

**PATIENT**

Franklin Scott

PRESENTING CLINICAL SIGNS

Intermittent vomiting. Radiographs and bloodwork will be emailed.

SPECIES

Canine

BREED

Mixed

SEX

MN

AGE

10yr

WEIGHT

28lb

INTERPRETED BYR. McKenzie Daniel,
DVM, DABVP
(Canine and Feline)**IMAGING
PERFORMED BY**

Rachel Runnells RVT

HOSPITAL NAME

SVS Imaging KC

REFERRING VET

Dr. Renfro

INVOICE

11747ag

DATE

09/30/2022

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**Urinary System**

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 3 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.

Normal size and margination was present in the kidneys. A normal 1:3 cortex / medulla ratio was maintained. The medulla and cortices were uniform in texture with some increased echogenicity and mild loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The left kidney measured 5.7 cm in length. The right kidney measured 5.7 cm in length.

The area of the aortic trifurcation was free of pathology.

The area of the residual prostate was free of pathology.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.48 cm width at the caudal pole and 0.44 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 0.47 cm width at the caudal pole and 0.56 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

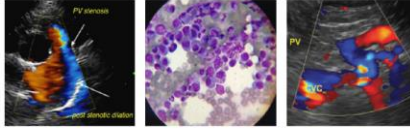
The liver was subjectively normal in size, structure, and contour. The liver parenchyma was uniform and hypoechoic to the spleen with a mild coarse echotexture. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content with mild non-dependent debris. The cystic and common bile ducts were normal.

Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained luminal gas. A mild amount of shadowing ingesta was present, an example measuring 1.5 – 2 cm in diameter. The shadowing ingesta did not appear to be obstructive to pyloric outflow given lack of gastric distention/fluid retention.

The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. The lumen of the small intestine was empty with no signs of ileus, obstruction or foreign material.

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

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Clinical Sonography & Telectology

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Pancreas

The pancreas base and proximal right limb were normal in size and contour with subtle non-homogeneous hypoechoic parenchyma compared to the adjacent omental fat.

SPECIES

Canine

Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

BREED

Mixed

ULTRASONOGRAPHIC FINDINGS**SEX**

MN

- Non distended stomach containing mild non-specific shadowing ingesta and luminal gas
- Sonographically unremarkable small bowel
- Strongly shadowing fecal matter distal colon
- Nonhomogeneous subtly hypoechoic pancreas base/right limb

AGE

10yr

Secondary:

- Mild age-related renal changes

WEIGHT

28lb

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The mild shadowing ingesta in the subjective antrum and pylorus is supportive of non-obstructive foreign material. Assuming the submitted radiographs are sequential, the material may be passing in conjunction with shadowing fecal material presentation as well as strongly shadowing fecal matter present on the ultrasound. Without evidence of definitive obstructive criteria, radiographic monitoring with as needed supportive care over the next 24-48 hours would not be unreasonable. If evidence of inappetence or progressive vomiting, laparotomy with gastrotomy, gross inspection of the GI tract and colon should be considered. GI biopsies suggested despite exploratory findings if surgery is elected.

Assessment for evidence of cranial abdominal/subxiphoid discomfort on palpation and a spec cPL is suggested to assess for evidence of possible low-grade pancreatitis as a contributing factor to the patient's clinical signs.

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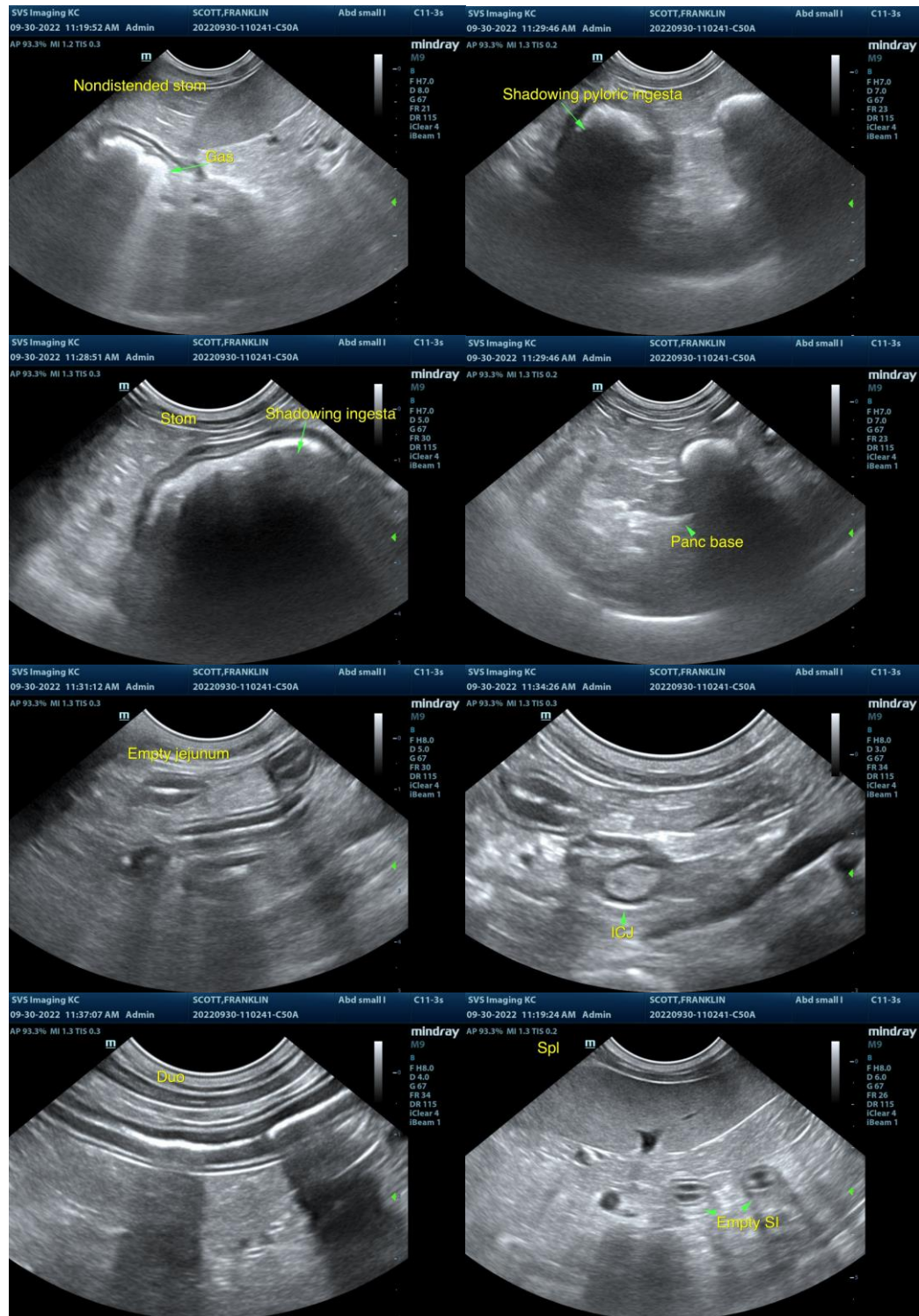
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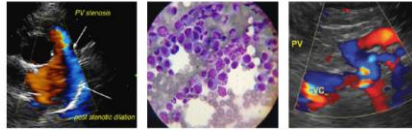
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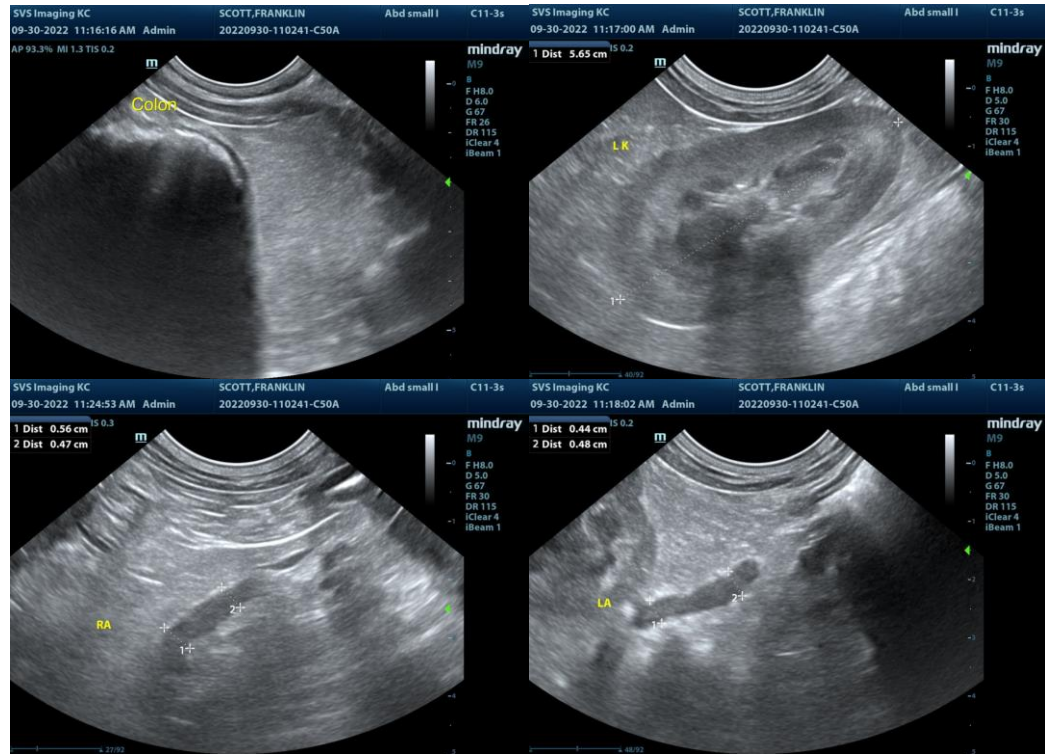
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)

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