



PATIENT PRESENTING CLINICAL SIGNS

Bella Gogle
History: Addisonian, PU/PD, increased appetite, weight gain
Medication: Prednisone, thyrotab, Pepcid, fortiflora, zycortal

SPECIES
ALP 197, ALT 132, GGT 38, Tbili 0.2, Na/K ratio 34, Lipase 364
Canine
Urine specific gravity- 1.020, 2+Proteinuria, mild lymphopenia

BREED ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

GSD Mix
Urinary System

SEX
FS
The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2.0 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 was noted.

AGE
8 years
The area of the aortic trifurcation was free of pathology.

WEIGHT
103 Pounds
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 8.3 cm in length. The right kidney measured 8.7 cm in length.

Adrenal Glands

INTERPRETED BY
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)
The bilateral adrenal glands were indistinctly visualized owing to Isoechoic echogenicity compared to adjacent tissue. The left adrenal gland subjectively measured 0.56 cm width at the caudal pole. The right adrenal gland subjectively measured 0.61 cm width at the caudal pole.

IMAGING PERFORMED BY
Spleen

Rebekah Jakum, CVT ARDMS/RVT
The spleen exhibited 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. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis. Acute to chronic inflammatory, neoplastic, or benign parenchyma changes were not noted.

HOSPITAL NAME
Stanglein VC
Liver/ Gallbladder

REFERRING VET
Dr. Dinello
The liver presented mildly enlarged in size. Subtle subjective uniform decreased hepatic parenchyma echogenicity with minor increased prominence of the portal vascular borders. No hepatic masses or nodules were noted. The liver parenchyma was uniform with a mildly coarse echotexture. The capsule of the liver was symmetrically rounded to mildly swollen in margination. Moderate, nondependent, mildly congealed gallbladder debris primarily in the mid to caudal lumen was present. No evidence of peripheral inflammation was noted. The cystic and common bile ducts were normal.

INVOICE

13119

DATE

1.19.2022



PATIENT

Gastrointestinal

Bella Gogle

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach was empty with no signs of ileus, obstruction, or foreign material. The gastric body wall width measured 0.39 cm.

SPECIES

Canine

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 width measured 0.49 cm.

BREED

GSD Mix

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

SEX

FS

Pancreas

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 were evident.

AGE

8 years

Free Abdomen

No omental masses, lymphadenopathy or peritoneal effusion were present.

WEIGHT

103 Pounds

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Nonspecific mild hepatomegaly exhibiting subjective mild uniform decreased parenchyma echogenicity
- Moderate gallbladder debris (non-mucocele)
- Overtly normal gastrointestinal tract

INTERPRETED BY

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

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

IMAGING PERFORMED BY

Rebekah Jakum, CVT
ARDMS/RVT

Urine culture and sensitivity +/- Leptospirosis titer/PCR, if clinically indicated, are recommended as these dogs are prone to urinary tract Infection. Potentially an adjustment in medications may be indicated. Recheck ACTH stimulation test may be considered.

HOSPITAL NAME

Stanglein VC

For an additional charge, internal medicine consult can be utilized through Sonopath.com. You can select the internal medicine drop down at <http://spa.sonopath.com/>.

REFERRING VET

Dr. Dinello

One of the world's top internists & SonoPath associate Dr. Remo Lobetti BVSc, MMedVet, PhD, DECVIM can evaluate your case through SonoPath. <https://sonopath.com/resources/sonopath-services/internal-medicine-teleconsultation-services>

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REFERRING VET

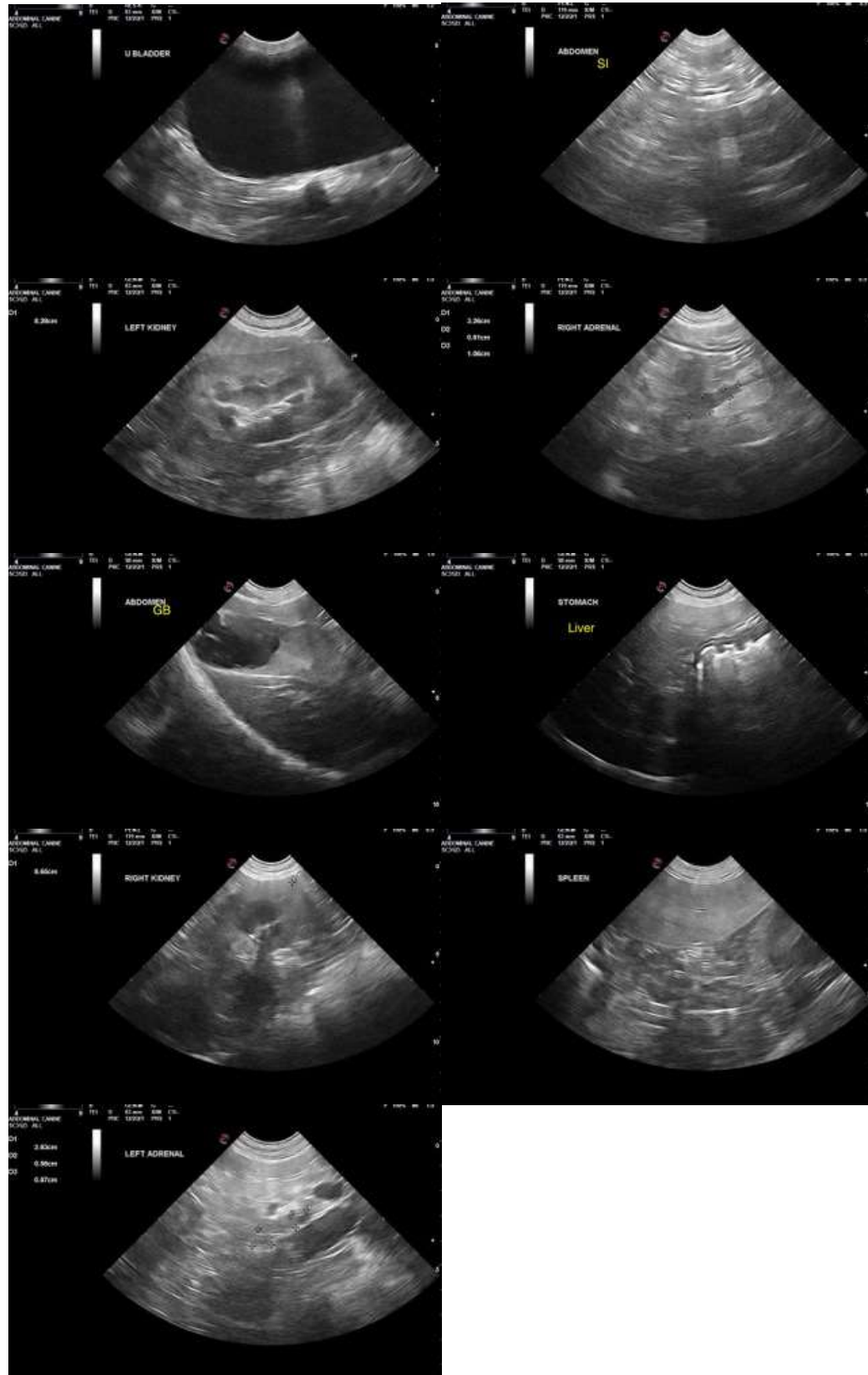
Dr. Dinello

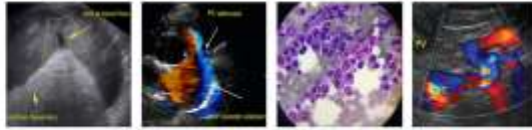
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PATIENT

Bella Gogle

SPECIES

Canine

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.

BREED

GSD Mix

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.

SEX

FS

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

mac.daniel@sonopath.com

AGE

8 years

WEIGHT

103 Pounds

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