



PATIENT	PRESENTING CLINICAL SIGNS
Bella Walgren	History: increased thirst, eating very slowly increased liver values
SPECIES	ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN
Canine	Urinary System
BREED	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 calculi 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.
Aussie Mix	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 7.9 cm in length. The right kidney measured 8.0 cm in length.
SEX	Adrenal Glands
Spayed Female	The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.47 cm width at the caudal pole and 0.44 cm width at the cranial pole.
AGE	The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.51 cm width at the caudal pole and 0.89 cm width at the cranial pole.
8 Years	No adrenomegaly or tumors present.
WEIGHT	Spleen
76.5	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.
INTERPRETED BY	Liver
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	The liver was mildly enlarged with symmetrical capsule contour. Uniform hepatic parenchyma was noted, exhibiting normal echogenicity and mild coarse echotexture. No masses or nodules were noted. Hepatic vascular volume was subjectively normal.
IMAGING PERFORMED BY	The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.
Jenn	Gastrointestinal
HOSPITAL NAME	The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained mild focally shadowing ingesta.
Rockaway AH	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.
REFERRING VET	Normal visible colon wall layers were present with apparent formed feces in lumen.
Dr. Maniar	
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DATE	
1/26/23	



PATIENT

Pancreas

Bella Walgren

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 overt lymphadenopathy or peritoneal effusion was present.

BREED

Aussie Mix

ULTRASONOGRAPHIC FINDINGS

SEX

Spayed Female

- Benign hepatopathy, sonographically normal gallbladder
- Normal bilateral kidneys/adrenal glands- no evidence of renal pathology or adrenomegaly
- Mild shadowing gastric ingesta

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

AGE

8 Years

No sonographic evidence of significant visceral pathology. Further assessment of the liver may include screening FNA cytology, bile acid testing if evidence of hepatic dysfunction and/or Leptospirosis titers/PCR if potential exposure. Resting cortisol level may be considered if evidence of PU/PD to rule out occult Addisons disease. The presence of shadowing gastric ingesta is nonspecific and may correlate with recent meal ingestion. Some degree of nonobstructive gastric hypomotility or delayed gastric emptying could be possible if documented NPO. Potential for nonobstructive gastric foreign material cannot be excluded. Sonographic monitoring for evidence of gastric emptying following documented NPO over the next 12-24 hours may be considered if clinically indicated. Hepatosupportive medications including Denamarin and Ursodiol may prove beneficial.

WEIGHT

76.5

INTERPRETED BY

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

IMAGING PERFORMED BY

Jenn

HOSPITAL NAME

Rockway AH

REFERRING VET

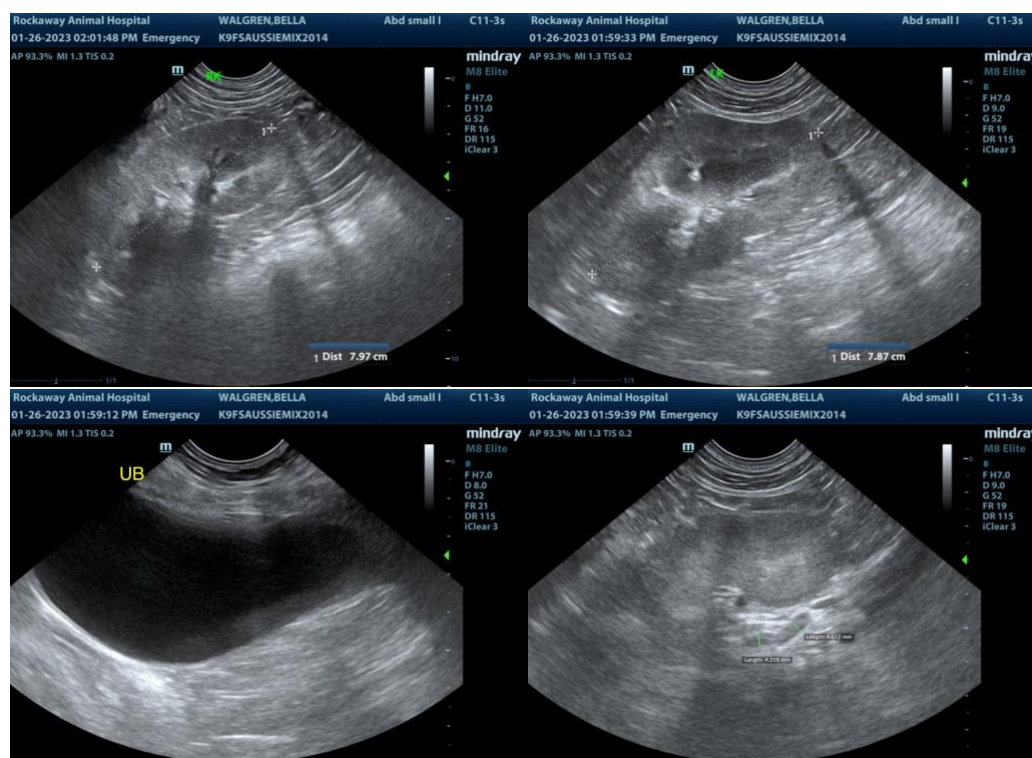
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PATIENT

Bella Walgren

SPECIES

Canine

BREED

Aussie Mix

SEX

Spayed Female

AGE

8 Years

WEIGHT

76.5

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R. McKenzie Daniel,
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Jenn

HOSPITAL NAME

Rockaway AH

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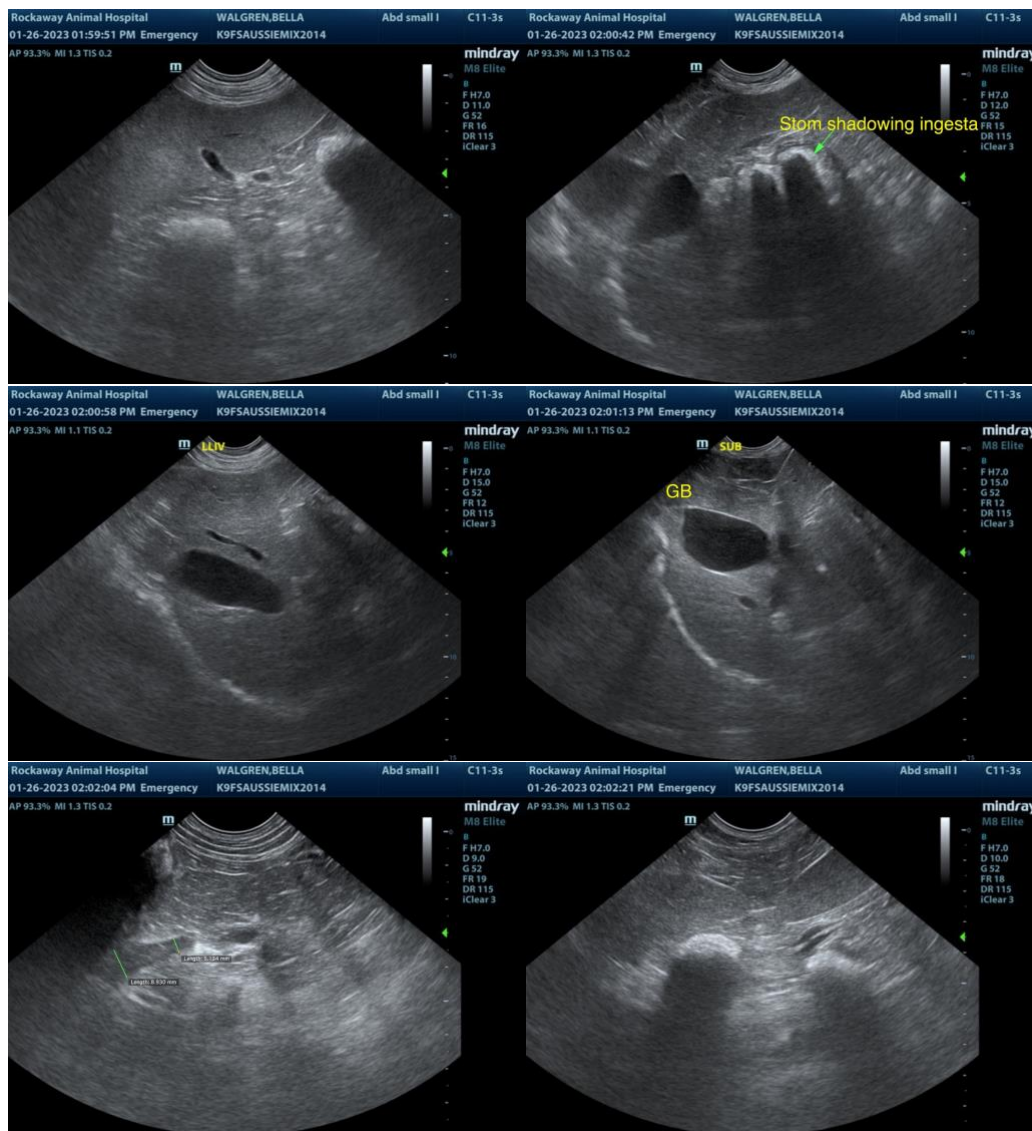
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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