



PATIENT

Lexi Craig Strombeck

SPECIES

Canine

BREED

Terrier Mix

SEX

Spayed Female

AGE

7 Years

WEIGHT

11.8 Pounds

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

Amanda Crook-SDEP
Certified Clinical
Sonographer

HOSPITAL NAME

Rover's Edge PMC

REFERRING VET

Dr. Eric Glaze

INVOICE

12949

DATE

9/8/21

PRESENTING CLINICAL SIGNS

History: Acute onset vomiting and symptoms consistent with colitis. Tender on abdominal palpation. Anorexic. 7 % dehydrated on presentation.

Abnormal PE/Chem/CBC/UA Results: See attached labwork - snap cPL negative. Chem CBC unremarkable; fecal not performed at this time. See attached radiographs - No obvious obstructive patterns. Possible wire like FB however patient was spayed using stainless steel suture. Incidental?

CBC: WBC: 7.2 with lymphopenia and eosinopenia. Chem panel: potassium 3.4, Snap CPL: normal

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 3.0 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.

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 4.4 cm in length. The right kidney measured 4.0 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 1.5 cm length x 0.43 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 1.4 cm length x 0.71 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

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 echogenic, nonmineralized biliary sludge. The minor gallbladder debris was suspected to be owing to fasting and is likely incidental. The cystic duct and common bile ducts were normal without evidence of dilation.

Gastrointestinal



PATIENT	The stomach presented mild wall thickening secondary to echogenic mucosa hypertrophy. Intact wall layering was maintained and distinct. The stomach was primarily empty with mild luminal gas.
Lexi Craig Strombeck	
SPECIES	The small intestine exhibited intact wall layering with maintained 1:3 muscularis/mucosa ratio with mild duodenal corrugation, likely indicative of duodenal muscularis hypercontractility and spasm along with segmental non-obstructive jejunal ileus. No overt evidence of mechanical obstruction, loss of small bowel wall layer detail, foreign material or intussusception.
Canine	
BREED	The colon walls presented intact yet prominent wall layering with mild generalized thickened to echogenic submucosa, involving the cecum. The cecum, proximal colon, transverse colon and descending colon exhibited mild distention containing non-formed to liquid feces consistent with diarrhea. Descending colon wall measured 0.34 cm.
Terrier Mix	
SEX	<i>Pancreas</i>
Spayed Female	The pancreas was normal in size and contour and was heterogeneous to subtly hypoechoic in the area of the pancreas base. No signs of active inflammation or neoplasia.
AGE	<i>Free Abdomen</i>
7 Years	Several mid abdominal, focally enlarged mesenteric lymph nodes were present, suspected to be adjacent to the ileocolic junction. An example of a lymph node measured 1.8 cm x 0.8 cm. These lymph nodes were homogenous, mildly hypoechoic and smoothly marginated. A normal width: length ratio was maintained (<0.5). Evidence of perilymphatic inflammation was evident. No evidence of effusion. The potential small metallic linear echo noted in the radiographs was not definitively evident in the study. A small pocket of scant free fluid was noted between the distal colon and urinary bladder.
WEIGHT	
11.8 Pounds	
INTERPRETED BY	ULTRASONOGRAPHIC FINDINGS
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	<ul style="list-style-type: none"> • Acute gastroenteritis pattern with minor duodenal corrugation and segmental non-obstructive jejunal ileus • Concurrent typhlitis/colitis with generalized non-formed to liquid feces • Associated mesenteric lymphadenopathy-suspect minor reactive lymphadenitis or lymphoid hyperplasia • Subtly heterogeneous to hypoechoic pancreas base-non-specific, potential for low-grade inflammation possible
IMAGING PERFORMED BY	INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS
Amanda Crook-SDEP Certified Clinical Sonographer	Fresh fecal analysis to assess for parasitic ova/giardia +/- GI panel to assess cobalamine and folate levels suggested. Hospitalization with rehydration and medical therapy for acute gastroenterocolitis/typhlitis, including as needed gastrointestinal support, appropriate broad spectrum antibiotics and gastroprotectants should prove beneficial. Recheck sonogram recommended to assess for progressive inflammatory gastroenterocolic changes if clinical signs continue
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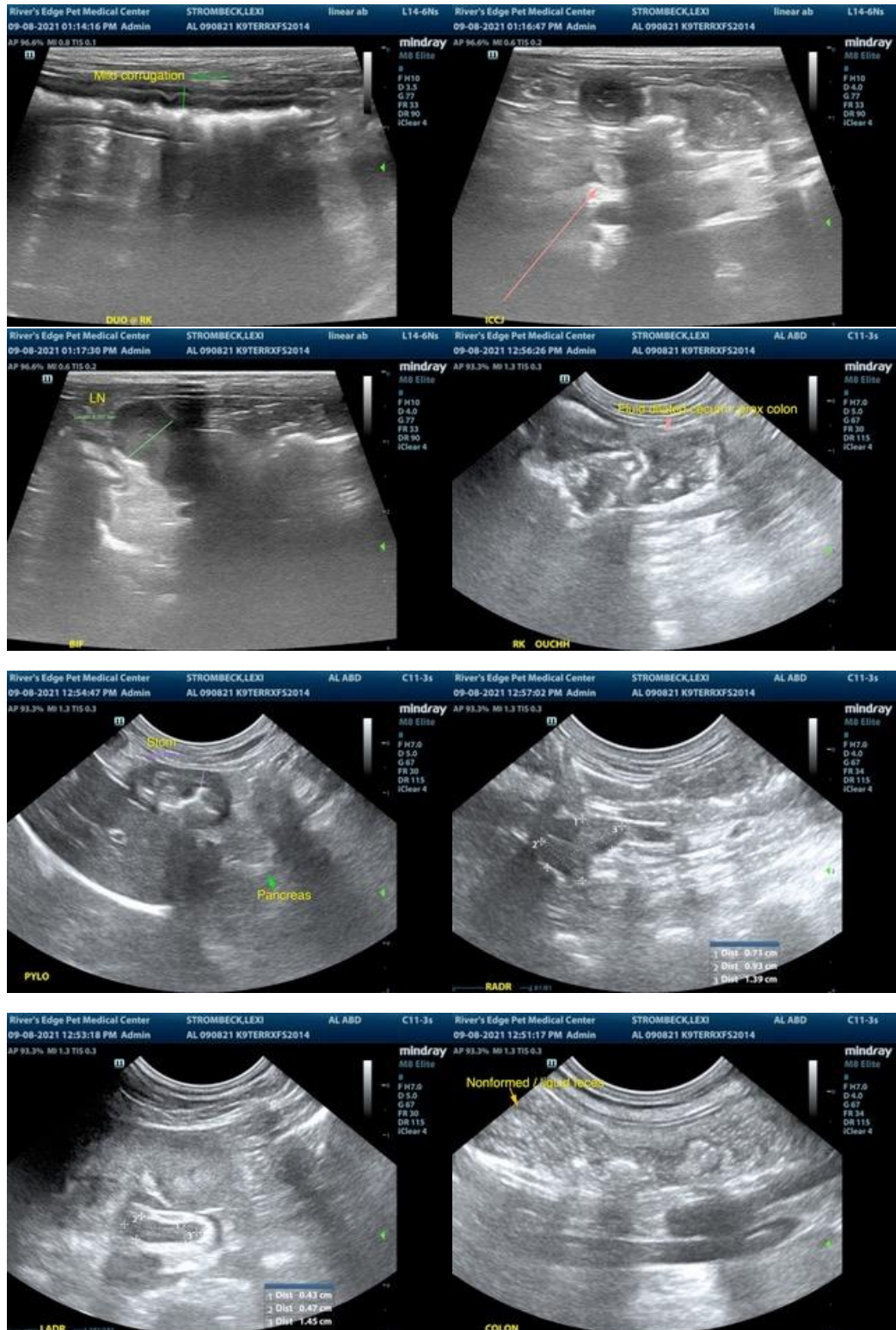
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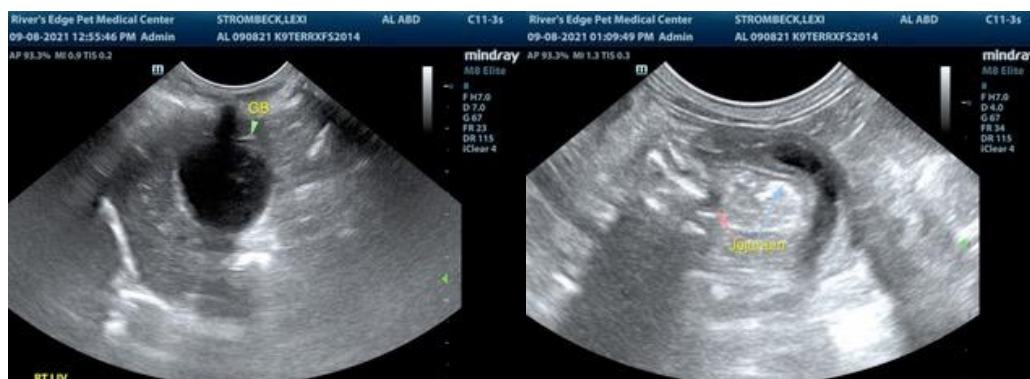
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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