



PATIENT	PRESENTING CLINICAL SIGNS
Chloe Menefee	History: coughing, panting, picky eater. sometimes pale. Abnormal PE/Chem/CBC/UA Results: low grade murmur, chest rad some decreased detail
SPECIES	ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN
Canine	Urinary System
BREED	Urinary bladder is adequately distended with anechoic contents. No masses, inflammatory changes, echogenic sediment or cystoliths are observed. The urinary bladder, trigone and visible pelvic urethra are normal in thickness with a smooth mucosal surface.
Labrador	Kidneys are overall normal in size and shape with smooth peripheral margination. A normal 1:3 cortex to medulla ratio is maintained. The medulla and cortices are uniform in texture with some mild increased cortical echogenicity and mild loss of corticomedullary distinction, expected in this age patient. There is no evidence of pyelectasia, mineral or infarcts observed. The left kidney measured 5.84 cm and the right kidney measured 6.02 cm.
SEX	
Spayed female	
AGE	
13 years	Adrenal Glands
WEIGHT	The area of the left adrenal gland was examined without evidence of pathology.
65 lbs	Right adrenal gland is normal in size (1.0 cm thick at the caudal pole), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.
INTERPRETED BY	Spleen
Beth Johnson, DVM DACVIM	Spleen is subjectively normal in size with a normal smooth capsular contour. Parenchyma is appropriately finely textured and homogenous with normal echogenicity relative to surrounding tissue (hyperechoic to liver). No focal nodules or masses are observed. Splenic vasculature appears normal.
IMAGING PERFORMED BY	Liver
Michelle Roche	Liver is subjectively normal in size with normal smooth curvilinear peripheral contour. Parenchyma is appropriately hypoechoic to the spleen in echogenicity and appropriately mildly coarse and homogenous in echotexture. No focal lesions are observed. Visible vasculature and biliary tree appear normal without distension or congestion.
HOSPITAL NAME	REFERRING VET
Fredon AH	Gallbladder is non-distended in size. The wall is smooth without visible thickening. Luminal contents are primarily anechoic. There is no evidence of cystic or common bile duct dilation.
INVOICE	Gastrointestinal
32636	The visible stomach wall is normal in thickness and layering. The lumen of the stomach is mildly distended with echogenic non-shadowing luminal contents and gas consistent with normal ingesta. There is no evidence of obstruction, foreign material or infiltrative disease. Pyloric outflow tract appears patent.
DATE	
8/22/22	



PATIENT

Chloe Menefee

The visible small intestines are normal in wall thickness and layering. Small intestinal motility appears adequate (1-3 contractions per min). The lumen of the small intestine is empty with no evidence of obstruction, foreign material or infiltrative disease.

SPECIES

Canine

The visible colon is normal in wall thickness (< 0.2 cm) and layering. Contents are consistent with normal formed feces and gas.

BREED

Labrador

Pancreas

The observed pancreas appears appropriately isoechoic to surrounding omental fat. Visible capsule is smooth and normal in contour. Visible pancreatic parenchyma is homogenous and unremarkable. There is no visible pancreatic duct dilation. There is no evidence of active peripancreatic inflammation.

SEX

Spayed female

Free Abdomen

There is no evidence of free peritoneal effusion noted in these images.

AGE

13 years

There is no apparent lymphadenopathy noted in these images.

WEIGHT

65 lbs

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Age related renal changes, otherwise normal/unremarkable abdomen.

INTERPRETED BY

Beth Johnson, DVM
DACVIM

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No ultrasonographically visible causes for this patient's coughing, panting, and occasional paleness, etc. Recommendations include:

1. Pursuit of the reported abnormalities/decreased detail reportedly present in the thoracic radiographs is recommended as is an echocardiogram given the new heart murmur, if not already evaluated.
2. Given the patient's signalment further investigation for possibly laryngeal paralysis could also be considered as a potential cause for the respiratory signs.
3. If not recently evaluated CBC, chemistry panel, electrolytes and urinalysis is recommended to further investigate overall metabolic health given the reportedly decreased appetite.

IMAGING PERFORMED BY

Michelle Roche

HOSPITAL NAME

Fredon AH

REFERRING VET

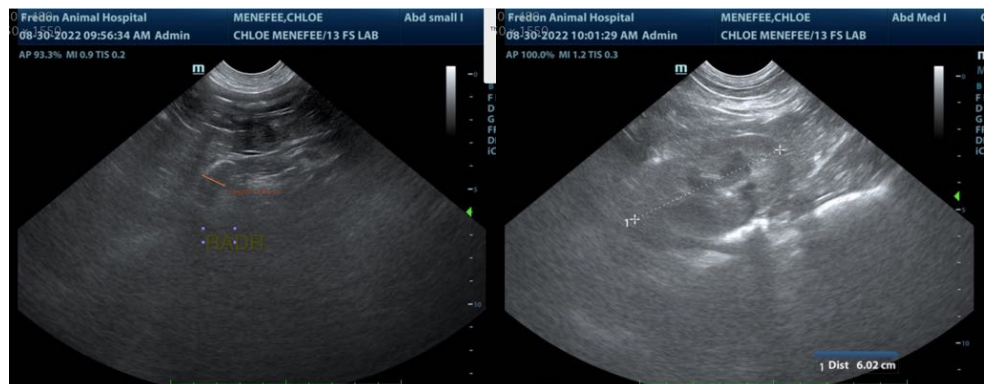
Dr. Grau

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Chloe Menefee

SPECIES

Canine

BREED

Labrador

SEX

Spayed female

AGE

13 years

WEIGHT

65 lbs

INTERPRETED BY

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DACVIM

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Beth.Johnson@SonoPath.com

IMAGING PERFORMED BY

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HOSPITAL NAME

Fredon AH

REFERRING VET

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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.