



PATIENT

Jet Semenza

PRESENTING CLINICAL SIGNS

Patient presents for partial seizures; sudden onset. Current meds: IVFs, Gabapentin, Trazodone, and Denamarin.

SPECIES

Canine

Abnormal PE/Chem/CBC/UA Results: Bloods at RDVM on 10/4/21: Chem: TP 8.4, albumin 4.6, ALT 138, Alk. Phos. 15, T. bili 2.0. Recheck bloods on 10/6/21: Alk. Phos. 18, all other values WNL.

BREED

Mixed

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 5.0 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 were noted.

SEX

Neutered Male

The residual prostate was symmetrically normal in size with uniform parenchyma and slight coarse echotexture. The prostate measured 0.8 cm diameter.

AGE

1 Year 9 Months

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 5.3 cm. The right kidney measured 5.7 cm.

WEIGHT

45.8 Pounds

The area of the aortic trifurcation was free of pathology.

Adrenal Glands

The adrenal glands were uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.65 cm at the cranial pole and 0.60 cm at the caudal pole. The right adrenal gland measured 0.44 cm at the cranial pole and 0.40 cm at the caudal pole.

INTERPRETED BY

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

Spleen

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.

IMAGING PERFORMED BY

Kelly Vazquez

Liver

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. Normal subjective hepatoportal vascular volume. No overt evidence of a portosystemic shunt. The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.

HOSPITAL NAME

Westwood Regional

REFERRING VET

Dr. Murphy

Gastrointestinal

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.

INVOICE

26099

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.

DATE

10/6/21

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



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Pancreas

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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.

SPECIES

Canine

Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

BREED

Mixed

ULTRASONOGRAPHIC FINDINGS

- Sonographically unremarkable abdomen

SEX

Neutered Male

No overt evidence of visceral pathology as potential cause of seizure activity. Hepatic functionality appears to be normal given the resolved ALT elevation along with normal albumin, glucose, cholesterol, and BUN levels. No evidence of a portosystemic vascular anomaly. Neurological consultation could be considered.

AGE

1 Year 9 Months

WEIGHT

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HOSPITAL NAME

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REFERRING VET

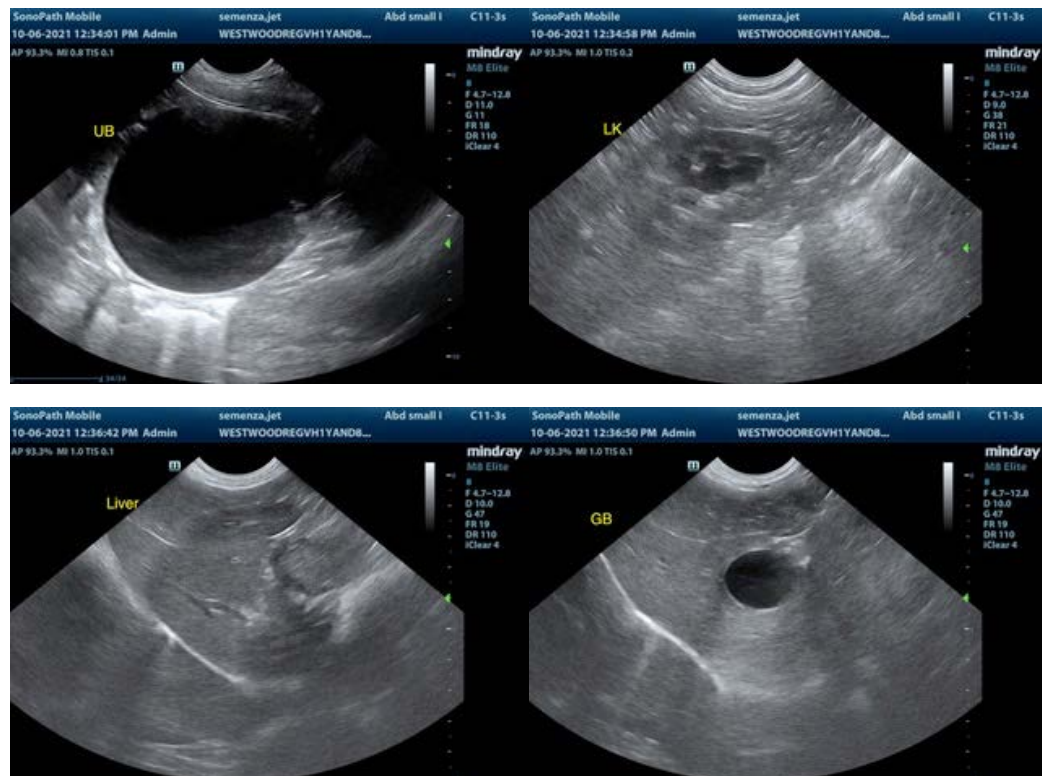
Dr. Murphy

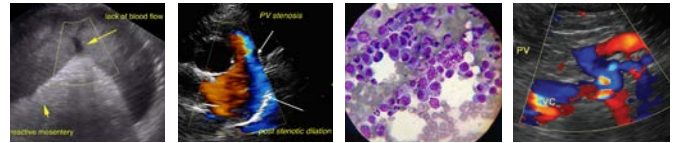
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DATE

10/6/21





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SEX

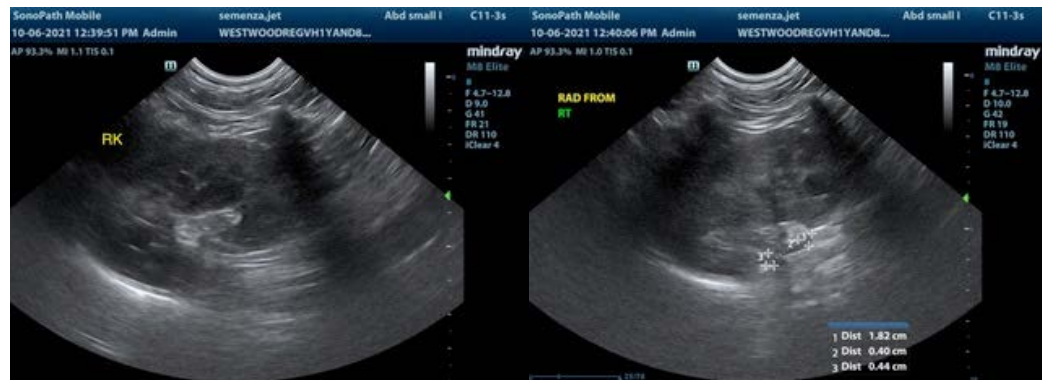
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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