



PATIENT

Lily Sheehan

SPECIES

Canine

BREED

Yorkie

SEX

Spayed Female

AGE

7 Years

WEIGHT

14 Pounds

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

Jenn

HOSPITAL NAME

Rockaway AH

REFERRING VET

Dr. Maniar

INVOICE

12948

DATE

9/8/21

PRESENTING CLINICAL SIGNS

History: re check pancreatitis

Abnormal PE/Chem/CBC/UA Results:

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. Aortic trifurcation was normal.

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 4.2 cm in length. The right kidney measured 4.3 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 0.50 cm width at the caudal pole and 0.45 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 0.57 cm width at the caudal pole and 0.50 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.

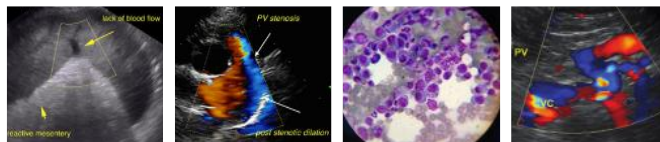
Liver

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. The cystic and common bile ducts were normal.

Gastrointestinal

The stomach exhibited intact wall layering without evidence of mural hypertrophy noted in the gastric fundus and generalized gastric body. Subjective mildly prominent yet intact wall layering noted in the pylorus. The pylorus wall measured 0.56 cm. Moderate retained echogenic ingesta and chyme was present in the stomach with focal shadowing echo noted within the pylorus lumen, measuring 1.4 cm in diameter.

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. The duodenum wall measured 0.35 cm.



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

Lily Sheehan **Pancreas**

SPECIES The parenchyma of the left limb, body and right limb of the pancreas presented isoechoic to the adjacent omental fat. A normal curvilinear capsule contour of the pancreas was present. The visible pancreatic duct was normal. No signs of active inflammation or neoplastic disease was evident.

Canine

Free Abdomen

BREED No overt lymphadenopathy or peritoneal effusion was present.

Yorkie

ULTRASONOGRAPHIC FINDINGS

SEX

- Retained gastric ingesta/chyme with focal, non-specific, subjectively non-obstructive, pyloric shadowing echo

Spayed Female

- Sonographically unremarkable pancreas and small bowel

AGE

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

7 Years

The retained gastric ingesta/chyme may indicate recent meal ingestion, whereas the focal shadowing pyloric echo may indicate treat or medication if clinically indicated. However, some degree of gastric hypomotility or metabolic stasis may be possible, while the potential for a non-obstructive foreign body within the pylorus cannot be excluded. If the patient is continuing to exhibit vomiting, sonographic monitoring for evidence of persistent pyloric shadowing echo or evidence of gastric emptying over the next 24-48 hours is recommended. Alternatively, gastric endoscopy for further assessment and potential for biopsies, if available, may be considered.

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No evidence of permanent or persistent pancreatitis. The possibility of low-grade inflammation, which may present sonographically normal, may be possible yet considered unlikely.

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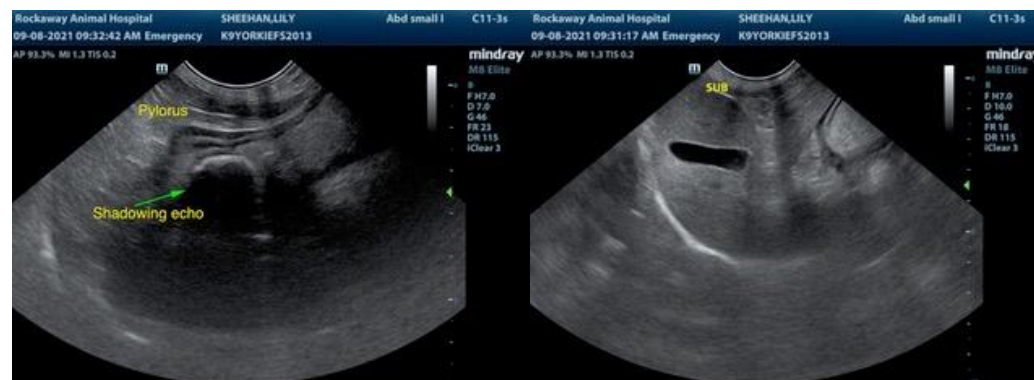
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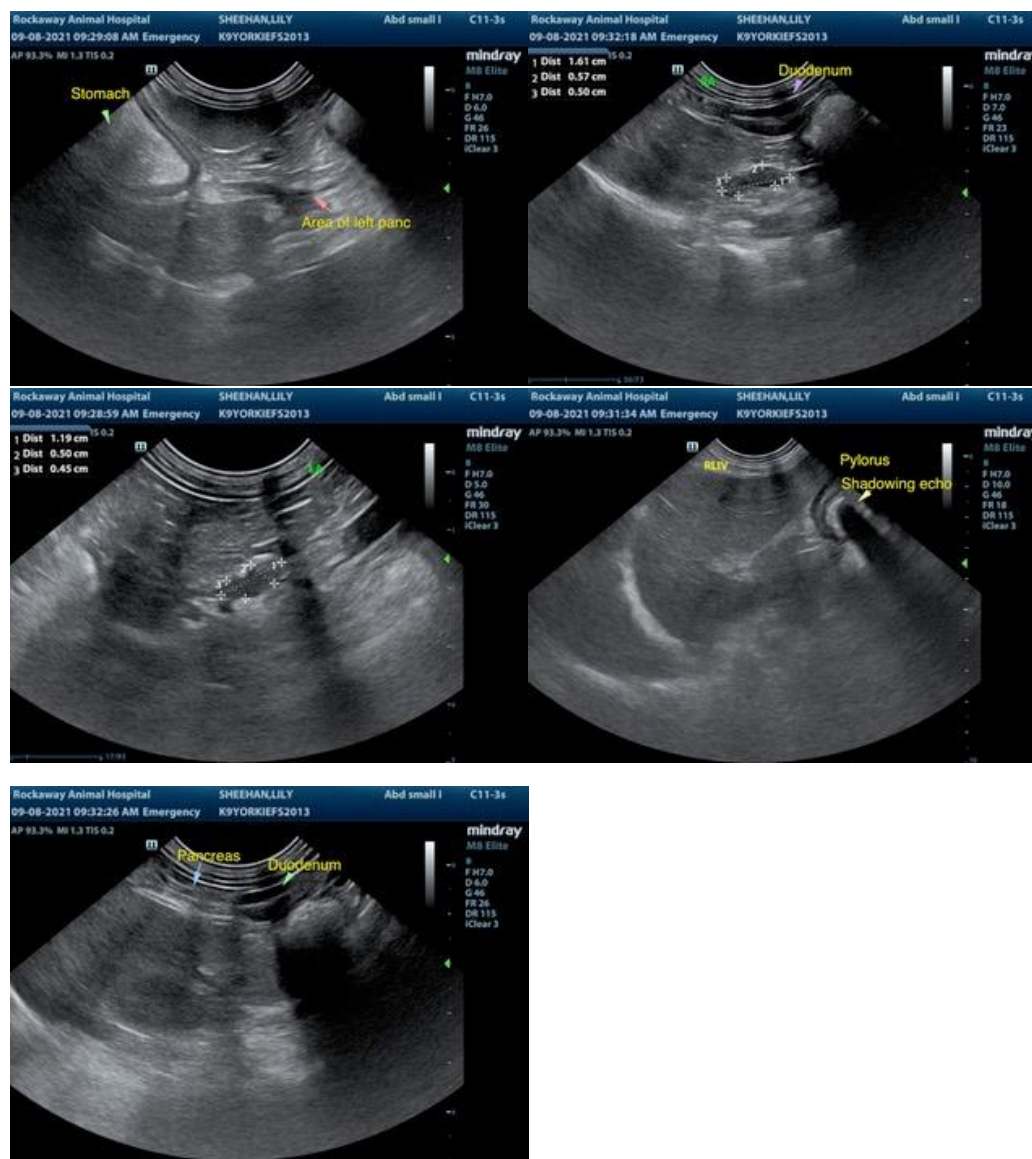
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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