



PATIENT

Chelsea Barbosa

SPECIES

Canine

BREED

Maltese

SEX

Female

AGE

3 years

WEIGHT

8 lbs.

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

Dr. Paul Kim

HOSPITAL NAME

Ridgefield Park AH

REFERRING VET

Dr. Paul Kim

INVOICE

15049

DATE

9-29-22

PRESENTING CLINICAL SIGNS

Patient presented with anorexia, tense abdomen, vomitus with bile, and bloody diarrhea for 15 days.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2.0 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.

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 3.1 cm in length. The right kidney measured 3.2 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 0.44 cm width at the caudal pole and 0.35 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 0.41 cm width at the caudal pole and 0.41 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/ 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 mild gallbladder debris primarily in the caudal lumen and gallbladder neck, likely incidental assuming no evidence of cholestasis. The cystic and common bile ducts were normal.

Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. Mild retained echogenic chyme / fluid was noted. No evidence of mechanical pyloric outflow obstruction was noted.



PATIENT	The small intestine presented intact wall layering with segmental propensity for mildly prominent mucosa along with mild segmental mucosal speckling. No evidence of obstructive criteria or foreign material was noted.
Chelsea Barbosa	
SPECIES	Normal visible colon wall layers were present with semi-formed to soft fecal matter consistent with patient history.
Canine	
BREED	<i>Pancreas</i>
Maltese	The pancreas was normal in size and contour with isoechoic to heterogeneous parenchyma compared to adjacent omentum. No signs of active inflammation or neoplasia.
SEX	<i>Free Abdomen</i>
Female	No omental masses, lymphadenopathy, or peritoneal effusion were noted.
AGE	
3 years	ULTRASONOGRAPHIC FINDINGS
WEIGHT	<i>Primary Findings</i>
8 lbs.	<ul style="list-style-type: none"> Gastroenteritis pattern - possible inflammatory bowel Mild heterogeneous pancreas
INTERPRETED BY	<i>Secondary Findings</i>
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	<ul style="list-style-type: none"> Minor gallbladder debris - incidental
IMAGING PERFORMED BY	<u>INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS</u>
Dr. Paul Kim	The pancreatic presentation was not consistent with active or significant pancreatitis, although the potential for low-grade or chronic pancreatitis is possible.
HOSPITAL NAME	The overall appearance of the gastrointestinal tract and colon was consistent with inflammatory criteria with considerations including dietary intolerance / food allergy, occult parasitism, subacute to chronic gastroenterocolitis, inflammatory bowel disease, hemorrhagic gastroenteritis, infectious disease with infiltrative neoplasia considered less likely.
Ridgefield Park AH	
REFERRING VET	Hospitalization with 48-72-hour IV fluids, GI support, and medical therapy for hemorrhagic gastroenteritis should prove beneficial. A GI panel to include PLI/TLI/Cobalamin/Folate is recommended. Broad-spectrum deworming is recommended once the patient is able to take oral medication. Potential long-term dietary therapy such as hydrolyzed diet once the patient is recovered or if recurrent GI signs, may be considered.
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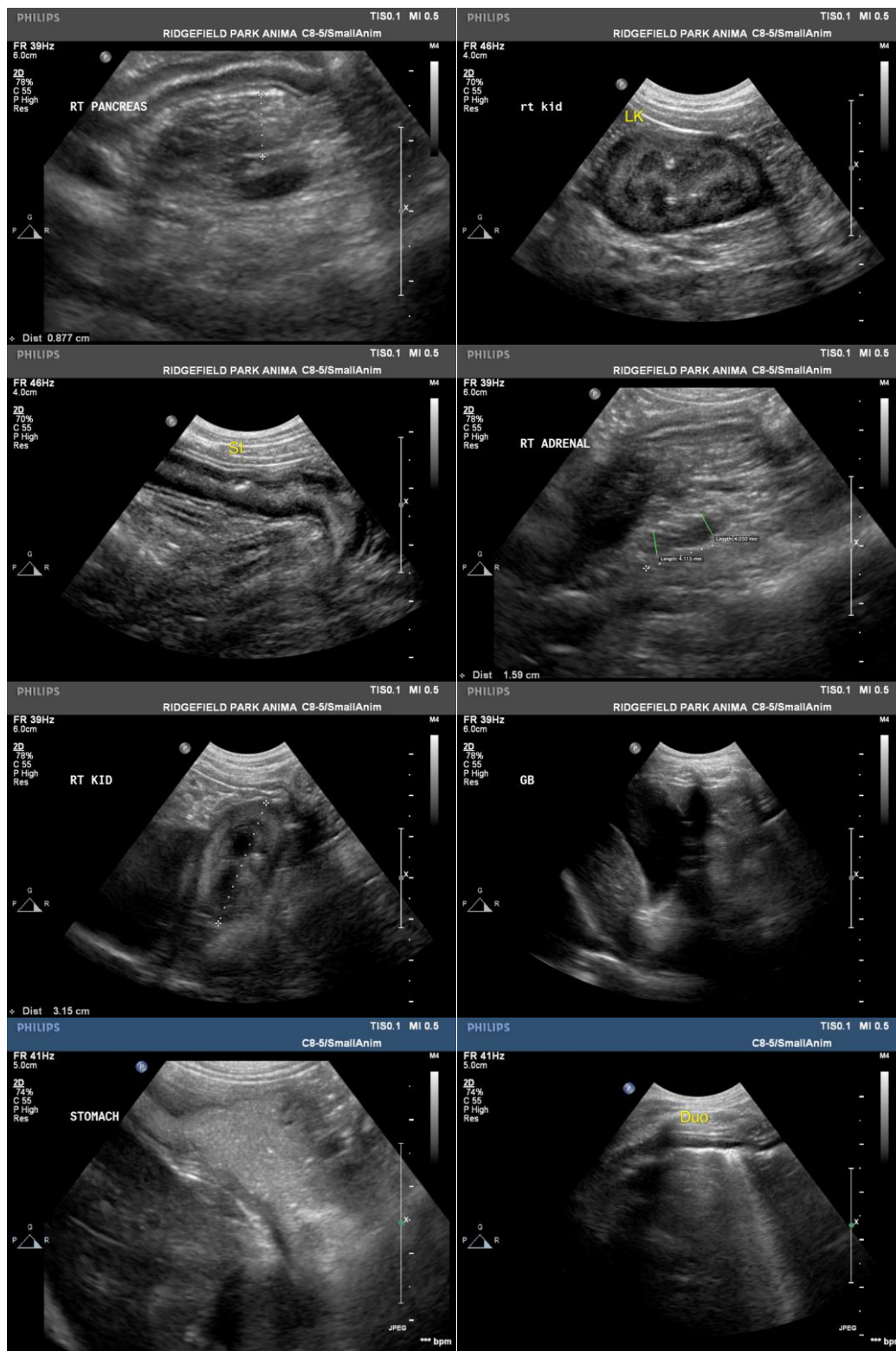
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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