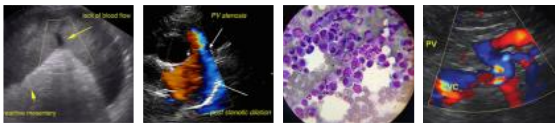

PATIENT

Okami Smith

SPECIES

Canine

BREED

Husky

SEX

MN

AGE

8 yrs

WEIGHT

58 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Sara Hansen

HOSPITAL NAME

The Veterinary Hospital

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Dr. Johnson

INVOICE

14945

DATE

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PRESENTING CLINICAL SIGNS

seen at TVH for second opinion, had an episode of V &D and other veterinarian felt there was an abdominal mass identified on radigraph. V & D has resolved, Physical is WNL
Abnormal PE/Chem/CBC/UA Results: labs done at other DVM 8/27/22 were WNL Current Medications none Radiographic Findings we do not have access to rads taken elswhere

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder was normal in size and tone with mildly prominent ventroapical and dorsal urinary bladder walls. Mild dependent mineral was noted along with focal areas of likely adhered luminal mineral along the apical wall surface. The urethra exhibited normal structure and tone to a depth of 3.0 cm. No evidence of prostatic or proximal urethral mineral was noted.

The residual prostate was free of pathology.

The area of the aortic trifurcation was free of pathology.

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 7.6 cm in length. The right kidney measured 7.0 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 2.2 cm length x 0.64 cm width at the caudal pole. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 2.7 cm length x 0.58 cm width 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/ 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.

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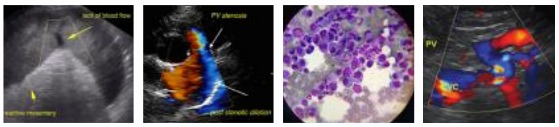

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MOBILE VETERINARY ULTRASOUND
IMAGING PERFORMED BY
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Gastrointestinal

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.

The small intestine presented intact wall layering and maintained a 1:3 muscularis/mucosa ratio with segmental mildly prominent jejunal walls. No evidence of mechanical or metabolic small intestinal ileus were noted.

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 were evident.

Free Abdomen

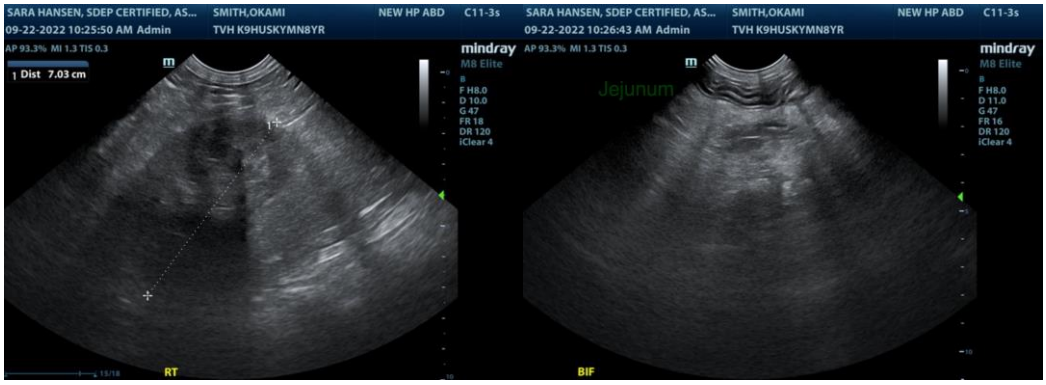
Midabdominal, mildly hyperechoic mesentery was present along with intermittent scant pocket of peri intestinal free fluid. No evidence of lymphadenopathy was noted.

ULTRASONOGRAPHIC FINDINGS

- Segmental likely resolving enteritis
- Associated mild peri intestinal reactive mesentery and intermittent scant free fluid

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The segmental intestinal tract is most likely consistent with resolving enteritis with secondary regional peri intestinal reactive omental changes and physiologic to possibly resolving inflammatory scant peri intestinal free fluid, given normal albumin levels. No evidence of intraabdominal neoplastic criteria or masses was noted. Continued as-needed gastrointestinal support is recommended.



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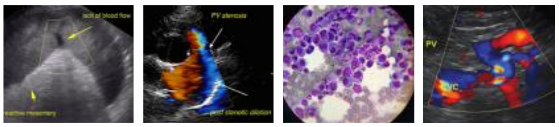

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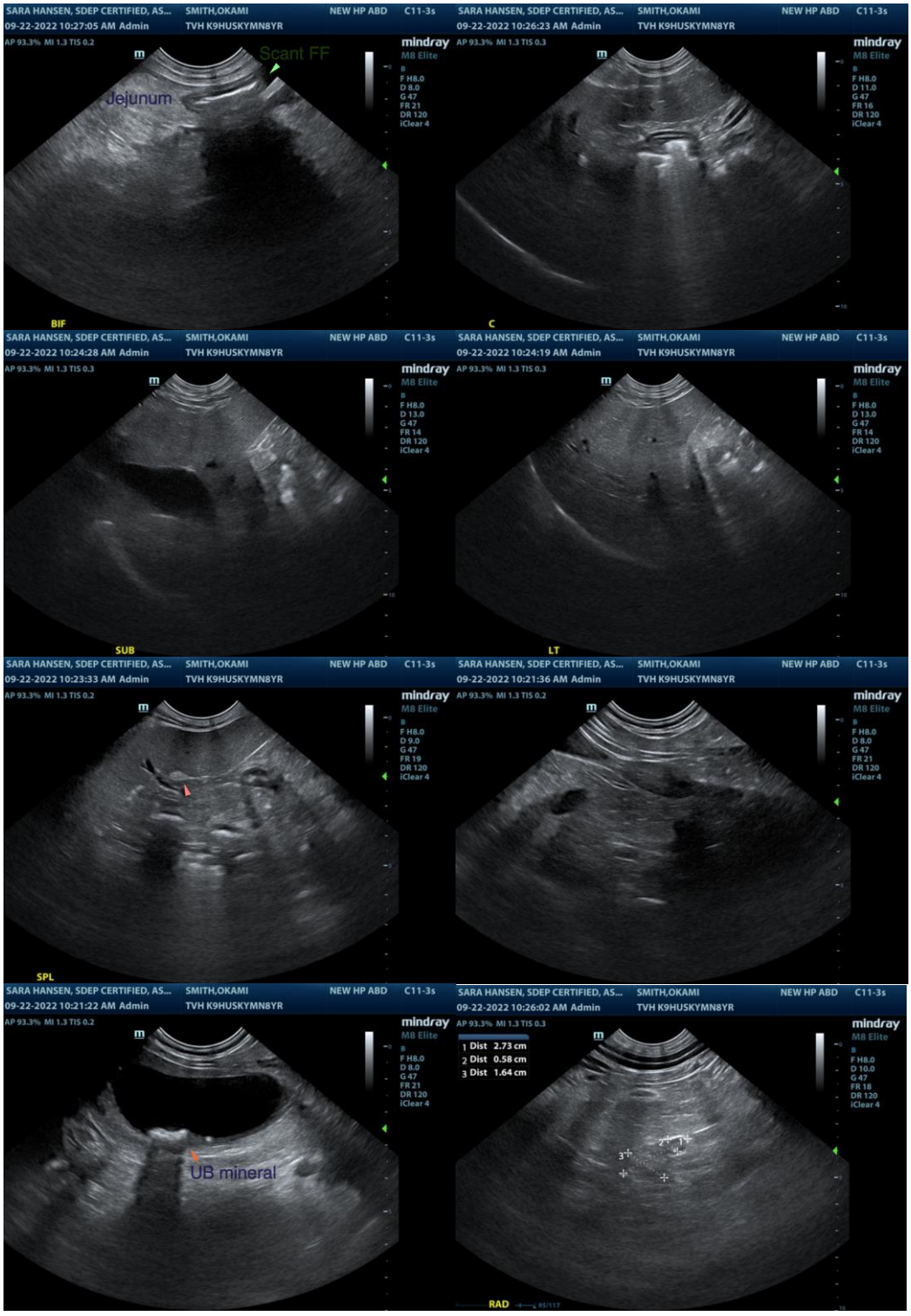

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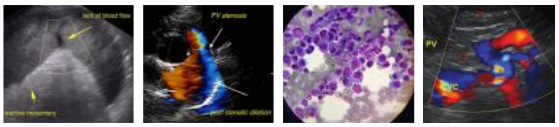

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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