

**PATIENT**

Tucker Beaves

PRESENTING CLINICAL SIGNS

Lethargic, not eating

SPECIES

Canine

Abnormal PE/Chem/CBC/UA Results: Bloodwork 1/3/23 CBC WBC 17.73, Neut 14.75, EOS 0.09, PLT 99 all others WNL Chem 17 ALT188, Chloride 108 LIPA192 all others WNL UA SP gravity 1.032, Ph7 PRO 2 GLU 2 BLD 2 Bloodwork 1/6/23 CBC Monos 2.78, EOS 0.08, All others WNL, Chem 17ALT 135, AMYL 469, Chloride 108, GGT0, Potassium 5.8, UA SPG1.016, PH6 PRO Trace

BREED

Labradoodle

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**Urinary System**

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra 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.

SEX

MN

AGE

6yr

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 6.2 cm in length. The right kidney measured 5.5 cm in length.

WEIGHT

70lb

The area of the aortic trifurcation was free of pathology.

Adrenal Glands

The bilateral adrenal glands exhibited subjective subnormal size. The left adrenal gland measured 0.16 cm width at the caudal pole and 1.6 cm length. The right adrenal gland measured 0.25 cm width at the caudal pole and 1.2 cm length.

INTERPRETED BY

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

Spleen

The spleen exhibited overall normal size with 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. Within the cranial spleen a mildly expansive to irregular hypoechoic nodule was present measuring 1.2 cm in diameter. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis.

IMAGING PERFORMED BY

Sarah Pender CVT

Liver/Gallbladder**HOSPITAL NAME**

SVS Imaging QC

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.

REFERRING VET

Adam White

Gastrointestinal

The stomach presented wall thickening secondary to echogenic mucosa hypertrophy. Intact wall layering was maintained and distinct. The gastric body wall measured 0.44 cm width. Mild gastric distension with moderate anechoic fluid was present.

INVOICE

12657ag

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.

DATE

01/10/2023

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



PATIENT

Pancreas

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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.

SPECIES

Canine

Free Abdomen

No omental masses, overt lymphadenopathy or perisplenic/peritoneal effusion was present.

BREED

Labradoodle

ULTRASONOGRAPHIC FINDINGS

SEX

MN

- Hypomotile gastritis pattern
- Sonographically unremarkable small bowel
- Subjectively subnormal bilateral adrenal glands-nonspecific
- Sonographically unremarkable liver/gallbladder
- Non-specific mildly irregular to expansive cranial splenic nodule

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

AGE

6yr

A resting cortisol level +/- ACTH stim test is suggested to assess for or rule out occult Addison's disease. Assuming normal clotting status and using a 25g needle, a splenic nodule FNA for screening cytology is warranted for further assessment.

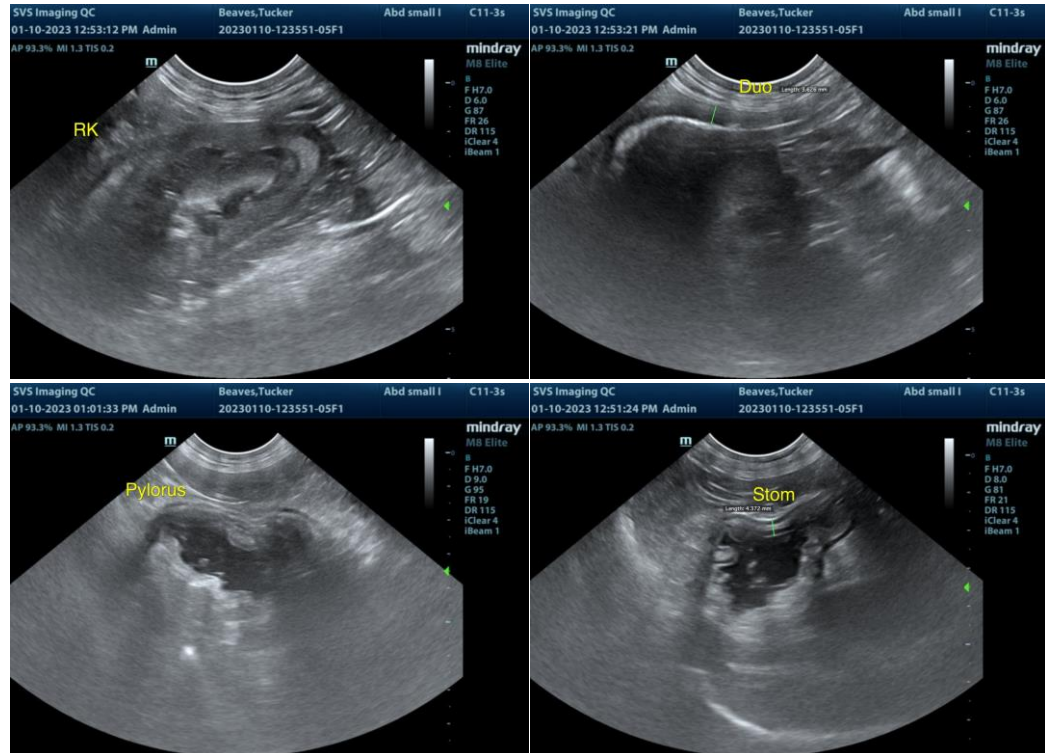
WEIGHT

70lb

Empirically given no evidence of mechanical GI obstructive pattern, therapy for gastritis to include gastric protectants, novel protein or hydrolyzed diet trial, +/- empirical coverage for helicobacter pending additional diagnostic with possible gastric sonographic reassessment if clinically indicated is recommended.

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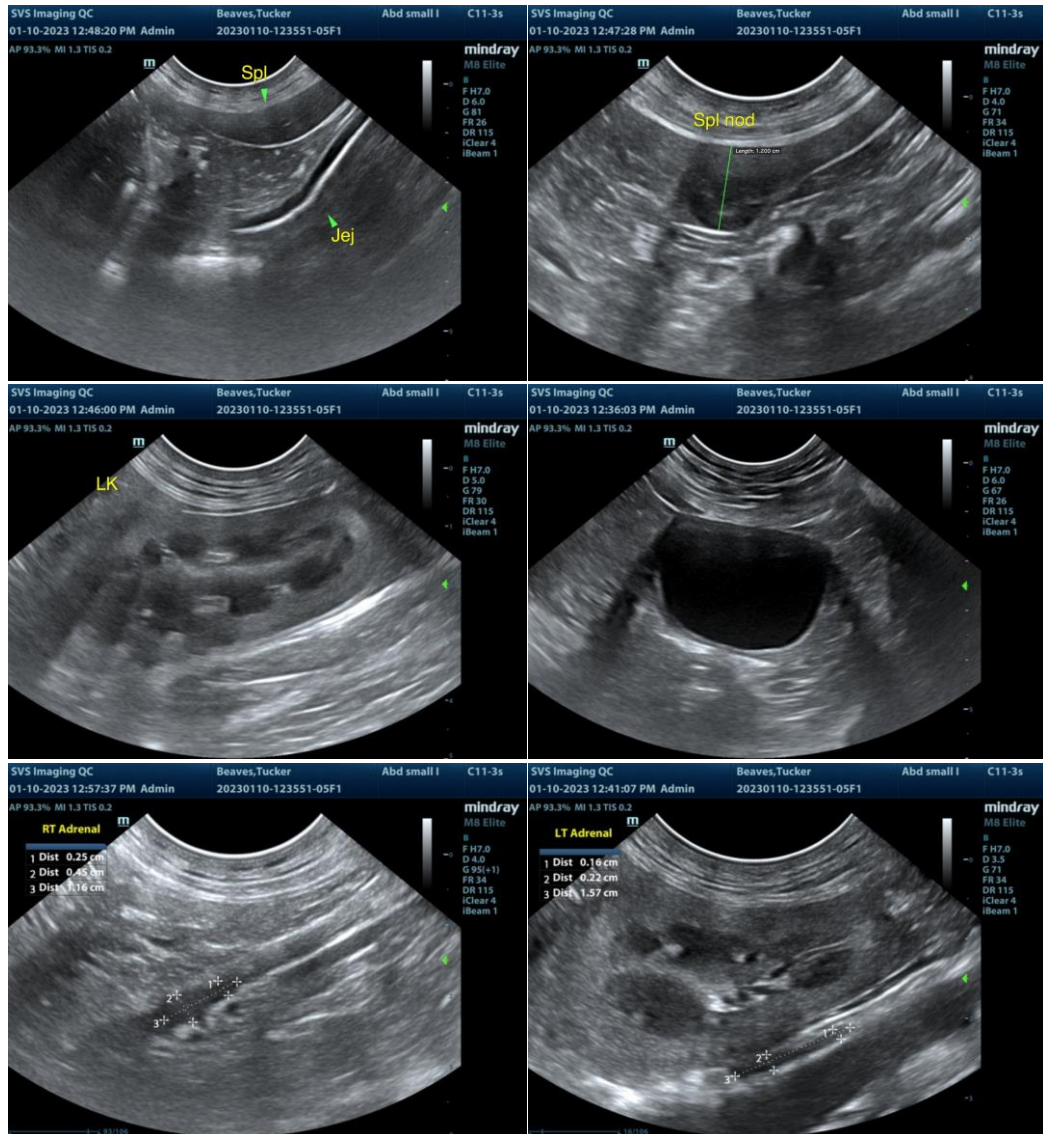
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INVOICE

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DATE

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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.

R. McKenzie Daniel, DVM, DABVP (Canine / Feline Practice)

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