



PATIENT PRESENTING CLINICAL SIGNS

Cooper Major B12 deficient, lethargy, inappetence.
 Medication: Entyce, B12

SPECIES ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Canine

Urinary System

BREED

Leonberger

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra 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.

SEX

M

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 8.0 cm in length. The right kidney measured 9.0 cm in length.

AGE

2015

The area of the aortic trifurcation was free of pathology.

The area of the iliac trifurcation was free of pathology including no evidence of medial, iliac or sublumbar lymphadenopathy.

WEIGHT

160

The prostate was enlarged in size with intact, symmetrical capsule contour. The margins of the gland were intact and able to be differentiated from the surrounding tissue. The prostatic parenchyma was mildly echogenic to heteroechoic without parenchymal mineralization. The prostate measured 4.5 cm.

INTERPRETED BY

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

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 0.72 cm width at the cranial pole. The right adrenal gland was indistinctly visualized owing to patient size/confirmation and appeared overtly normal in size and shape measuring 0.69 cm in width.

IMAGING PERFORMED BY

Rebekah Jakum, CVT
 ARDMS/RVT

Spleen

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

Barton Heights VH

REFERRING VET

NA

Liver/Gallbladder

The liver was subjectively enlarged in size with normal structure, and contour. The liver parenchyma was uniform and hypoechoic to the spleen with a mild coarse echotexture. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.

INVOICE

12816ag

Gastrointestinal

DATE

01/30/2023



PATIENT Cooper Major
The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained minor retained non-shadowing ingesta with no signs of ileus, obstruction or foreign material. The ventral gastric body wall measured 0.66 cm in width.

SPECIES Canine
The visualized small intestine appeared to present 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.

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

BREED Leonberger
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 was evident.

SEX M
Free Abdomen
No overt omental masses or overt lymphadenopathy was present.

AGE 2015
Mild volume subjective anechoic peritoneal free fluid was present. Normal omental echogenicity was present.

ULTRASONOGRAPHIC FINDINGS

- WEIGHT** 160
- Mild hepatomegaly
 - Overtly normal GI tract/pancreas
 - Mild volume peritoneal free fluid

Secondary

- Mild benign prostatic hyperplasia

INTERPRETED BY

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(Canine and Feline)

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Given normal ALB level and without overt intra-abdominal mass or neoplastic criteria, a definitive etiology for the peritoneal free fluid was not evident. Effusion analysis cytology +/- C/S is recommended. Three view chest radiographs are recommended if not done to assess for occult thoracic pathology or cardiomegaly as a contributing factor. A full echocardiographic workup to rule out underlying cardiac disease as a contributing factor may be indicated. Chronic B12 deficiency may indicate chronic distal small intestinal disease even without overt structural mural pathology. As needed GI supportive care and continued cobalamin supplementation would be reasonable.

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SPECIES

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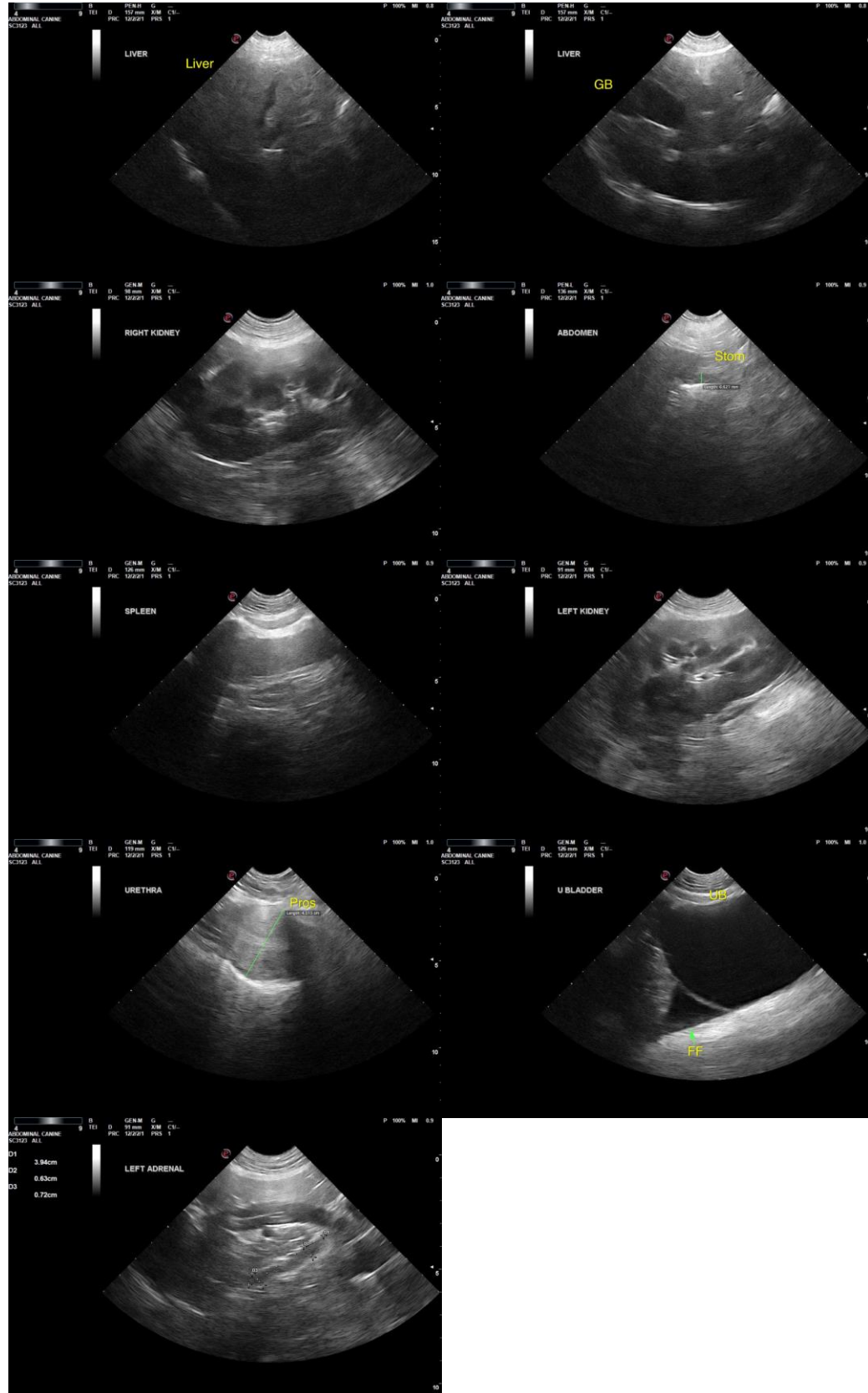
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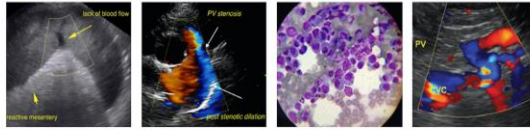
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PATIENT

Cooper Major

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.

SPECIES

Canine

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.

BREED

Leonberger

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M

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