

PATIENT PRESENTING CLINICAL SIGNS

Dalby Bennelli Vomiting and inappetence x 3 days. also soft stool, black and tar like.
Abnormal PE/Chem/CBC/UA Results: Please see bloodwork attached.

SPECIES ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Canine

Urinary System

BREED

Chesapeake Bay Retriever

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 4 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.

SEX

MN

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.

AGE

10yr

The area of the aortic trifurcation was free of pathology.

No overt pathology in the area of the residual prostate.

WEIGHT

46.6kg

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

Adrenal Glands

INTERPRETED BY

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

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.49 cm width at the caudal pole and 2.7 cm length. The right adrenal gland was not visualized owing to patient size and body condition.

Spleen

IMAGING PERFORMED BY

Crystal Hill

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

Simcoe Animal Hospital

Liver

REFERRING VET

Dr. Lancashire

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.

INVOICE

11783ag

Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach was empty with no signs of gastric distention, ileus, obstruction or foreign material with mild luminal gas.

DATE

10/03/2022

The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. The lumen of the small intestine contained segmental intestinal gas with no signs of mechanical/metabolic ileus, obstruction or foreign material.



PATIENT

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

Dalby Bennelli

Pancreas

SPECIES

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

Free Abdomen

BREED

No omental masses, overt lymphadenopathy or peritoneal effusion was present.

Chesapeake Bay Retriever

ULTRASONOGRAPHIC FINDINGS

- Overtly normal gastrointestinal tract

SEX

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

MN

Overall, no overt evidence of significant abdominal visceral pathology, specifically gastroenterocolic pathology as a definitive cause of the patient's clinical signs. No evidence of mechanical obstructive pattern or GI neoplastic criteria was present. Potential for GI inflammatory process or possibly low-grade pancreatitis which may present sonographically normal cannot be excluded.

AGE

10yr

WEIGHT

46.6kg

A resting cortisol level to rule out occult Addison's disease which may result in GI microulceration and in light of the GI signs including potential melena is suggested. As needed GI support which may include antiemetics, hydrolyzed diet trial and prophylactic deworming (Panacur 50 mg/kg SID x 5 consecutive days with repeat protocol in 3 weeks even if fecal testing is negative) with assessment of clinical response may prove beneficial.

INTERPRETED BY

Recheck sonogram ideally under sedation may be considered if persistent/progressive GI signs despite supportive care and pending additional diagnostics.

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

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REFERRING VET

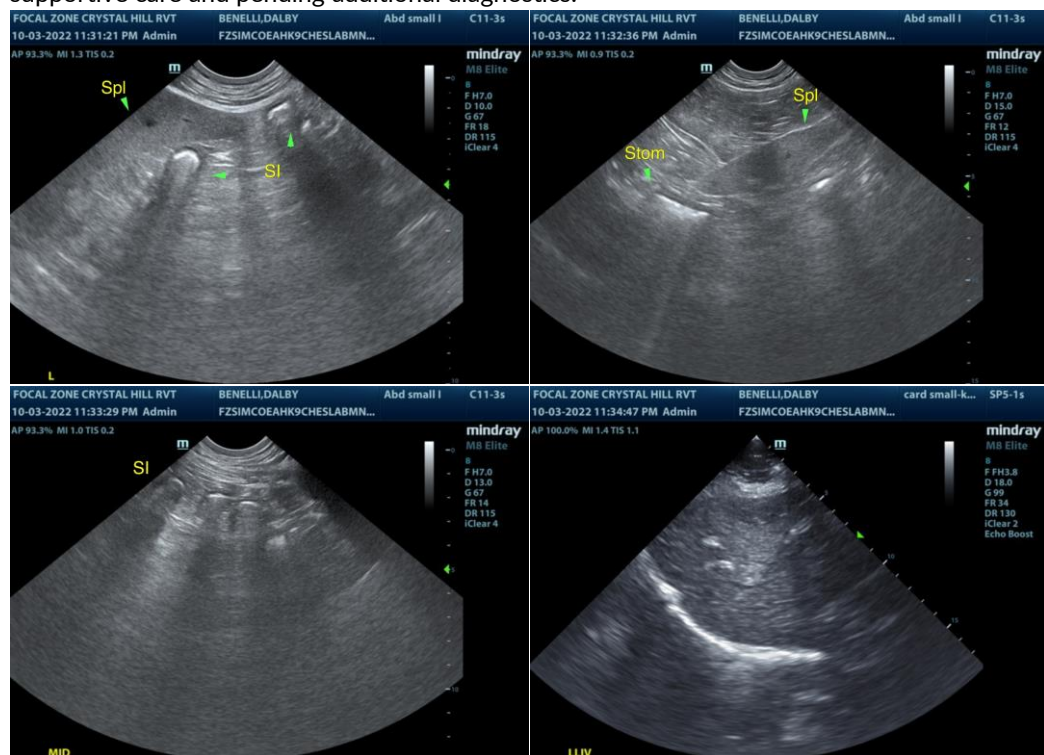
Dr. Lancashire

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PATIENT

Dalby Bennelli

SPECIES

Canine

BREED

Chesapeake Bay
Retriever

SEX

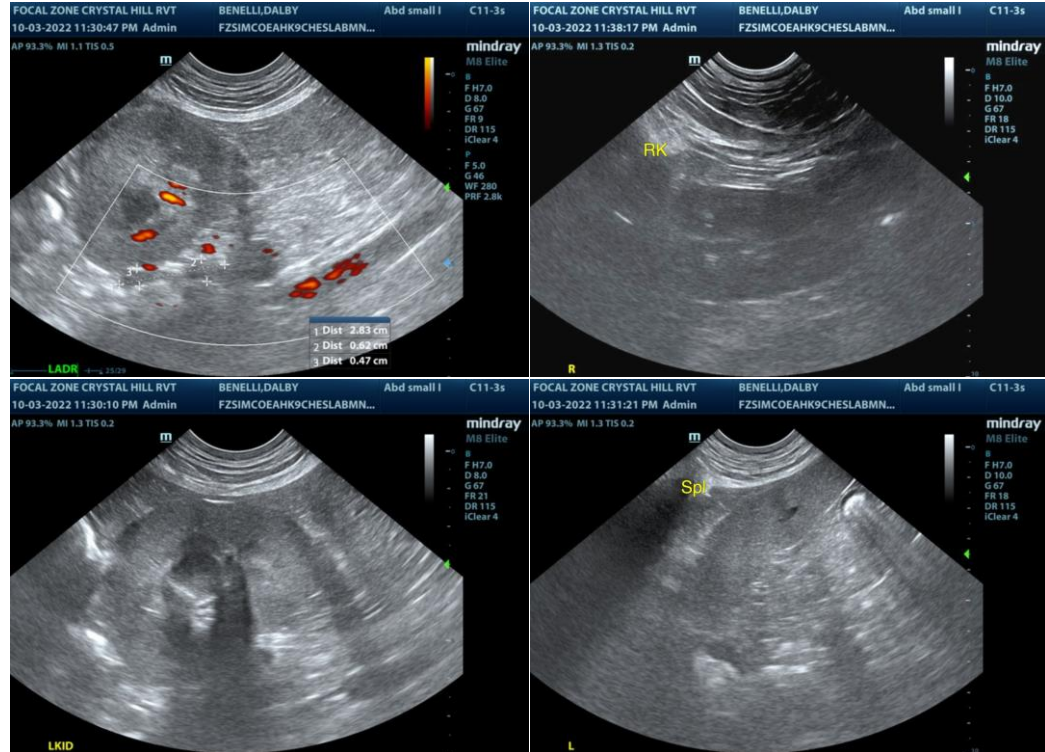
MN

AGE

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WEIGHT

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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.

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

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