

PATIENT PRESENTING CLINICAL SIGNS

Willy Seys History: - presented on Dec 1st for vomiting and diarrhea (hemorrhagic - bright red blood) - no c/s - no toxins - no meds - PE revealed mild pain on palpation of abdomen but was stable otherwise - kept IH for 36 hours on IVFT and supportive meds (metro, ampicillin, famotidine, cerenia). On discharge on Dec 3rd he was BAR and eating with no further diarrhea or vx.
Abnormal PE/Chem/CBC/UA Results: please see attached BW and rads

SPECIES

Canine

BREED

Yorkie Cross

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. Mild, accumulated sand was noted along with mild, non-dependent, hyperechoic sediment was present in the bladder. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes were noted.

SEX

Neutered male

AGE

7 years

There was no overt pathology associated with the residual prostate, which measured 0.85 cm.

The aortic trifurcation was normal.

WEIGHT

4.35 kg

Normal size and margination was 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 3.7 cm in length. The right kidney measured 4.0 cm in length.

INTERPRETED BY

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

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 1.3 cm in length x 0.41 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.

IMAGING PERFORMED BY

Kelly Reshny, RVT

HOSPITAL NAME

Yates VH

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.

REFERRING VET

Dr. Krizmanich

INVOICE

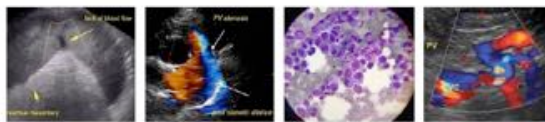
94298

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.

DATE

12/6/21



PATIENT

Gastrointestinal

Willy Seys

The stomach presented intact wall layering with a normal wall layer ratio. Luminal gas was noted in the stomach. The gastric body wall measured 0.38 cm.

SPECIES

Canine

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 jejunal wall measured 0.29 cm.

BREED

Yorkie Cross

Normal visible colon wall layers were present with subjective semi-formed feces in lumen.

SEX

Neutered male

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.

AGE

7 years

Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

WEIGHT

4.35 kg

ULTRASONOGRAPHIC FINDINGS

- Mild, dependent to non-dependent urinary bladder sand.
- Sonographically unremarkable gastrointestinal tract subjective, semi-formed feces and sonographically unremarkable colon- likely consistent with resolving gastroenterocolitis.

INTERPRETED BY

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

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Urinalysis +/- urine culture and sensitivity if evidence of inflammatory cells are recommended and can be considered once the patient is off antibiotics for 7 days if persistent urinary bladder sand. Dietary indiscretion/food intolerance or resolved acute gastroenterocolic insult is suspected if persistent or recurrent gastrointestinal signs. There is a potential for more chronic inflammatory gastroentero colonopathy could be considered. Potentially long term bland or limited antigen hydrolyzed diet may be considered if clinically indicated. Continue as needed gastrointestinal support is suggested.

IMAGING PERFORMED BY

Kelly Reshny, RVT

HOSPITAL NAME

Yates VH

REFERRING VET

Dr. Krizmanich

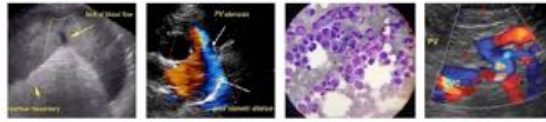
INVOICE

94298

DATE

12/6/21





PATIENT

Willy Seys

SPECIES

Canine

BREED

Yorkie Cross

SEX

Neutered male

AGE

7 years

WEIGHT

4.35 kg

INTERPRETED BY

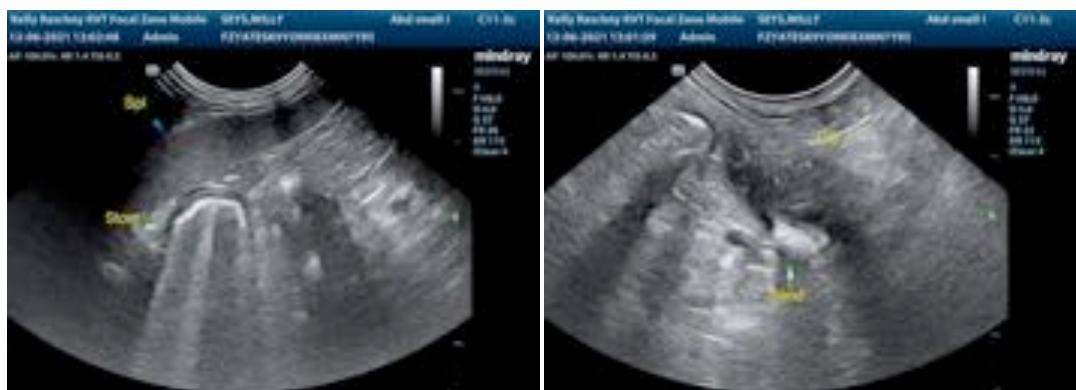
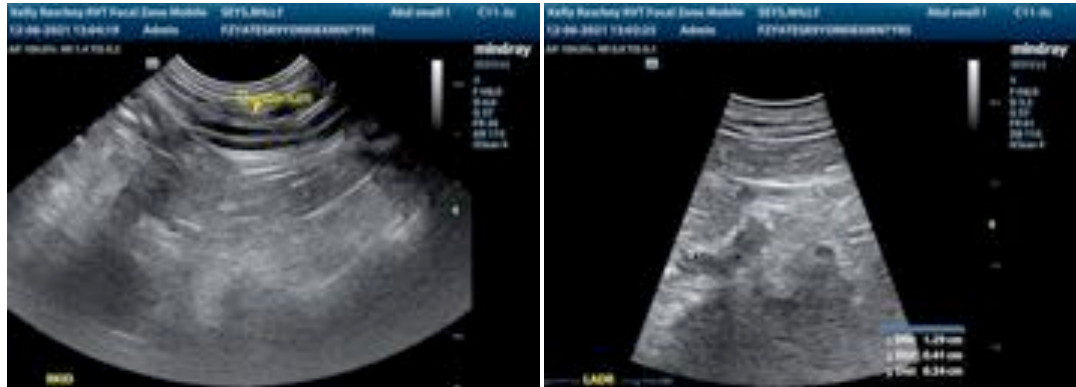
R. McKenzie Daniel, DVM,
DABVP (Canine and
Feline)

**IMAGING
PERFORMED BY**

Kelly Reshny, RVT

HOSPITAL NAME

Yates VH



REFERRING VET

Dr. Krizmanich

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.

INVOICE

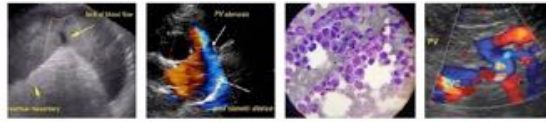
94298

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.

DATE

12/6/21

R. McKenzie Daniel, DVM, DABVP (Canine / Feline Practice)
info@SonoPath.com



PATIENT

Willy Seys

SPECIES

Canine

BREED

Yorkie Cross

SEX

Neutered male

AGE

7 years

WEIGHT

4.35 kg

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

Kelly Reshny, RVT

HOSPITAL NAME

Yates VH

REFERRING VET

Dr. Krizmanich

INVOICE

94298

DATE

12/6/21