



PATIENT PRESENTING CLINICAL SIGNS

Vinny Brown

P presented on 6/17 for V/D. P started straining to defecate and having loose stool 6/15. Vomiting started 6/16 pm. P ate breakfast this morning but did not eat his full meal. P is very energetic and had to be sedated for US with dexdomitor and torb

SPECIES

Canine

Abnormal PE/Chem/CBC/UA Results: No bloodwork X-rays gas in intestines, ingesta in stomach, some intestinal loops had plicated pattern on L lateral x-ray

BREED

Hound X

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

SEX

Neutered Male

The urinary bladder is mildly distended with anechoic urine, and no luminal sediment is present. The ureteral papillae, trigone and pelvic urethra (visible to 1.0 cm) are of normal appearance, and the ureters are not visible (normal). No masses, calculi or mucosal irregularities are noted.

AGE

2 Years

The prostate is not seen due to its intrapelvic location.

WEIGHT

16 kg

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). Left measures 5.9 cm. Right measures 5.6 cm.

Adrenal Glands

INTERPRETED BY

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

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. Left measures 5.1 mm cranially and 4.7 mm caudally. Right measures 5.3 mm cranially and 4.6 mm caudally.

Spleen

IMAGING PERFORMED BY

Dr. Kathleen Byrnes

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.

Liver

HOSPITAL NAME

Byrnes Vet Relief
Services

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.

REFERRING VET

Animal Emergency
Clinic of the High
Country

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.

Gastrointestinal

INVOICE

43258

The stomach is moderately distended with normal ingesta. The gastric wall is normal at 4.4 mm with normal deviations due to rugal folds and exhibits appropriate wall layering. The pylorus is of normal appearance.

DATE

6/17/23

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. Intestinal motility appears normal. Duodenum wall measures 6.1 mm. Jejunum wall measures 4.2 mm.



PATIENT

The visible portions of the colon are of normal thickness (1.4 mm) with intact wall layering. The ileocecal junction is visualized and normal.

Vinny Brown

Pancreas

SPECIES

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.

Canine

BREED

Free Abdomen

Hound X

There is no evidence of free fluid within the peritoneal cavity. The mesenteric lymph nodes were mildly enlarged, up to 1.5 cm with normal short to long axis ratio and appropriate echogenicity. The aortic trifurcation has normal blood flow with no evidence of thrombosis.

SEX

Neutered Male

PRIMARY FINDINGS

AGE

- Reactive mesenteric lymph nodes
- Moderately full stomach – This should be correlated with fasting history.

2 Years

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

WEIGHT

There is no evidence of gastrointestinal obstruction or other significant pathology on today's ultrasound. Additional recommendations include:

16 kg

INTERPRETED BY

- ❖ 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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PATIENT

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SPECIES

Canine

BREED

Hound X

SEX

Neutered Male

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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.

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

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