

**PATIENT PRESENTING CLINICAL SIGNS**

Emmah Lu Reece

**SPECIES**

Canine

**BREED**

Labrador Retriever

**SEX**

Spayed Female

**AGE**

9 Years

**WEIGHT**

40 kg

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Crystall Hill

**HOSPITAL NAME**

Chippawa AH

**REFERRING VET**

Dr. Dowell

**INVOICE**

13377

**DATE**

1/11/22

History: Last ultrasound Oct 2021, appetite continues to wax and wane. Normally very enthusiastic eater, has been less excited by food and then often once gets to her bowl she opts not to eat, or not eat well. Has been mopey and sad looking. Increased lip smacking, was vomiting at time of last ultrasound. History of cruciate disease and has been in water therapy. Current meds Atopica, Metacam, Cartrophen, Cephalexin at times for skin flare ups, Sulcrate. Minor weight loss. Has also been given Cerenia for nausea.

Abnormal PE/Chem/CBC/UA Results: Decreased RBC 5 (5.4-8.7) Decreased HCT 0.35 (0.38-0.57) Decreased Hg 114 (134-207) Decreased MCHC 325.7 (326-392) Decreased reticulocyte Hg 22.7 (24.5-31.8) Decreased TP 52 (55-75) cPL 124 (0-200) TT4 23.8 (13-53) Free T4 13.1 (7.7-47.6) TSH 0.22 (0.05-0.6) UA: dark yellow, clear, USG 1.033, pH 7 protein+ glucose, ketones, bilirubin - blood/hemoglobin trace urobilinogen trace WBC 0-2/hpf RBC 20-30/hpf bacteria/crystals none seen CORTISOL (RANDOM) 10/14/21 10:38a CORTISOL (RANDO <28 28 120 nmol/L Please note that these reference ranges are for normal animals that are not receiving any type of medication. Interpretation will vary for pets receiving therapy for hyperadrenocorticism. 13.0 53.0 nmol/L Jan 2022-CBC MCH 21.8 21.9 - 26.1 pg L Reticulocyte Hemoglobin 19.4 24.5 - 31.8 pg L CBC Comment RBC, WBC, and platelet morphology normal. Now decreased retics, mild increase in Alkphos, mild decrease in Urea. Addison's testing normal/neg.

**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. 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. Aortic trifurcation was normal.

Normal size and margination were present in the kidneys. A normal 1:3 cortex / medulla ratio was maintained. The medulla and cortices were uniform in texture with some increased echogenicity and mild loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The left kidney measured 7.8 cm in length. The right kidney measured 7.6 cm in length.

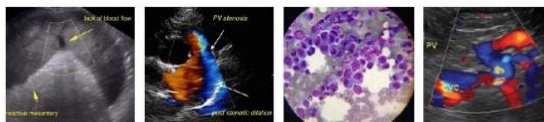
**Adrenal Glands**

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.63 cm width at the caudal pole and 0.71 cm width at the cranial pole.

The right adrenal gland was indistinctly visualized, subjectively measuring 1.2 cm at the caudal pole.

**Spleen**

Overall, primarily maintained finely textured homogeneous splenic parenchyma and normal splenic capsule contour. Intermittent, small, well-demarcated, hyperechoic nodules were present throughout the cranial to caudal parenchyma. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis. Acute to chronic inflammatory or neoplastic changes were not noted. The echogenic nodules tend to trend benign and are most consistent with benign hyperplasia or myelolipomas.



**PATIENT** *Liver*

Emmah Lu Reece The liver was subjectively normal in size, structure, and contour. The liver parenchyma was mildly nonuniform and hypoechoic to the spleen with a moderate coarse echotexture and subjective mild to benign parenchymal remodeling. The hepatic and portal vasculature were normal in appearance without signs of congestion.

**SPECIES**

Canine The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.

**BREED**

***Gastrointestinal***

Labrador Retriever The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach was empty with luminal gas. The gastric body wall measured 0.49 cm. The pylorus wall measured 0.62 cm.

**SEX**

Spayed Female 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 jejunum wall measured 0.30 cm.

**AGE**

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

**WEIGHT**

***Pancreas***

40 kg

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.

***Free Abdomen***

**INTERPRETED BY**

No omental masses, lymphadenopathy or effusion.

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

**ULTRASONOGRAPHIC FINDINGS**

**IMAGING**

**PERFORMED BY**

- Benign splenic nodules- likely benign myelolipomas, nodular hyperplasia or emerging areas of mineralization
- Mild hepatic parenchymal remodeling- benign
- Sonographically unremarkable gastrointestinal tract

Crystall Hill

**HOSPITAL NAME**

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Chippawa AH

No overt evidence of significant visceral, specifically gastrointestinal pathology. Previously noted potential for mild gastric thickening was not apparent in the study. An obvious cause of the mild anemia was not definitively evident. Baseline UPC level, given the evidence of proteinuria could be considered. Potential for esophagitis/GERD may be possible given the patients lip smacking. Potential for structurally insignificant inflammatory gastroenteropathy or low-grade pancreatitis, both of which may present sonographically normal, cannot be definitively excluded. Omeprazole trial with canned limited antigen or hydrolyzed diet may prove beneficial. A GI panel to include PLI/TLI/Cobalamin/Folate as well as three view chest radiographs and neurological / musculoskeletal examination are recommended to assess for or rule out occult disease which may account for minor weight loss.

**REFERRING VET**

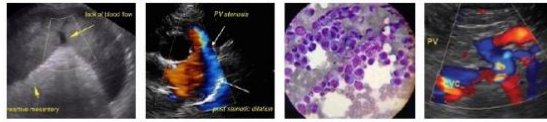
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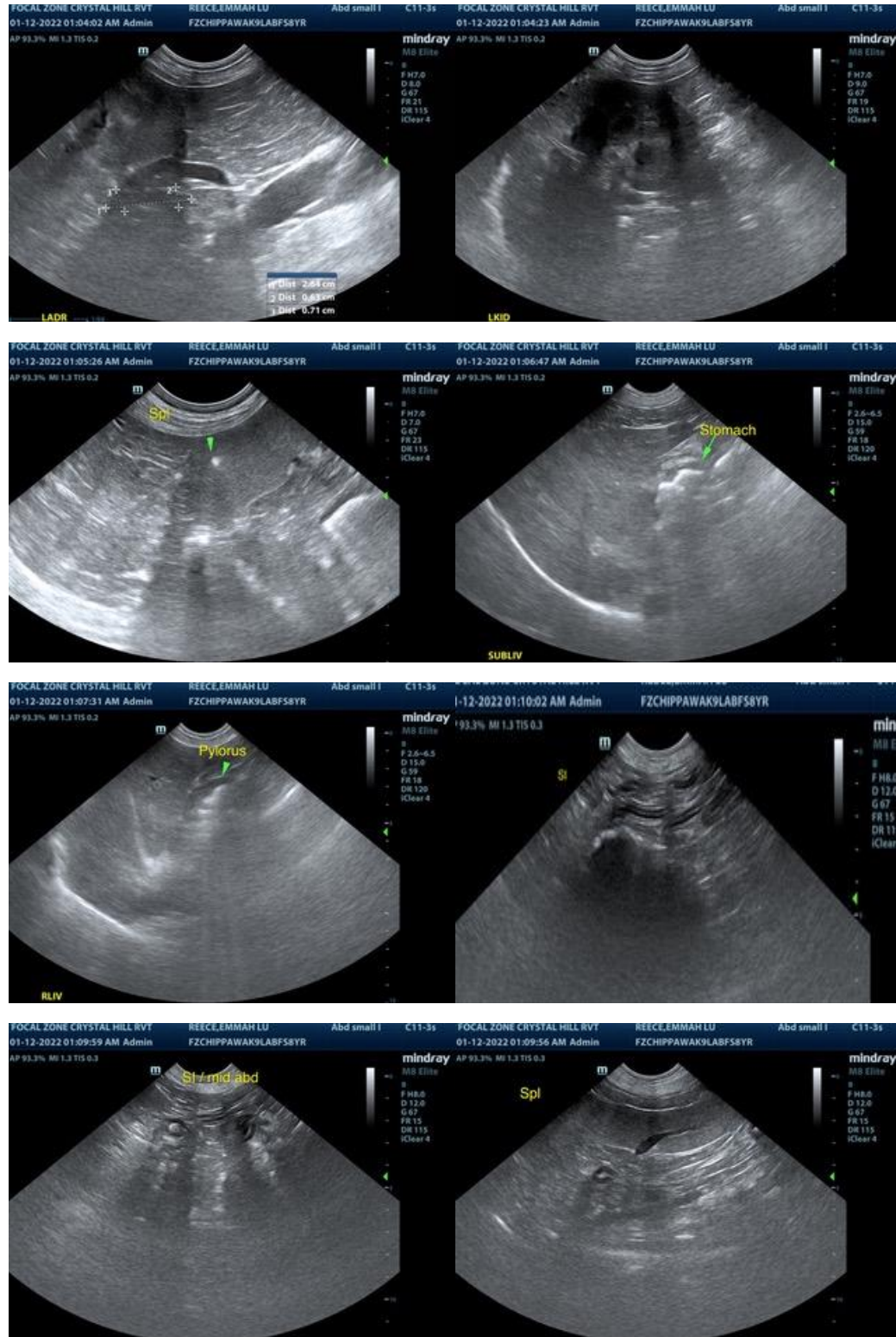
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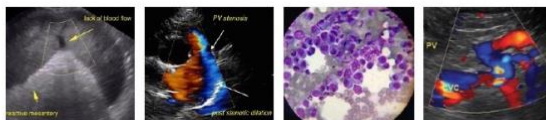
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.



#### PATIENT

Emmah Lu Reece

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.

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[info@SonoPath.com](mailto:info@SonoPath.com)

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