



PATIENT

Oakley Jorgensen

SPECIES

Canine

BREED

Bernese Mtn. Mix

SEX

Female

AGE

8 Years 7 Months

WEIGHT

68.8 Lbs.

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

Carissa Rhoades

HOSPITAL NAME

Elizabeth AH

REFERRING VET

Leon Anderson, DVM

INVOICE

13307

DATE

1/7/22

PRESENTING CLINICAL SIGNS

History: 12/17/2021 Oakley came in for a possible HBC. She was really sore on the hind end. She has still been sore for about 3 weeks. Slow to get up and seems to be favoring her L hind leg still. Her energy is down and she has not been eating as much. She has lost close to 10 pounds since she was in last. Last night and this morning she seemed to be doing a bit better.

Abnormal PE/Chem/CBC/UA Results: PE: ABNORMAL FILL CAUDO-DORSALLY AND UNCOMFORTABLE TO DEEP PALPATION THERE. 2/5 LEFT HIND LAME PAIN ON EXTENSION OF LEFT HIND, MILD MUSCLE ATROPHY OF LEFT HIND. QUIET, and STAGE I DENTAL DISEASE SLAB FRACTURE OF 208. 10# WEIGHT LOSS IN 3 WEEKS NO RECENT LABS

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2 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 were noted. Aortic trifurcation was normal.

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 6.3 cm in length. The right kidney measured 6.6 cm in length.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 2.7 cm in length x 0.86 cm width at the caudal pole.

The right adrenal gland was indistinctly visualized owing to patient size, yet without overt pathology, subjectively measuring 0.67 cm in width.

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.

Liver

The liver was subjectively normal in size, 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.

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.



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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.

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

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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.

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Free Abdomen

No omental masses, lymphadenopathy or peritoneal effusion was present.

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ULTRASONOGRAPHIC FINDINGS

- Sonographically unremarkable abdomen

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No overt evidence of significant visceral pathology, either primary or secondary to potential HBC as an obvious cause of the patient's weight loss. Correlation with CBC/chemistry panel, urinalysis recommended. Additionally, a GI panel, to include PLI, TLI, cobalamin and folate. Three-view chest radiographs may be considered to rule out occult disease which may result in weight loss.

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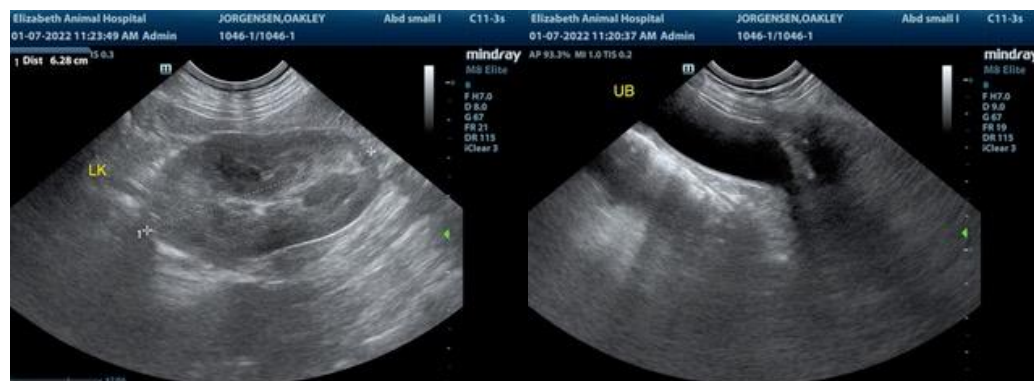


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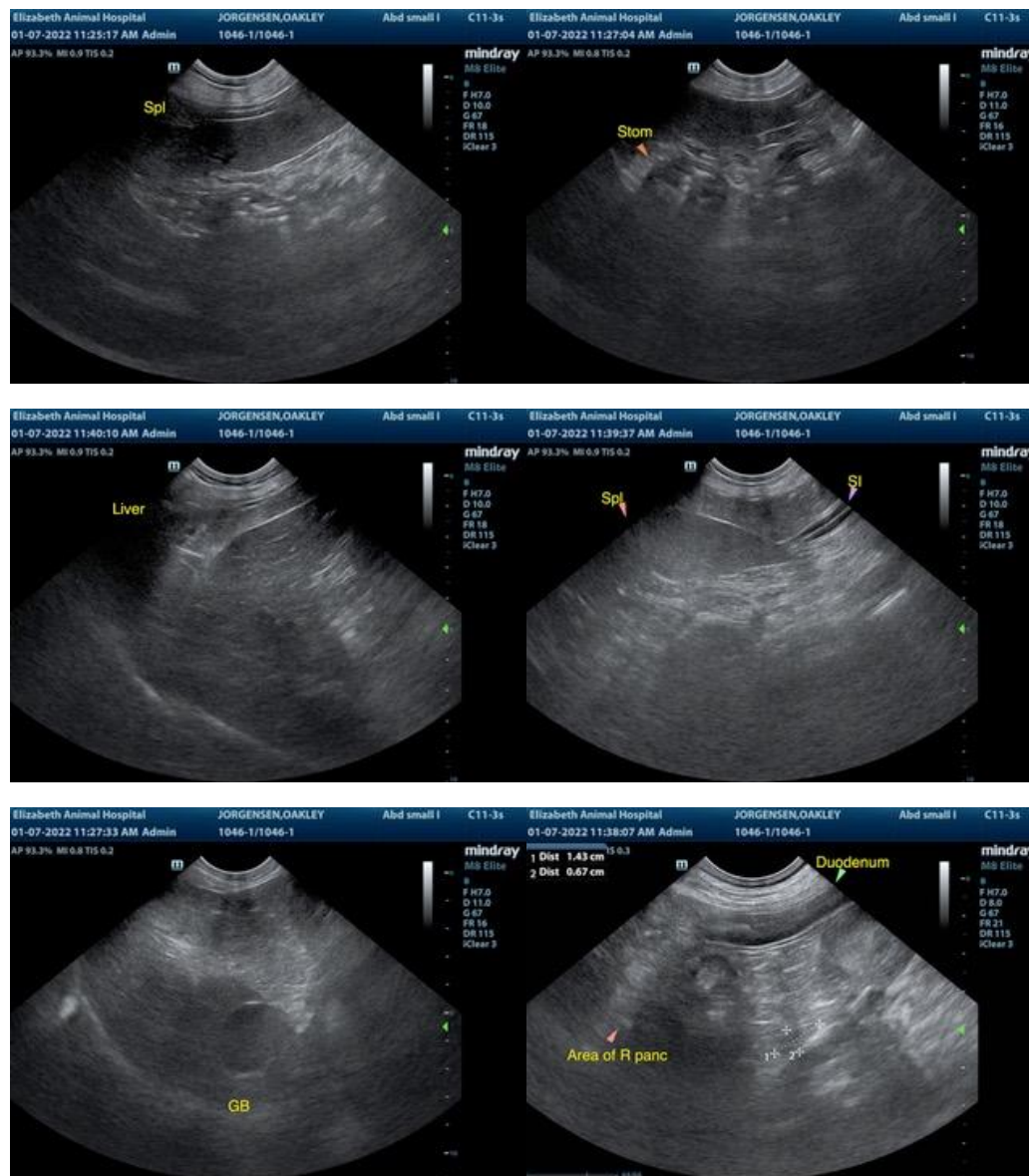
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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