



PATIENT

PRESENTING CLINICAL SIGNS

Winnie Paschka

Abnormal PE/Chem/CBC/UA Results: WBC 11,000, chem wnl. Fecal nps

SPECIES

Canine

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is moderately distended with anechoic urine, and no luminal sediment is present. The ureteral papillae, trigone and pelvic urethra are of normal appearance, and the ureters are not visible (normal). No masses, calculi or mucosal irregularities are noted. Urethra visualized to 4.0 cm.

BREED

Dachshund

The kidneys are of normal size and shape and exhibit appropriate corticomedullary differentiation with a normal 1:3 cortex to medulla ratio. There is no evidence of nephrolithiasis, mineralization, pyelectasia, cystic change or hydronephrosis. The proximal ureter is not visible (normal). The left kidney is 4.1 cm in length. The right kidney is 4.6 cm in length.

SEX

Intact Female

Adrenal Glands

The adrenal glands are both identified in their normal locations. They are normal in size and shape with appropriate parenchymal echogenicity and normal phrenic vasculature. The left adrenal gland height is 3.3 mm at the cranial pole and 4.5 mm at the caudal pole. The right adrenal gland height is 3.9 mm at the cranial pole and 5.0 mm at the caudal pole.

AGE

1 year

Spleen

The spleen is of appropriate size and has a normal, homogenous parenchyma with a smooth, continuous capsular surface. The splenic vasculature is normal with no evidence of congestion or thrombosis, and blood flow through the splenic hilus appears normal.

WEIGHT

14 lbs

Liver

The liver is of appropriate size and shape, with sharp borders and a mildly coarse parenchymal echotexture that is hypoechoic to the spleen. The portal and hepatic vasculature are of normal size and appearance with no evidence of congestion or thrombosis.

INTERPRETED BY

Tam Mengine, DVM,
DABVP (canine/feline
practice)

The gallbladder is moderately distended with anechoic contents. The wall was thin and continuous with no focal lesions. The cystic and common bile ducts are normal / not visible.

IMAGING PERFORMED BY

Diane McFadden

Gastrointestinal

The stomach is empty. The gastric wall is subjectively normal in thickness, and exhibits appropriate wall layering, but cannot be accurately measured due to normal deviations of the rugal folds. The pylorus is of normal appearance.

HOSPITAL NAME

Rockaway AH

The visualized portions of the duodenum, jejunum, and ileum are of normal thickness with intact wall layering that exhibits the appropriate 1:3 muscularis to mucosa ratio. The duodenal wall measures 4.1 mm. The jejunal wall measures up to 3.5 mm. Intestinal motility appears normal.

REFERRING VET

Ascot

The visible portions of the colon are of normal thickness, up to 1.3 mm, with intact wall layering. The ileocecal junction is visualized and appears normal.

INVOICE

12743

Pancreas

The areas of the limbs and body of the pancreas are isoechoic to the surrounding mesenteric fat, with normal capsular appearance. There is no evidence of peripancreatic inflammation. The pancreatic duct appears normal.

DATE

4.10.23

Free Abdomen

There is no evidence of free fluid within the peritoneal cavity. The omentum and intra-abdominal fat are of appropriate echogenicity. Enlarged abdominal lymph nodes are not observed. The aortic trifurcation has normal blood flow with no evidence of thrombosis.



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ULTRASONOGRAPHIC FINDINGS

Findings

- Unremarkable canine abdomen

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There is no apparent cause for the reported gastrointestinal signs on today's ultrasound. Additional recommendations, if not already performed, would include:

- Fecal parasite testing and empiric fenbendazole treatment
- Probiotic therapy
- Bland diet
- Treatment with parenteral fluids, antiemetics, antacids and gastroprotectants as clinically indicated
- If signs persist, trials with a novel protein or hydrolyzed diet, a resting cortisol level and a GI panel could be considered.





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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.

Tam Mengine, DVM, DABVP (canine/feline practice) info@SonoPath.com