



PATIENT

Camo Epps

SPECIES

Canine

BREED

Retriever X

SEX

Male

AGE

12 Years 2 Months

WEIGHT

75.4 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Rivera

HOSPITAL NAME

DPC Vet Hospital

REFERRING VET

Dr. Rivera

INVOICE

26730

DATE

10/28/21

PRESENTING CLINICAL SIGNS

Reason for Visit: COUGHING History: P IS A 12Y2M OLD INTACT MALE RETRIEVER MIX PRESENTING TODAY FOR COUGHING. COUGH GETTING WORSE OVER PAST 6 MONTHS. O STATES IT ONLY USED TO HAPPEN AFTER DRINKING WATER NOW HAPPENS MORE FREQUENT AND RANDOMLY. P HAS LOST WEIGHT. P STILL EATING BUT NOT AS WELL AS NORMAL. P BEGAN COUGHING ON SCALE THEN COLLAPSED ON FLOOR. GUMS VERY PALE GOT UP COUPLE MINUTES LATER.

Abnormal PE/Chem/CBC/UA Results: CV/Respiratory: Normal heart rate, intermittent extra heartbeat, no obvious murmur, pulses strong and synchronous, normal bronchovesicular sounds. EENT: Clear OU and AU. No nasal discharge. No cough on tracheal palpation. Oral cavity: Light pk MM, mild to moderate dental tartar Musculoskeletal: BCS = 5/9. Ambulatory x 4 Uro/Perineum: Intact male, 2 descended testicles Abd/GI: Soft, non-painful. No masses or fluid wave palpated Lymph Nodes: No peripheral lymphadenopathy Neurological: Alert and appropriate. No significant abnormalities Skin: Good hair coat. No ectoparasites seen Mentation: BAR Hydration: N

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder 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.

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 6.0 cm x 4.0 cm.

Normal size and margination were present in the kidneys. A normal 1:3 cortex / medulla ratio was maintained. The medulla and cortices were uniform in texture with some increased echogenicity and loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The left kidney measured 7.2 cm. The right kidney measured 7.5 cm.

The area of the aortic trifurcation was free of pathology.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.5 cm at the cranial pole and 0.78 cm at the caudal pole. The right adrenal gland was indistinctly visualized yet without overt pathology, subjectively measuring 0.63 cm at the cranial pole and 0.81 cm at the caudal pole.

Spleen

The spleen was not definitively visualized.

Liver

The liver exhibited potential for mild generalized enlargement. The parenchyma of the liver was subjectively normal in echogenicity compared to the spleen and renal cortices. The liver parenchyma was uniform with a mildly coarse echotexture. The capsule of the liver was symmetrically rounded to mildly swollen in margination. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended in size with primarily anechoic luminal content. The cystic and common bile ducts were normal.



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Gastrointestinal

The visualized gastric walls were sonographically unremarkable without evidence of loss of wall layering or hypertrophy. Ventral gastric body wall measured 0.40 cm. The stomach exhibited subjective mild to moderate gas distention.

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. Jejunum wall measured 0.35 cm.

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

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.

Free Abdomen

No omental masses, lymphadenopathy or peritoneal effusion.

ULTRASONOGRAPHIC FINDINGS

- Benign prostatic hyperplasia with parenchymal cysts, minor possibility of prostatitis
- Non-visualized spleen
- Possible mild hepatomegaly – subjectively benign
- Mild age related kidneys

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The non-visualized spleen may be owing to volume contraction or previous splenectomy (if clinically indicated). Overt pathology in the spleen was not definitively evident. The overall appearance of the liver, which indicated potential mild generalized enlargement, was subjectively benign without overt evidence of neoplastic criteria. Patient variant, potential vacuolar hepatopathy, inflammatory hepatopathy or other possible.

Correlation with CBC/Chem suggested if not recently done. Overall, no overt evidence of visceral pathology, specifically neoplasia as potential cause of the patient’s clinical signs or metastatic disease. 3-view chest radiographs suggested to rule out thoracic pathology and assess cardiopulmonary status.





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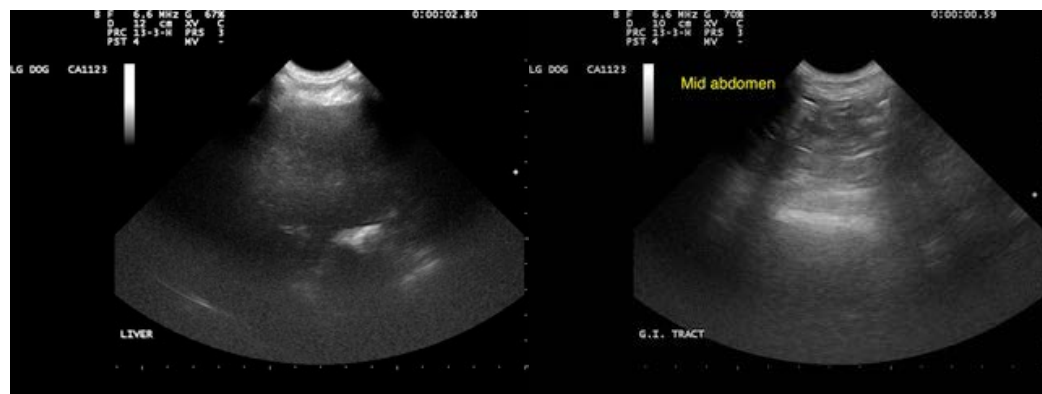
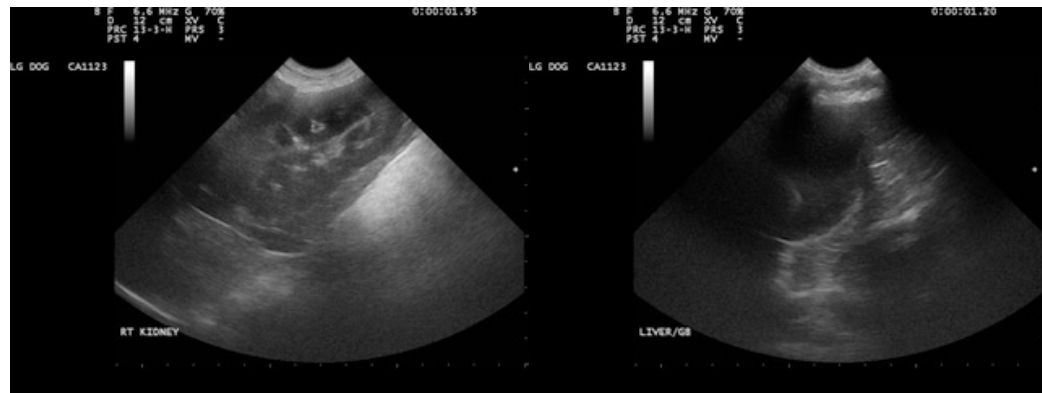
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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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info@SonoPath.com

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