



PATIENT

Xelia Garrett

****This submitted study contained 41 still images and 11 videos for review. Please submit primarily videos for interpretation in the future.**

PRESENTING CLINICAL SIGNS

SPECIES

Canine

Off food for 1.5 days. Taking into field. Drinking excessively for a month. In heat for about a week. Some diarrhea yesterday. Dog food. No other treats. BAR; energetic; pink, tacky mm; CRT 1-2s; no mur/arrh; no abn lung sounds; no abd dist; tense during abd palp; no obvious mass or abns; eyes, ears, LNs WNL; ambulating normally; skin turg WNL

BREED

Deutsch Kurzhaar

Abnormal PE/Chem/CBC/UA Results: Chem WNL

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

SEX

FI

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.

AGE

1yr

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 6.8 cm in length. The right kidney measured 6.1 cm in length.

WEIGHT

62lb

The area of the aortic trifurcation was free of pathology.

INTERPRETED BY

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

No overt pathology associated with the visualized uterus, no evidence of pyometra criteria. The left and right ovaries were not definitively visualized.

Adrenal Glands

The left and right adrenal glands were not definitively visualized.

IMAGING PERFORMED BY

Dr. Casas-Dolz

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.

HOSPITAL NAME

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Clinic

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.

REFERRING VET

Dr. Casas-Dolz

INVOICE

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Gastrointestinal

The stomach presented intact wall layering with possible mild to moderate gastric gas distention. The lumen of the stomach was empty with no signs of ileus, obstruction or foreign material.

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The intestinal walls demonstrated intact wall layering and maintained 1:3 muscularis / mucosa ratio. The mucosa exhibited mild decreased echogenicity with occasional mucosal speckling. Minor segmental to diffuse ileus pattern consisting of mild fluid accumulation in the intestinal lumen was present without obstruction or foreign material.

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

Pancreas

The pancreas was indistinctly visualized without overt pathology.

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Free Abdomen

No peritoneal effusion was present.

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Intermittent mild to variably enlarged homogeneous to hypoechoic mesenteric lymph nodes were present. An example measured 1.7 cm x 0.96 cm.

ULTRASONOGRAPHIC FINDINGS

AGE

1yr

Primary

- Mild segmental to generalized enteritis pattern exhibiting mild non-obstructive segmental ileus
- Intermittent enlarged subjectively benign/reactive mesenteric lymph nodes-hyperplasia or mild reactive lymphadenitis potentially owing to inflammatory enteropathy

WEIGHT

62lb

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Overall no overt evidence of significant abdominal visceral pathology as a definitive cause of the patient's clinical signs. If concurrent polyuria or if not done, a full urinary workup including UA, C/S +/- baseline UPC or Leptospirosis titer/PCR if potential exposure could be considered. A spec cPL could be considered to assess for low grade pancreatitis which may present sonographically normal. A resting cortisol level is suggested if persistent evidence of inappetence to rule out occult Addison's disease. As needed GI support and therapy for enteritis should prove beneficial.

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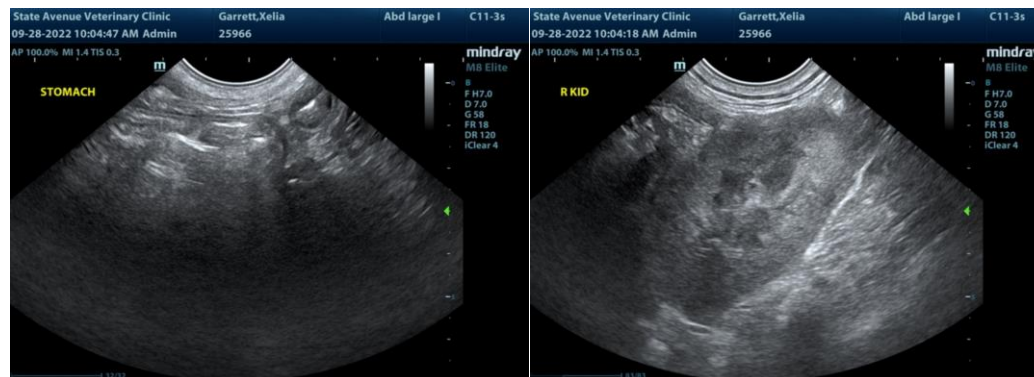
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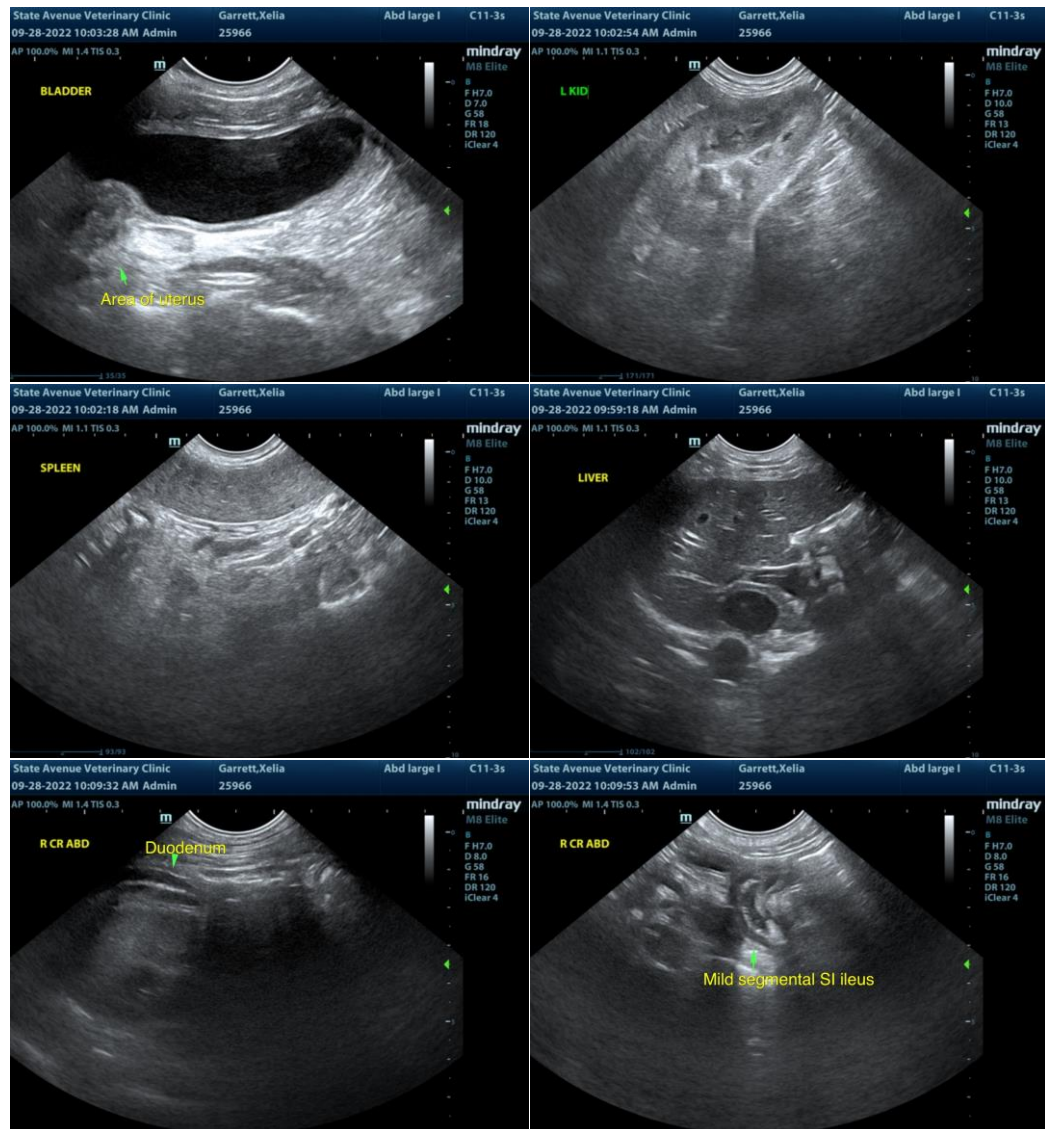
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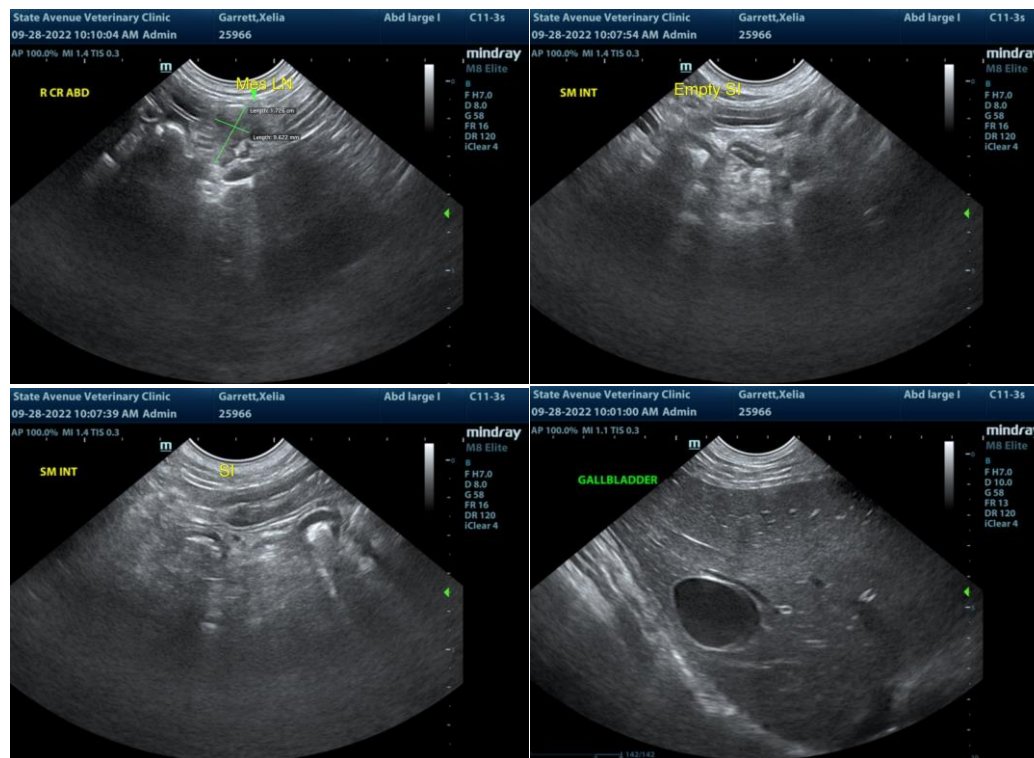
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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