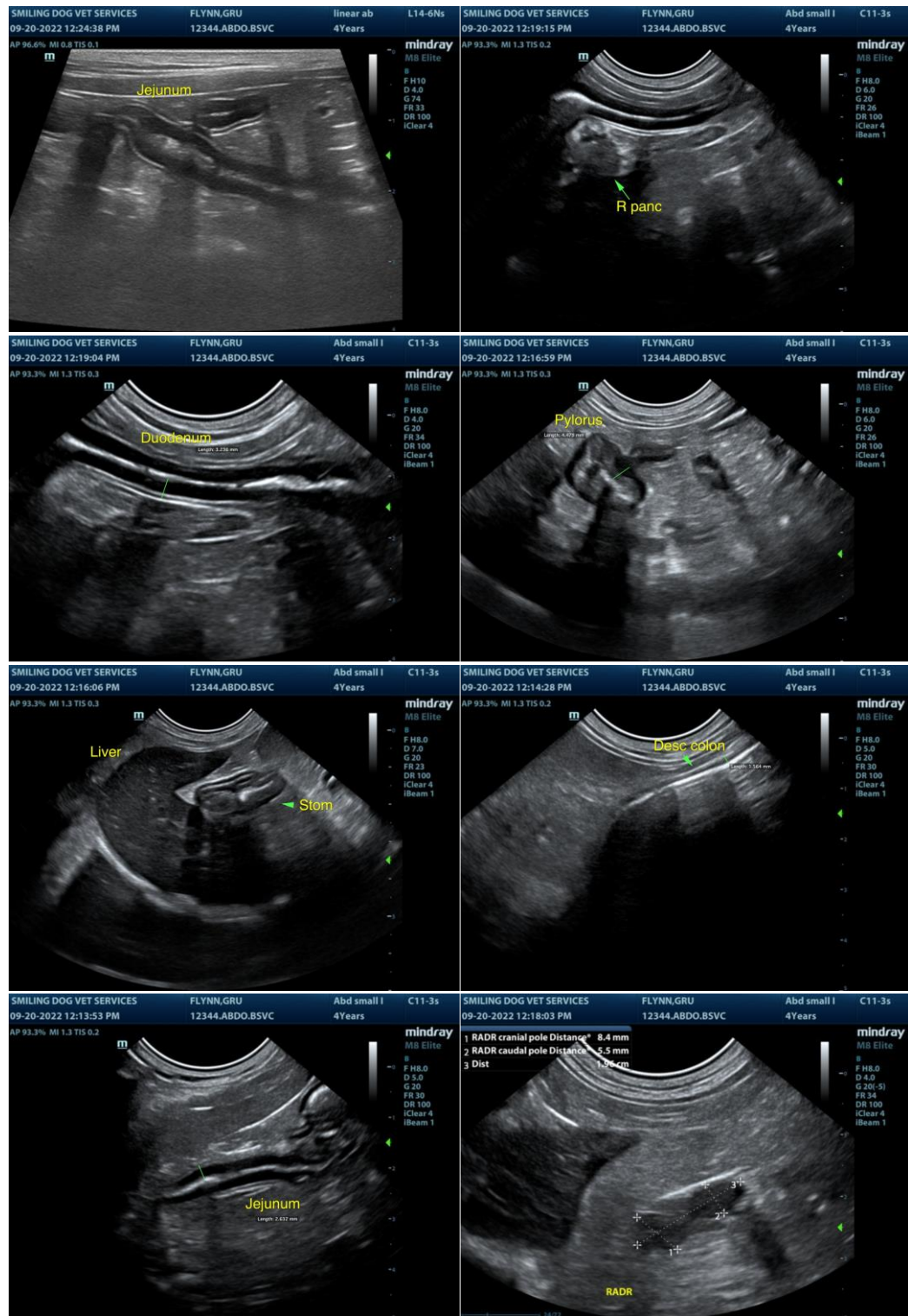
Dr. Ford

INVOICE

11684ag

DATE

09/20/2022





PATIENT

Gru Flynn

SPECIES

Canine

BREED

Yorkshire Terrier

SEX

MN

AGE

4yr

WEIGHT

5.9kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Patti Mayfield DVM

HOSPITAL NAME

Blue Sky Veterinary
Clinic

REFERRING VET

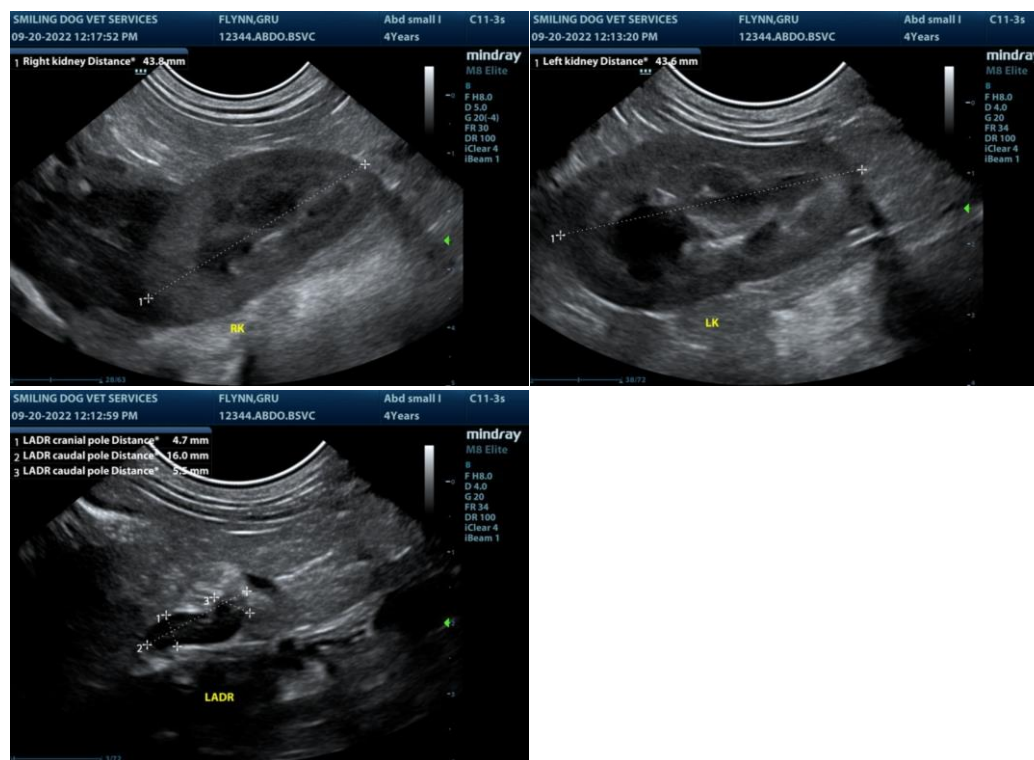
Dr. Ford

INVOICE

11684ag

DATE

09/20/2022



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