



PATIENT

Nitro Wright

SPECIES

Canine

BREED

Husky X

SEX

F (unsure if spayed)

AGE

3 years

WEIGHT

43kg

INTERPRETED BY

R. McKenzie Daniel,
DVM, DABVP

IMAGING PERFORMED BY

Crystal Hill

HOSPITAL NAME

Lynden Animal Clinic

REFERRING VET

Dr. Babcock

INVOICE

14947

DATE

9-22-22

PRESENTING CLINICAL SIGNS

Vomiting, lethargic, fever, dehydration. BCS of 8/9. Painful abdomen and will bite/panic. Has been on Cerenia, Gabapentin, Fortiflora. Unknown if could have gotten into anything. Has also been on Prednisone for skin issues.

Abnormal PE/Chem/CBC/UA Results: Leukocytosis, high ALKPHOS, Low T4 Rads showed overall loss of detail. Free fluid?

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.

No evidence of overt pathology was noted in the area of the uterus / uterine remnant, or area of the bilateral ovaries.

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

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 6.5 cm in length. The right kidney measured 6.9 cm in length.

Adrenal Glands

The left and right adrenal glands were not definitively visualized owing to patient size / conformation, as well as potential subnormal size owing to Prednisone therapy. No overt pathology was noted in the area of the left and right adrenal glands.

Spleen

The spleen exhibited subjective mild subnormal size yet maintained symmetrical capsule contour and a finely textured homogeneous parenchyma. Normal splenic vascularity was noted. No overt splenic masses or evidence of neoplastic criteria were 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 was indistinctly visualized owing to patient size and conformation, yet without overt evidence of gastric distention or dilation with retained ingesta, fluid, or foreign material.



PATIENT

Nitro Wright

The visualized segments of small intestine exhibited intact wall layering and maintained a 1:3 muscularis/mucosa ratio. No overt evidence of small intestinal mechanical / metabolic ileus, was noted.

SPECIES

Canine

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

Pancreas

The pancreas was overtly normal in sonographic appearance without evidence of pancreatic pathology or obvious inflammatory criteria.

BREED

Husky X

Free Abdomen

No omental masses, evidence of lymphadenopathy, or peritoneal free fluid were noted. An increased amount of intraabdominal fat was present.

SEX

F (unsure if spayed)

ULTRASONOGRAPHIC FINDINGS

AGE

3 years

- Benign hepatopathy - metabolic, reactive, or vacuolar hepatopathy with some contribution to the ALT elevation secondary to Prednisolone likely
- Overtly normal gastrointestinal tract
- Volume contracted spleen

WEIGHT

43kg

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

INTERPRETED BY

R. McKenzie Daniel,
DVM, DABVP

Overall, no overt evidence of significant abdominal visceral pathology as a definitive cause of the patient's clinical signs. Potentially, Prednisone use may be masking gastrointestinal mural changes. Potential for acute inflammatory bowel episode, dietary indiscretion, enterotoxic insult, infectious disease, IBD, or low-grade to chronic pancreatitis, both of which may present as sonographically normal, are possible.

IMAGING PERFORMED BY

Crystal Hill

No obvious pathology in the area of the uterus / uterine remnant or bilateral ovaries, i.e., no evidence of pyometra / stump pyometra, etc. A definitive determination of intact vs. spayed status could not be determined. Additional diagnostics, which may include progesterone levels or anti-mullerian assay may be considered for further assessment.

HOSPITAL NAME

Lynden Animal Clinic

Hospitalization with 48-72/hour IV fluid and gastrointestinal support may prove beneficial. CBC pathology review, as well as three-view chest radiographs to rule out occult thoracic or esophageal pathology as a contributing factor, would be warranted.

REFERRING VET

Dr. Babcock

INVOICE

14947

DATE

9-22-22



PATIENT

Nitro Wright

SPECIES

Canine

BREED

Husky X

SEX

F (unsure if spayed)

AGE

3 years

WEIGHT

43kg

INTERPRETED BY

R. McKenzie Daniel,
DVM, DABVP

**IMAGING
PERFORMED BY**

Crystal Hill

HOSPITAL NAME

Lynden Animal Clinic

REFERRING VET

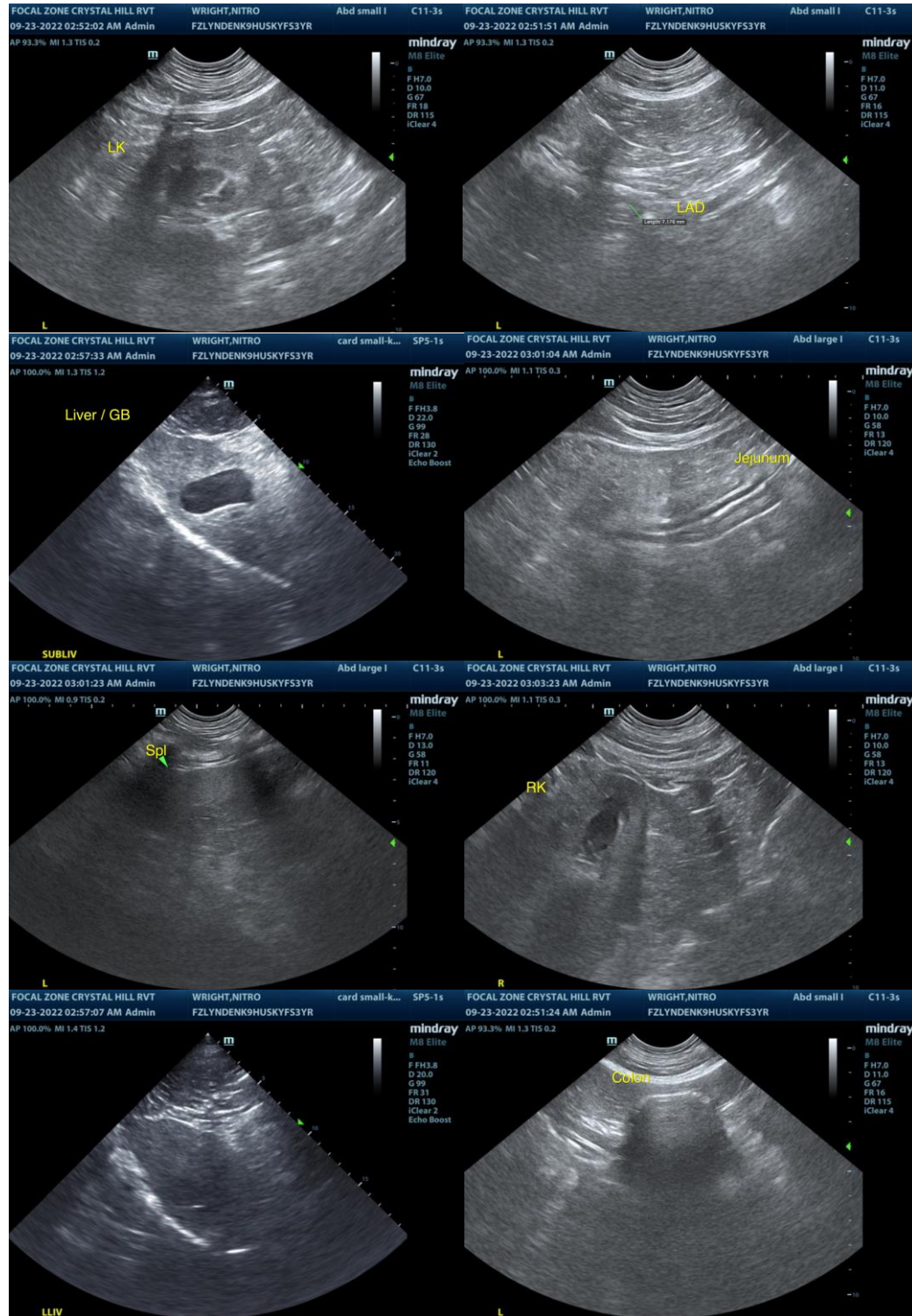
Dr. Babcock

INVOICE

14947

DATE

9-22-22





PATIENT

Nitro Wright

SPECIES

Canine

BREED

Husky X

SEX

F (unsure if spayed)

AGE

3 years

WEIGHT

43kg

INTERPRETED BY

R. McKenzie Daniel,
DVM, DABVP

**IMAGING
PERFORMED BY**

Crystal Hill

HOSPITAL NAME

Lynden Animal Clinic

REFERRING VET

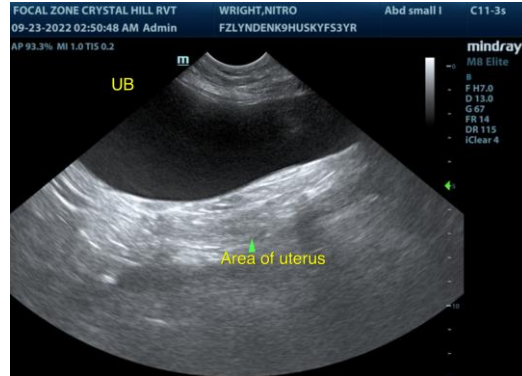
Dr. Babcock

INVOICE

14947

DATE

9-22-22



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