



PATIENT

Harley Littrell

SPECIES

Canine

BREED

Yorkshire Terrier

SEX

Neutered Male

AGE

1 Years

WEIGHT

6.8

INTERPRETED BY

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

IMAGING PERFORMED BY

Erica Harmon

HOSPITAL NAME

Willamette VH

REFERRING VET

Dr. Erica Harmon

PRESENTING CLINICAL SIGNS

24 hour history of v/d with hematochezia, and hematemesis, hypoglycemic, anorexic. Abnormal PE/Chem/CBC/UA Results: CBC = HCT 45%, mild neutrophilia 11.78k, WBCs wnl 15.4k, normal platelets 336 chem17 = hypoglycemia 59, BUN 32, low ALP 22, low amylase 431 spot BG 67 lytes = wnl lactate = wnl 1.02 snap cPL = normal fecal O+P with giardia to Antech, sample submitted parvo snap = negative

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 were noted.

No overt pathology in the area of the residual prostate.

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. The right kidney measured 3.4 cm.

The area of the aortic trifurcation was free of pathology.

Adrenal Glands

The adrenal glands were uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.30 cm at the cranial pole and 0.41 cm at the caudal pole. The right adrenal gland measured 0.37 cm 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

The liver presented normal in size. The hepatic parenchyma revealed diffuse reduced echogenicity compared to the spleen and renal cortical parenchyma with a mild coarse echotexture. Increased portal vein prominence was evident. The capsule of the liver was normal in margination. Distinct masses or nodules were not evident. The hepatic and portal vasculature were normal in appearance. The gallbladder was non-distended in size with primarily anechoic luminal content. The cystic and common bile ducts were normal.

Gastrointestinal

The stomach presented moderate wall thickening owing to variable mucosal hypertrophy and minor increased prominence of gastric rugal folds. Mild gastric distension with primarily anechoic fluid was present. No evidence of gastric ingesta or foreign material. Gastric body wall measured up to 0.50 cm.

The small intestine presented intact wall layering with maintained 1:3 muscularis/mucosa ratio. Minor segmental duodenojejunal metabolic ileus was present without evidence of mechanical obstruction,

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foreign material, intussusception, or other structural pathology. Duodenum wall measured 0.30 cm. Jejunum wall measured 0.30 cm.

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The visualized colon exhibited sonographically unremarkable walls containing a mild amount of non-formed to liquid feces consistent with diarrhea.

Pancreas

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

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Free Abdomen

Intermittent, mid abdominal mesenteric nodes were present. Example measured 0.35 cm in width. The lymph node was essentially isoechoic to adjacent omentum without evidence of peripheral inflammation and maintaining a normal width: length ratio (<0.5). No effusion.

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ULTRASONOGRAPHIC FINDINGS

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- Acute gastroenterocolitis pattern with mild metabolic gastric stasis
- Heterogeneous to mildly hypoechoic pancreas – non-specific, patient variant, reactive changes owing to gastrointestinal inflammation, or low-grade inflammation possible.
- Subjective mild hypoechoic liver – suspect mild reactive hepatopathy

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The potential for low-grade pancreatitis may be considered unlikely given the normal spec cPL or if no evidence of cranial abdominal or subxiphoid discomfort on palpation. Aggressive medical therapy for acute gastroenteritis should prove beneficial. Dietary indiscretion/food intolerance, occult parasitism, infectious gastroenterocolitis, or gastroenterotoxic insult all possible. Recheck sonogram may be considered to assess for evidence of progressive inflammatory gastroenterocolic or pancreatic changes pending clinical response to therapy.

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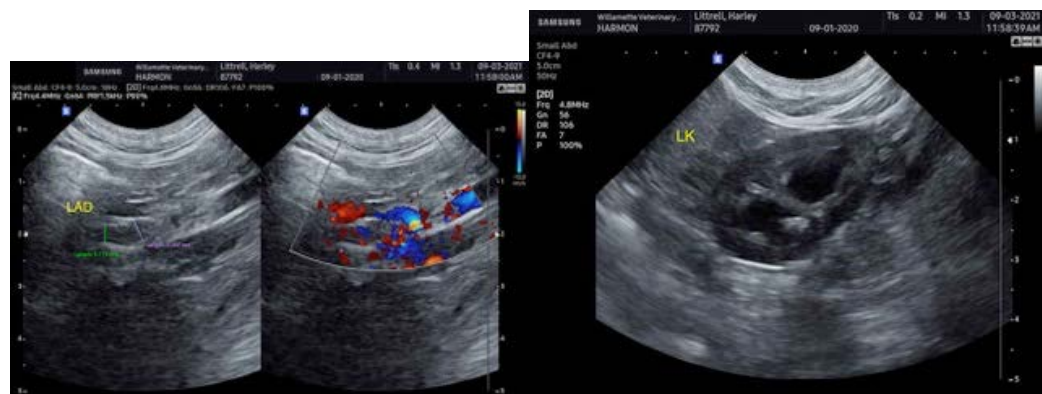
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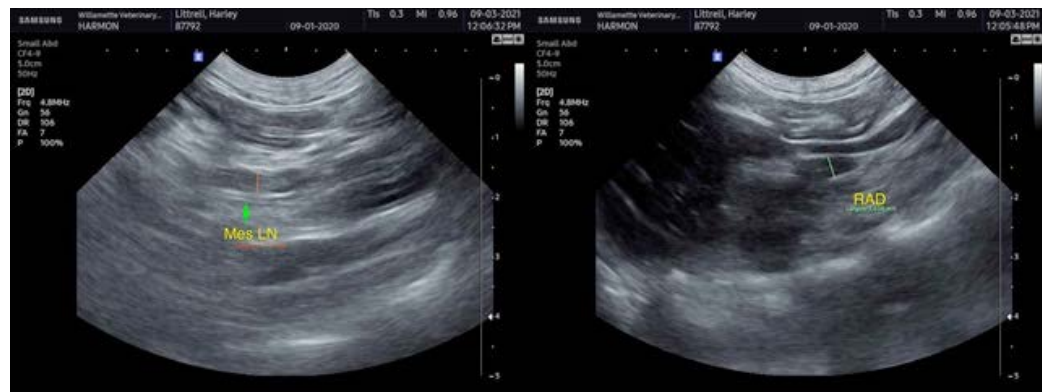
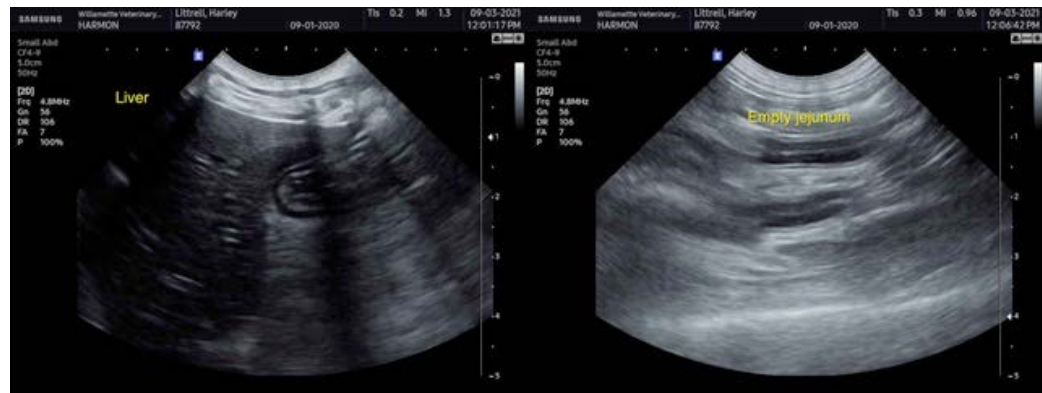
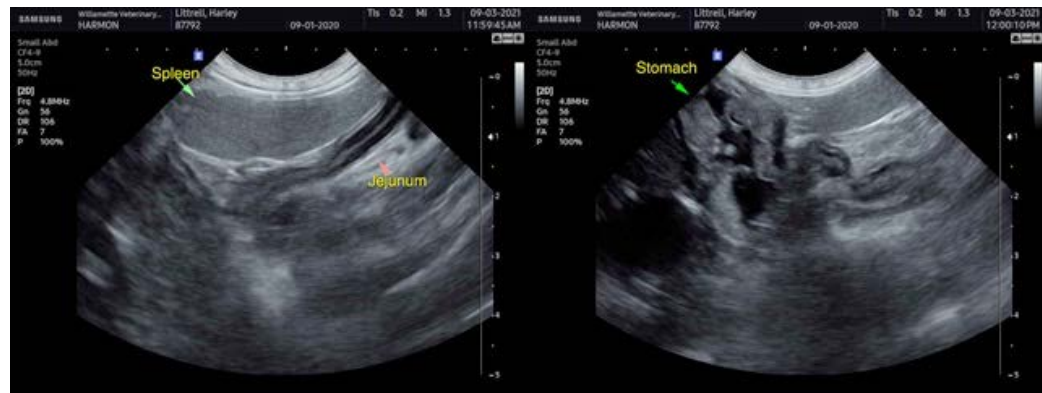
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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

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