



PATIENT

Cailey Feinberg

SPECIES

Canine

BREED

Labrador Mix

SEX

F/S

AGE

12 y

WEIGHT

67.9 ls.

PRESENTING CLINICAL SIGNS

Patient presented to the hospital 3 weeks ago for abdominal radiographs due to constipation at the time. Multiple small bladder stones were found on the x-rays and an abdominal ultrasound was recommended then. Patient also has pancreatitis and is currently on i/d low fat diet. When presented to the hospital, patient was BAR and had pink mucous membranes.

Abnormal PE/Chem/CBC/UA Results: Creatinine 2.0 0.5-1.6 mg/dL HIGH PrecisionPSL 539 24-140 U/L HIGH Protein TRACE NEGATIVE HIGH

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

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 calculi or sediment. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes was noted.

No evidence of medial iliac or sublumbar lymphadenopathy/masses.

INTERPRETED BY

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

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 to moderate loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The left kidney measured 7.1 cm in length. The right kidney measured 6.9 cm in length. Discrete pinpoint medullary mineral was noted.

IMAGING PERFORMED BY

Dr. Paul Kim

Adrenal Glands

Both adrenal glands were overtly normal in size, position and shape. The left adrenal gland measured 0.68 cm at the caudal pole in width. The right adrenal gland measured 0.52 cm at the caudal pole in width.

HOSPITAL NAME

Ridgefield Park AH

Spleen

The spleen exhibited primarily finely textured parenchyma which was hyperechoic to the liver and renal cortical parenchyma. Mild generalized parenchyma heterogeneity was present without evidence of nodular changes. 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. The parenchymal heterogeneity is likely consistent with benign changes such as extramedullary hematopoiesis or age-related remodeling with minor potential for inflammatory or neoplastic disease.

REFERRING VET

Dr. Paul Kim

INVOICE

20622

Liver/ Gallbladder

DATE

1/19/23

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.

The gallbladder was non distended in size with primarily anechoic content with mild nonorganized echogenic debris, primarily around the inner peripheral lumen. No evidence of gallbladder or peripheral



PATIENT

Cailey Feinberg

gallbladder inflammation. The cystic duct and common bile ducts were normal without evidence of dilation.

SPECIES

Canine

Gastrointestinal

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.

BREED

Labrador Mix

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.

SEX

F/S

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

AGE

12 y

Pancreas

The pancreas was normal in size and contour with isoechoic to heterogeneous parenchyma compared to adjacent omentum. No signs of active inflammation or neoplasia.

WEIGHT

67.9 ls.

Free Abdomen

No omental masses, lymphadenopathy or evidence of peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

- Mild to moderate chronic renal changes
- Heterogenous spleen
- Minor hepatic parenchymal remodeling with mild gallbladder debris (non-mucocele)
- Heterogenous pancreas- age/patient variant, remodeling owing to previous inflammation, chronic to chronic active pancreatitis possible.
- Sonographically unremarkable urinary bladder- no visualized cystic calculi

INTERPRETED BY

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

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Largely geriatric abdomen without evidence of significant visceral pathology. Further renal staging to include urine C/S and protein: creatinine ratio on sterile urine sample may be considered. The mild gallbladder debris is likely incidental if no evidence of cholestasis. Potential for low grade chronic to chronic active pancreatitis may be suspected if evidence of cranial abdominal or subxiphoid discomfort on palpation or if clinically indicated. Empirically, continued therapy for low grade chronic to chronic active pancreatitis with possible early CRD therapy may be considered. No evidence of intraabdominal neoplastic criteria.

IMAGING PERFORMED BY

Dr. Paul Kim

HOSPITAL NAME

Ridgefield Park AH

REFERRING VET

Dr. Paul Kim

INVOICE

20622

DATE

1/19/23



PATIENT

Cailey Feinberg

SPECIES

Canine

BREED

Labrador Mix

SEX

F/S

AGE

12 y

WEIGHT

67.9 ls.

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Paul Kim

HOSPITAL NAME

Ridgefield Park AH

REFERRING VET

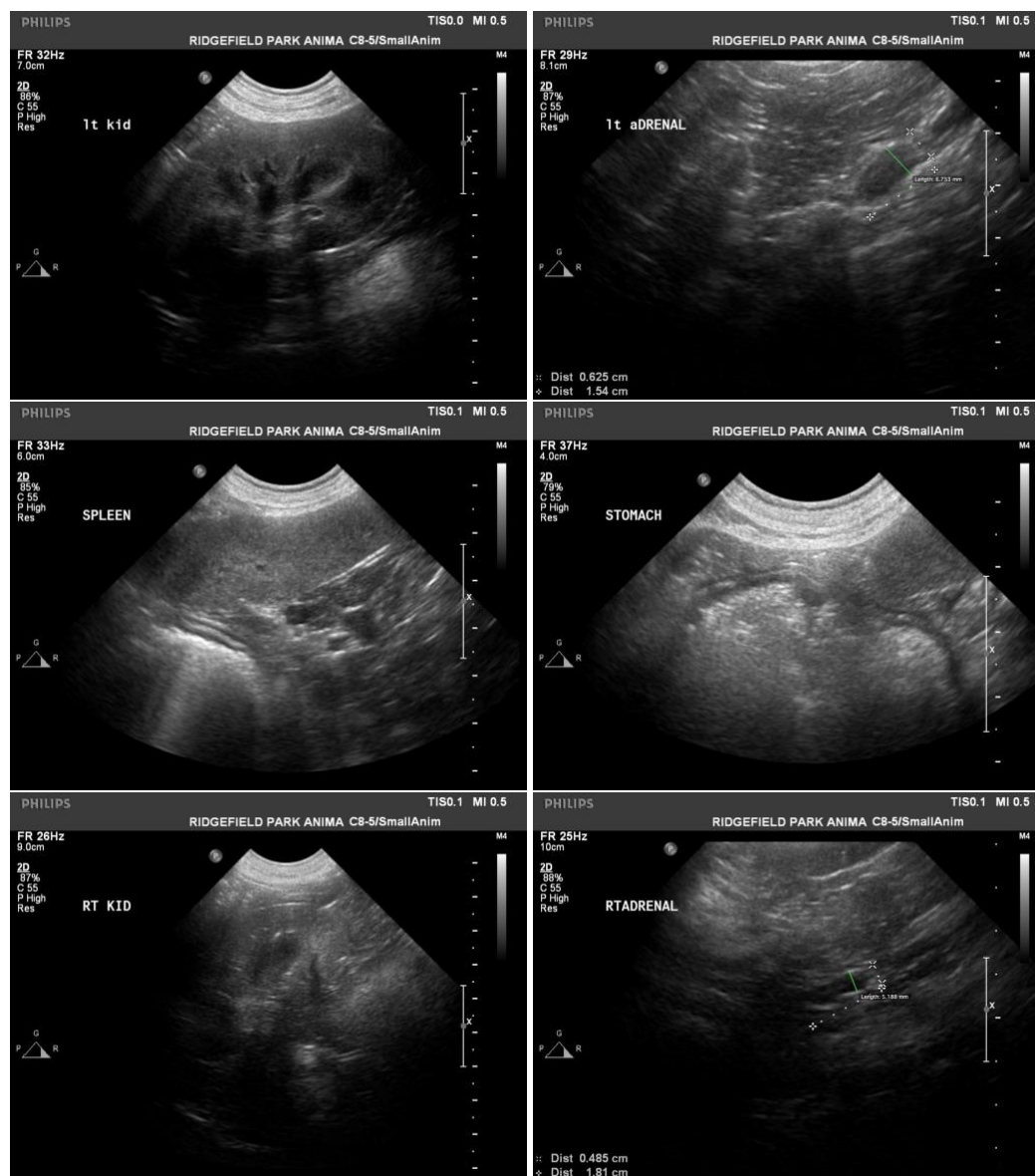
Dr. Paul Kim

INVOICE

20622

DATE

1/19/23





PATIENT

Cailey Feinberg

SPECIES

Canine

BREED

Labrador Mix

SEX

F/S

AGE

12 y

WEIGHT

67.9 ls.

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Paul Kim

HOSPITAL NAME

Ridgefield Park AH

REFERRING VET

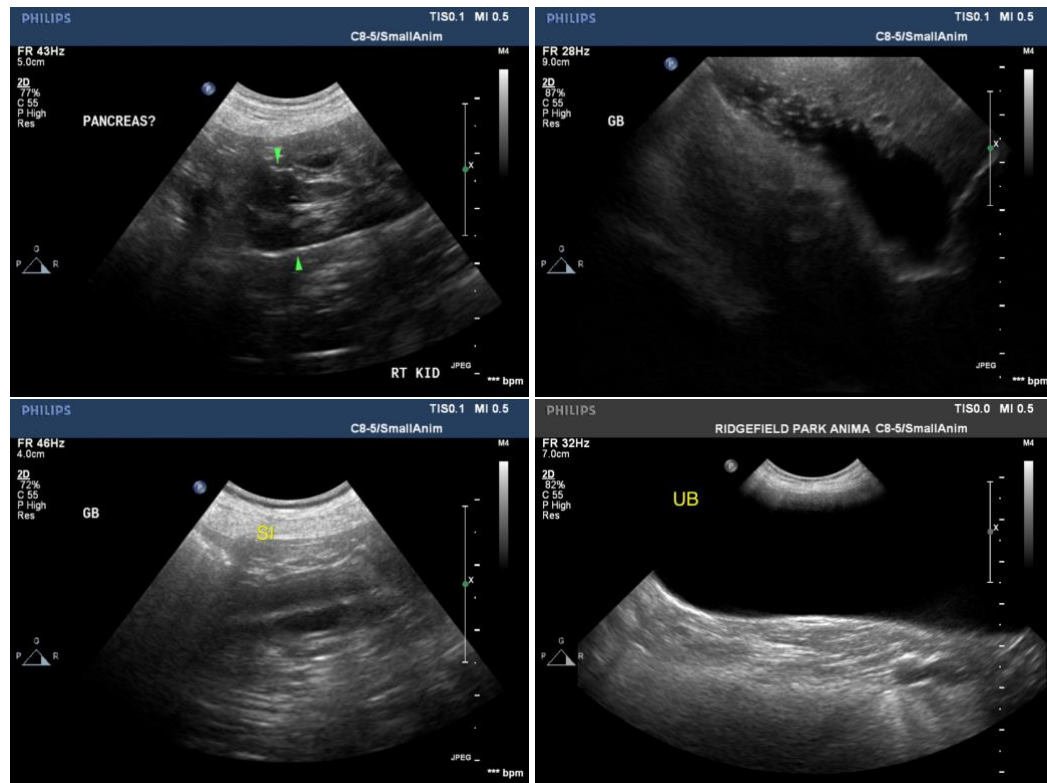
Dr. Paul Kim

INVOICE

20622

DATE

1/19/23



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)
info@SonoPath.com