



PATIENT	PRESENTING CLINICAL SIGNS
Lucy Barreiro	lethargic, decreased appetite, anemia left kidney and adrenal were removed at 3 months of age due an abscess Currently on baytril, cerenia
SPECIES	Abnormal PE/Chem/CBC/UA Results: please see attached UA results CBC-low RNC, HCT, HGB, MCV, retic HGB, elevated WBC, Neut, Mono
Canine	Unremarkable Chemistry Panel, Hematocrit 23.5, Reticulocytes 21.5, WBC 24.3 with neutrophilia and monocytosis, Platelets 156, Urine specific gravity 1.006
BREED	
Lab	ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN
SEX	Urinary System
FS	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 uroliths or sediment. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes was noted.
AGE	
5 years	The area of the aortic trifurcation was free of pathology.
WEIGHT	The left kidney was not visualized owing to previous nephrectomy.
24 kg	Normal size and margination were present in the right kidney. 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 pyelectasia. The right kidney measured 9.0 cm in length.
INTERPRETED BY	Adrenal Glands
R. McKenzie Daniel, DVM, DABVP	The left adrenal gland was not visualized owing to previous resection.
IMAGING PERFORMED BY	The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 2.1 cm length x 0.59 cm width at the caudal pole.
Kelly Reshny, RVT	
HOSPITAL NAME	Spleen
Westoak AH	The spleen was normal in size and contour exhibiting overall normal splenic parenchyma echogenicity with moderate coarse echotexture. No splenic masses or nodules. Normal splenic vascularity.
REFERRING VET	Liver/ Gallbladder
Dr. Kohlmaier	The liver exhibited potential for mild subnormal 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 moderate, nondependent yet nonorganized, echogenic gallbladder debris. No evidence of peripheral Inflammation. The cystic and common bile ducts were normal.
INVOICE	
12435	
DATE	
10/25/21	



PATIENT

Gastrointestinal

Lucy Barreiro

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained moderate, echogenic ingesta with progressive distal acoustic shadowing. The gastric body wall width measured 0.39 cm.

SPECIES

Canine

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 duodenum wall width measured 0.53 cm. The jejunum wall width measured 0.35 cm.

BREED

Lab

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

SEX

FS

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 were evident.

AGE

5 years

Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

WEIGHT

24 kg

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Possible mild subnormal liver size
- Moderate gallbladder debris (non-mucocele)
- Gastric ingesta, sonographically unremarkable small bowel
- Absent left kidney / left adrenal gland from previous nephrectomy / adrenalectomy

INTERPRETED BY

R. McKenzie Daniel,
DVM, DABVP

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

IMAGING PERFORMED BY

Kelly Reshny, RVT

The presence of gastric ingesta may correlate with post prandial presentation. Correlation with the most recent meal ingestion is suggested. If documented NPO, the potential for gastric stasis or decreased gastric emptying may be possible.

HOSPITAL NAME

Westoak AH

Although thought unlikely, the potential for gastric foreign material cannot be technically eliminated. Sonographic or radiographic monitoring for evidence of normal gastric emptying would be ideal.

REFERRING VET

Dr. Kohlmaier

An obvious cause of the anemia and elevated WBC was not definitively evident. Urine culture and sensitivity on a sterile urine sample may be considered, given the presence of blood on urinalysis. Further assessment may include CBC Pathology review and/or Infectious disease serology if clinically indicated.

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The potential for mild subnormal liver size is nonspecific and not definitive given the lack of elevated liver enzymes as well as normal albumin, glucose, BUN, and cholesterol levels. This is likely a normal patient variant.

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Resting cortisol level may be considered to rule out the potential for occult Addison's Disease.

Lucy Barreiro

SPECIES

Canine

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AGE

5 years

WEIGHT

24 kg

INTERPRETED BY

R. McKenzie Daniel,
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IMAGING PERFORMED BY

Kelly Reshny, RVT

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REFERRING VET

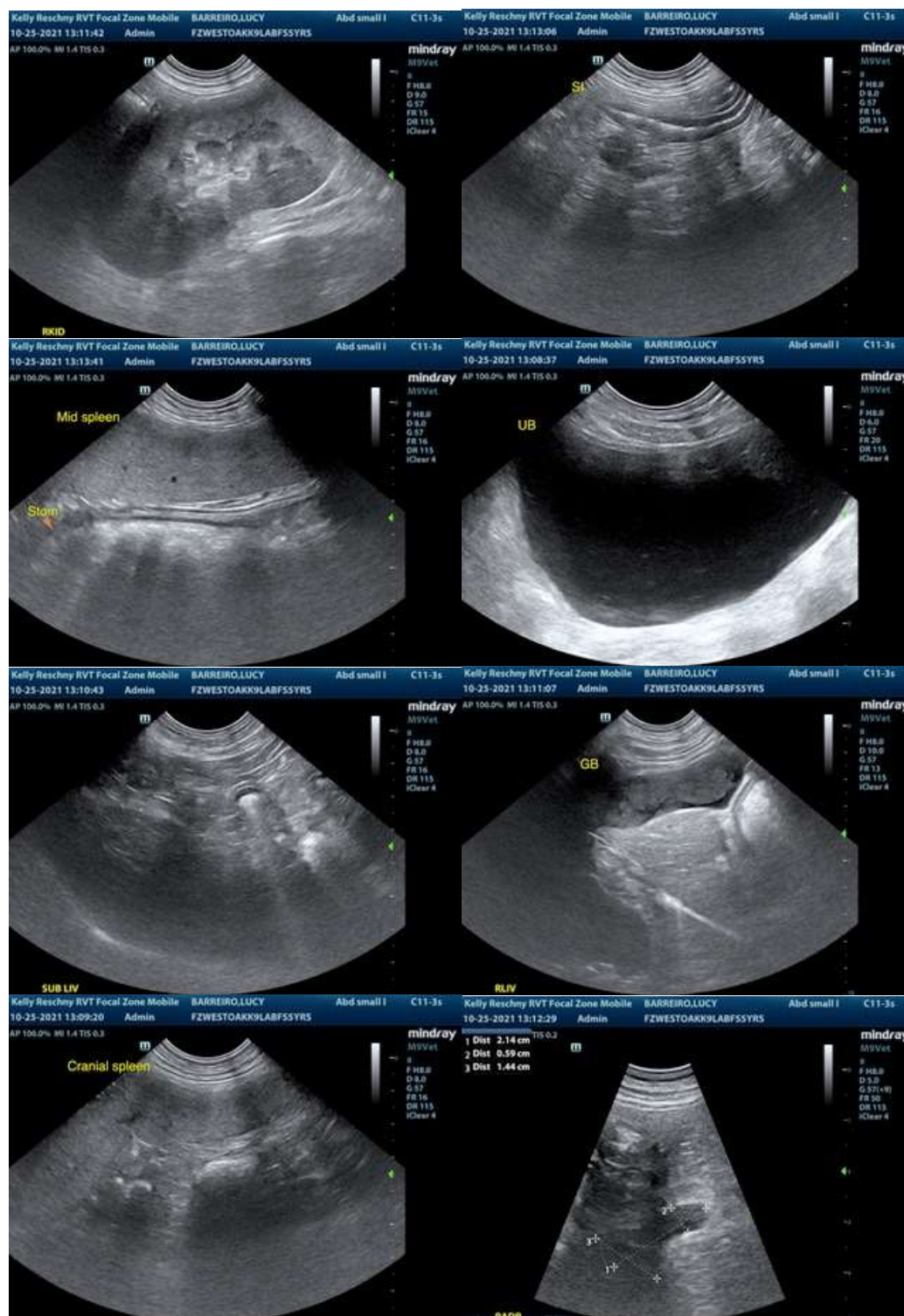
Dr. Kohlmaier

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Lucy Barreiro

SPECIES

Canine

BREED

Lab

SEX

FS

AGE

5 years

WEIGHT

24 kg



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)
info@SonoPath.com

INTERPRETED BY

R. McKenzie Daniel,
DVM, DABVP

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PERFORMED BY**

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