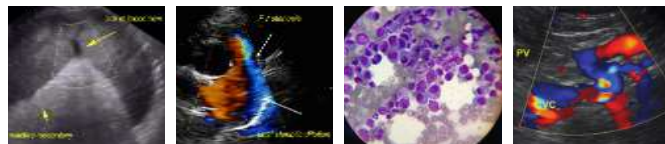




<b>PATIENT</b>	<b>PRESENTING CLINICAL SIGNS</b>
Ninja Hunter	Presented today on ER with acute onset lethargy, not moving around much at all, no ongoing health history or meds.
<b>SPECIES</b>	Abnormal PE/Chem/CBC/UA Results: Mild elev temp 103.5, HR 100/min Walks with hunched posture Demeanor quite subdued; Full chem/cbc normal other than mild neutrophilia
Canine	<b>ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN</b>
<b>BREED</b>	<i>Urinary System</i>
Labrador Retriever	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.
<b>SEX</b>	The area of the residual prostate appeared normal and free of pathology.
MN	No evidence of pathology in the area of the aortic trifurcation and without evidence of medial iliac or sublumbar lymphadenopathy.
<b>AGE</b>	Normal size and margination was 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 7.9 cm in length.
8 Years	<i>Adrenal Glands</i>
<b>WEIGHT</b>	The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.52 cm width at the caudal pole and 0.87 cm width at the cranial pole.
35 kg	The right adrenal gland was indistinctly visualized yet without overt pathology subjectively measuring 0.63 cm width at the caudal pole.
<b>INTERPRETED BY</b>	<i>Spleen</i>
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	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.
<b>IMAGING PERFORMED BY</b>	<i>Liver / Gallbladder</i>
Dr. Callihan/AEC	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.
<b>HOSPITAL NAME</b>	<i>Gastrointestinal</i>
Animal Emergency Care	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. The pylorus wall width measured 0.47 cm.
<b>REFERRING VET</b>	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. The jejunum wall width measured 0.40 cm.
Dr. Callihan/AEC	
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<b>DATE</b>	
1-9-22	



<b>PATIENT</b>	Normal visible colon wall layers were present with apparent formed feces in lumen.
Ninja Hunter	<b><i>Pancreas</i></b>
<b>SPECIES</b>	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	<b><i>Free Abdomen</i></b>
<b>BREED</b>	No omental masses, lymphadenopathy, or peritoneal effusion was present.
Labrador Retriever	Brief sonographic assessment of the heart revealed no subjective evidence of left or right heart chamber enlargement with subjective normal left ventricle systolic function. A minor to scant amount of pericardial free fluid was present. No overt evidence of visualized or definitive cardiac masses.
<b>SEX</b>	<b>ULTRASONOGRAPHIC FINDINGS</b>
MN	<ul style="list-style-type: none"> <li>• Overtly normal abdomen.</li> <li>• Scant to mild pericardial effusion - unknown etiology.</li> </ul>
<b>AGE</b>	<b><u>INTERPRETATION OF THE FINDINGS &amp; FURTHER RECOMMENDATIONS</u></b>
8 Years	No evidence of abdominal visceral pathology as an obvious cause of the patient's clinical signs.
<b>WEIGHT</b>	Scant to mild pericardial effusion was noted of unknown etiology. Given the overtly normal cardiac presentation, the scant to mild pericardial effusion does not appear to be cardiogenic in origin. Infectious, inflammatory, nonobvious neoplastic disease, or idiopathic causes possible. The scant to mild pericardial effusion does not appear to be affecting cardiac function i.e., no tamponade at this point. Sonographic monitoring of the pericardial effusion to assess for progression indicated. Thorough musculoskeletal / neurological examination, three view chest radiographs, urinalysis, +/- infectious disease testing, if not done or if clinically indicated, may be considered.
35 kg	
<b>INTERPRETED BY</b>	
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	
<b>IMAGING PERFORMED BY</b>	
Dr. Callihan/AEC	
<b>HOSPITAL NAME</b>	
Animal Emergency Care	
<b>REFERRING VET</b>	
Dr. Callihan/AEC	
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<b>DATE</b>	
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**PATIENT**

Ninja Hunter

**SPECIES**

Canine

**BREED**

Labrador Retriever

**SEX**

MN

**AGE**

8 Years

**WEIGHT**

35 kg

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Dr. Callihan/AEC

**HOSPITAL NAME**

Animal Emergency  
Care

**REFERRING VET**

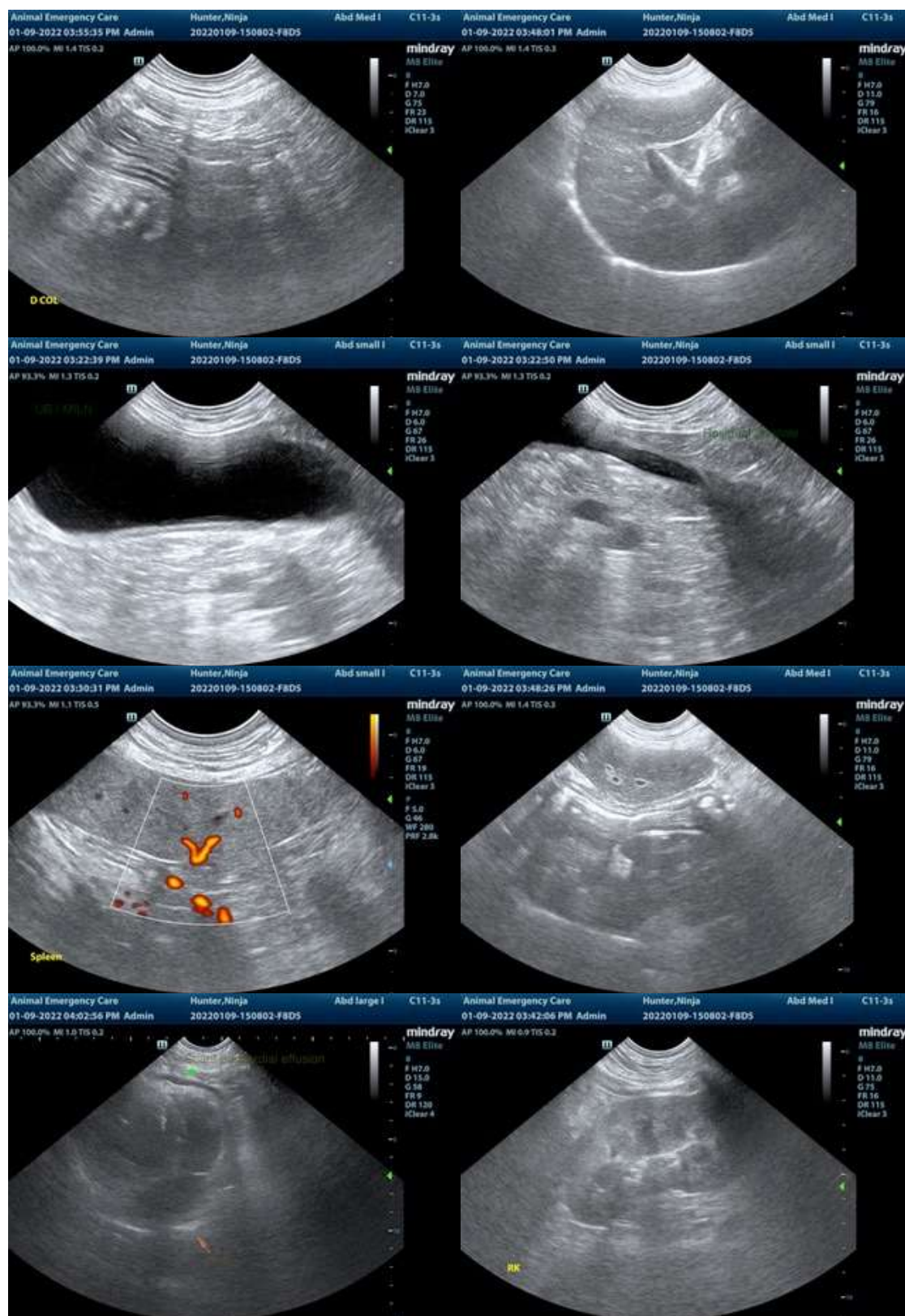
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**DATE**

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**PATIENT**

Ninja Hunter

**SPECIES**

Canine

**BREED**

Labrador Retriever

**SEX**

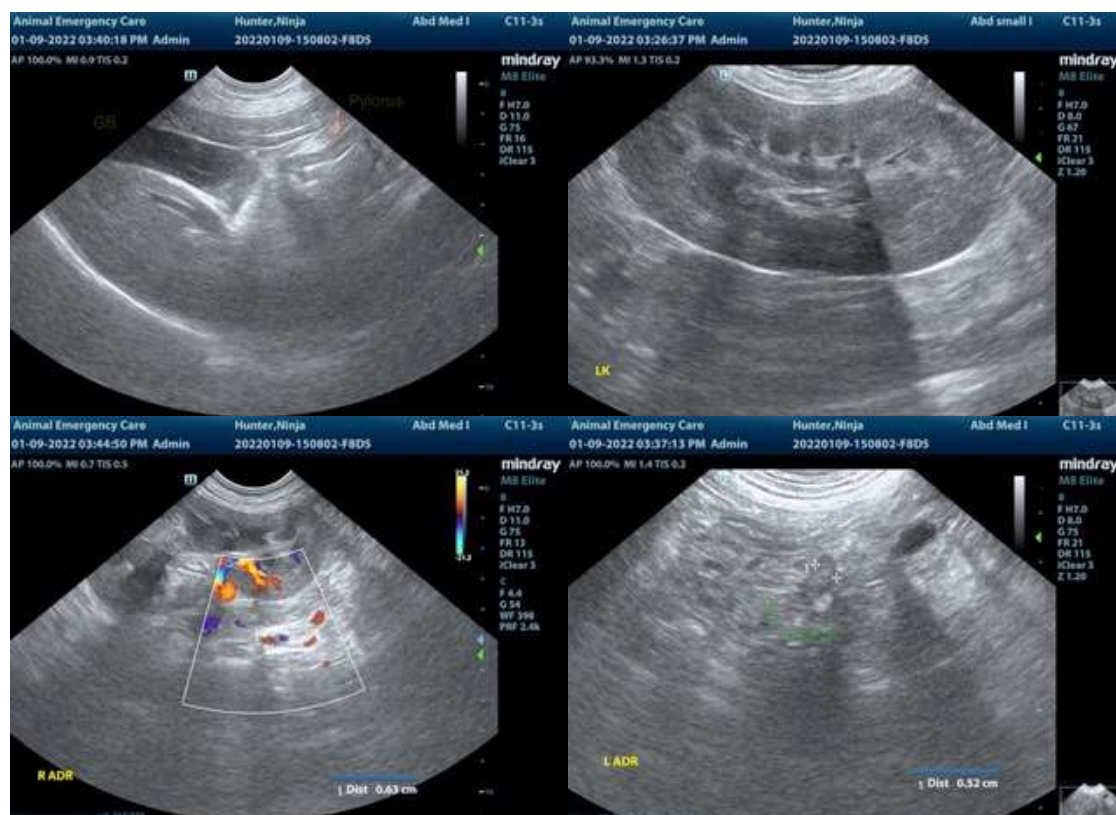
MN

**AGE**

8 Years

**WEIGHT**

35 kg



**INTERPRETED BY**

R. McKenzie Daniel,  
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(Canine and Feline)

**IMAGING PERFORMED BY**

Dr. Callihan/AEC

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1-9-22

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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info@SonoPath.com