



**PATIENT**

Jackson Mundis

**SPECIES**

Canine

**BREED**

Weimaraner

**SEX**

Neutered Male

**AGE**

9.5

**WEIGHT**

52.2

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Dr. Laura de Cordon

**HOSPITAL NAME**

Mason Dixon Animal  
Emergency Hospital

**REFERRING VET**

Dr. Brewer

**INVOICE**

44586

**DATE**

1/29/23

**PRESENTING CLINICAL SIGNS**

Presented to rDVM for acute onset lethargy and shaking that started last night. P had difficulty lowering head to water bowl this morning, still eating normally. Febrile on presentation. Temp inc to 106. BW shows neutrophilia, possibly cranial chest/neck mass palpable.

Abnormal PE/Chem/CBC/UA Results: 4Dx: Negative CPL: Normal Chem: SDMA 24 (0-14) ALT 145 ALP 395 Amylase 487 CBC: Mild anemia Neuts 26 AXR: Unremarkable, ingesta in stomach CXR: Unremarkable PT: WNL PTT: WNL Slide agglutination: Negative micro and macro Blood smear: up to 3-4 spherocytes/hpf Witness lept: negative PCV 38% TS 7.8 EPOC: Hct 37%

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

The urinary bladder, trigone, and cystourethral junction 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.

No obvious pathology associated with the residual prostate.

Normal renal size with asymmetrical margination was present in both kidneys. The renal cortex presented uniformly increased in echogenicity with uniform echotexture. The renal cortex appeared to be hypertrophied resulting in an altered cortex: medulla ratio. Mild loss of corticomedullary distinction was also present. The renal medullary volume was subjectively reduced. The left kidney measured 9.5 cm. The right kidney measured 9.2 cm. Mild left and right retroperitoneal free fluid and increased retroperitoneal tissue echogenicity noted.

**Adrenal Glands**

The adrenal glands were not definitively visualized.

**Spleen**

The spleen was normal in size and contour with subtle parenchyma heterogeneity. No masses or nodules. 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.

**Liver**

The liver was subjectively normal in size and capsule symmetry. Generalized mild non-homogeneous parenchyma exhibiting moderate coarse echotexture. Evidence of mild parenchymal remodeling noted. No overt or visualized hepatic masses. 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 to moderate non-dependent, non-organized debris. The cystic duct and common bile ducts were normal without evidence of dilation.

**Gastrointestinal**

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained moderate variably echogenic, nonshadowing ingesta most consistent with post prandial presentation without signs of ileus, obstruction or foreign material.

The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. Minor segmental ileus and non-shadowing ingesta/chyme noted.



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

Jackson Mundis

**Pancreas**

**SPECIES**

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.

Canine

**BREED**

**Free Abdomen**

Weimaraner

No omental masses, lymphadenopathy, or overt peritoneal free fluid.

**SEX**

No evidence of medial iliac or sublumbar lymphadenopathy or masses.

Neutered Male

**ULTRASONOGRAPHIC FINDINGS**

**AGE**

- Nonspecific chronic renal changes
- Hepatopathy exhibiting nonhomogeneous parenchyma - vacuolar hepatopathy, inflammatory / immune mediated disease, occult neoplasia, fibrosis, hematopoiesis, other
- Mild / moderate gallbladder debris - non consistent with mucocele criteria
- Hypomotile stomach with mild retained fluid / ingesta, subjective mild enteritis pattern - no overt mechanical obstruction / foreign body
- Left and right mild retroperitoneal free fluid - suspect mild nonspecific retroperitonitis

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The kidneys may indicate early chronic changes or nonspecific nephritis in light of mild retroperitoneal free fluid. However, the renal presentation is nonspecific given lack of azotemia. Urinalysis, C/S +/- UPC if evidence of proteinuria is recommended for further assessment. If normal clotting status, liver FNA cytology and, if possible, retroperitoneal effusion analysis / cytology could be considered. No overt peritoneal / retroperitoneal masses or evidence of significant pancreatitis. CBC pathology review could be considered.

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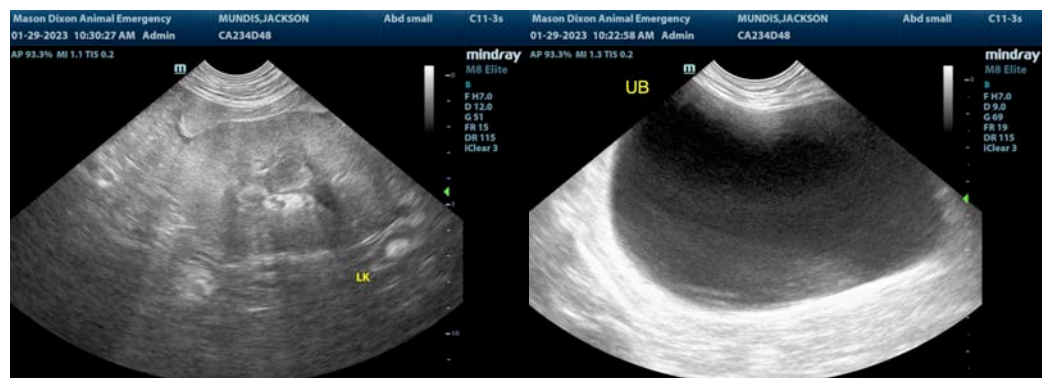
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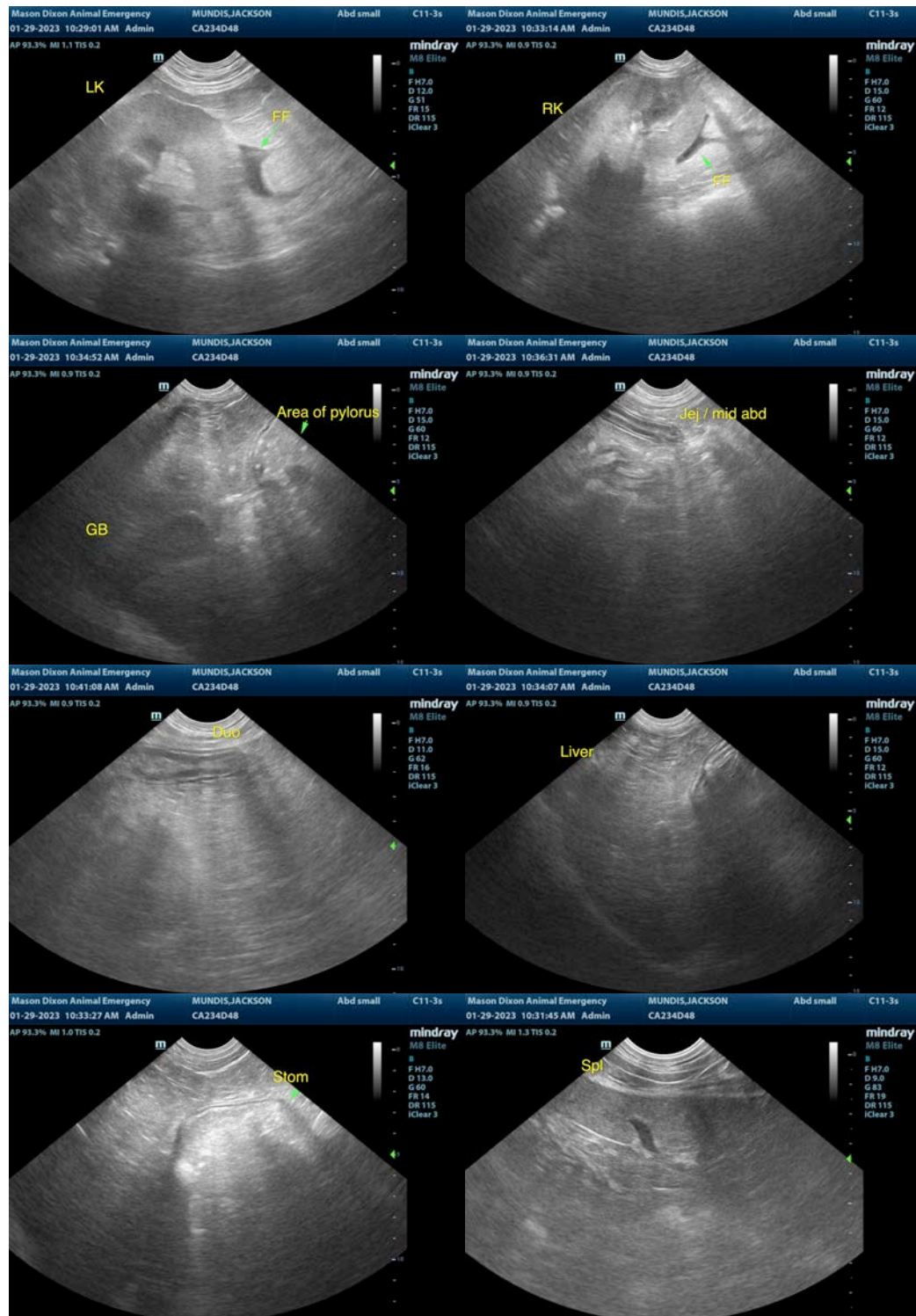
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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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Weimaraner

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info@SonoPath.com

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