



PATIENT

Gus Elliot

SPECIES

Canine

BREED

Bernese Mtn Dog

SEX

Neutered Male

AGE

11 Years

WEIGHT

84 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Emma Herdener

HOSPITAL NAME

Eastgate Vet Clinic

REFERRING VET

Dr. Josiah Moses

INVOICE

26117

DATE

10/6/21

PRESENTING CLINICAL SIGNS

Blood in stool (small amount, but almost daily) for 2-3 weeks with no increased urgency/frequency. Stool is occasionally diarrhea but will get normal quickly. Normal appetite, energy. History of diving and picking up rocks. Had splenectomy ~1 yr ago.

Abnormal PE/Chem/CBC/UA Results: No recent bloodwork.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

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

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 6.2 cm. The right kidney measured 7.2 cm.

Adrenal Glands

The adrenal glands were indistinctly visualized, yet without overt pathology, subjective measuring 2.6 cm length x 0.5 cm on the left and 2.6 cm length x 0.65 cm on the right.

Spleen

The spleen was not visualized owing to previous splenectomy. No overt pathology in the area of the spleen.

Liver

The liver was subjectively normal in size, structure, and contour. The liver parenchyma was mildly nonuniform and hypoechoic to the spleen with a moderate coarse echotexture and subjective mild to benign parenchymal remodeling. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non distended in size with mild, echogenic, nonmineralized biliary sludge. The cystic duct and common bile ducts were normal without evidence of dilation.

Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained mild echogenic, nonshadowing ingesta most consistent with post prandial presentation without signs of ileus, obstruction or foreign material.

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.

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

Gus Elliot

A solitary, mildly prominent to enlarged medial iliac lymph node was present. The lymph node was essentially isoechoic to adjacent omentum without evidence of peripheral inflammation and maintaining a normal width: length ratio (<0.5). The lymph node measured 3.0 cm x 1.0 cm. This is likely incidental and not consistent with inflammatory or neoplastic criteria.

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Canine

ULTRASONOGRAPHIC FINDINGS

BREED

Bernese Mtn Dog

- Mild chronic renal changes
- Mild hepatic parenchymal remodeling – subjectively benign
- Gastric ingesta with sonographically unremarkable small bowel
- Suspect mild intermittent to recurrent colitis

SEX

Neutered Male

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

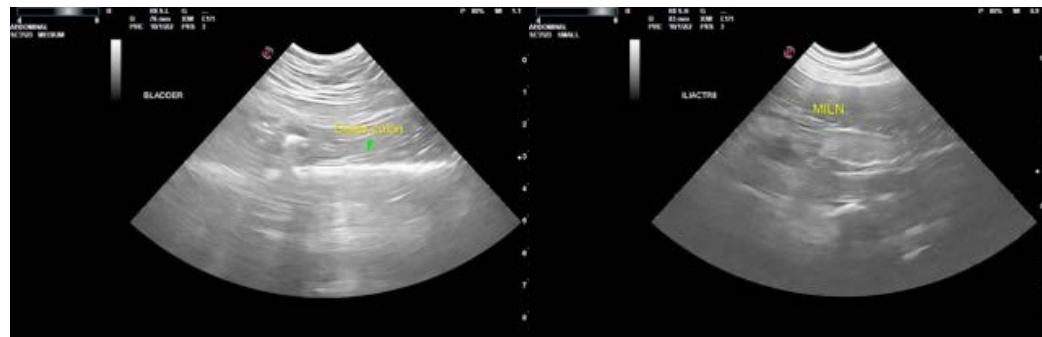
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Empirical as needed therapy for suspected intermittent to recurrent mild colitis given the intermittent hematochezia is recommended. Rectal palpation is suggested if not done. Aside from the absent spleen, overall largely mild geriatric abdomen without evidence of significant visceral pathology.

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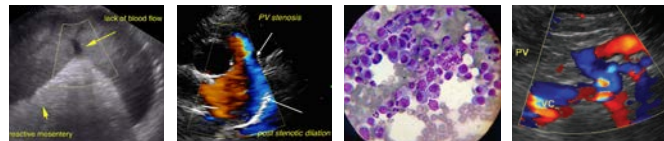
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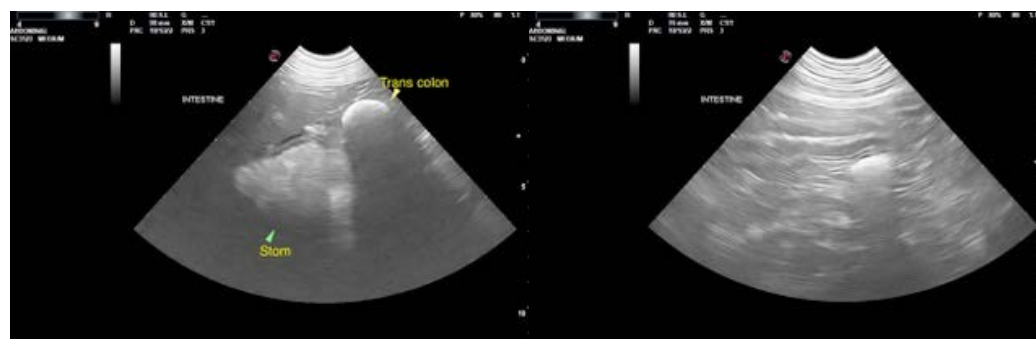
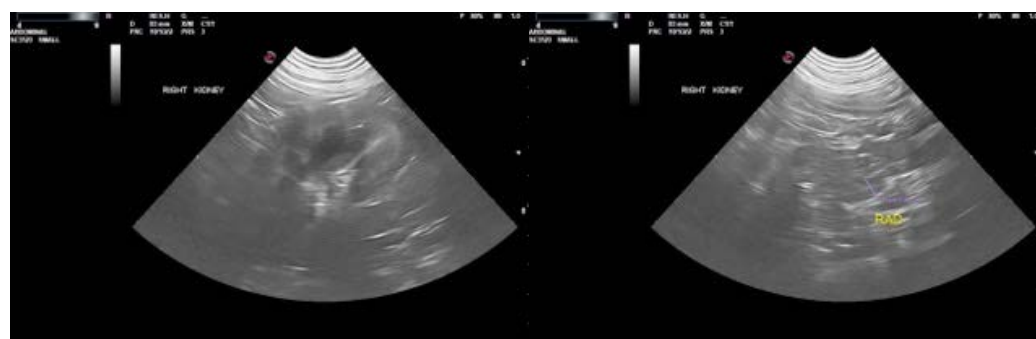
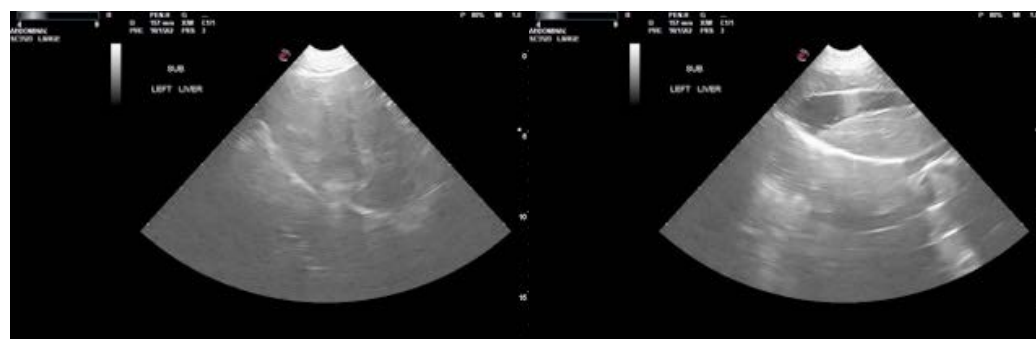
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

R. McKenzie Daniel, DVM, DABVP (Canine / Feline Practice)
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