



PATIENT

Mia Crombie

SPECIES

Canine

BREED

Golden Retriever

SEX

FS

AGE

10 years

WEIGHT

29 kg

INTERPRETED BY

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

IMAGING

PERFORMED BY

Pamela Harrigan, RDMS

HOSPITAL NAME

New England AMC

REFERRING VET

Alberto Fernandez,
 DVM

INVOICE

14144

DATE

11/1/21

PRESENTING CLINICAL SIGNS

Presented to ER for new seizure activity. After the seizure seemed confused, nippy and barking, then got better. As time went on, became anxious and shaking, tail between her legs. Developed thick saliva, drooling and frothing. Had another long seizure later and continued until arrival at ER. Couldn't get on feet, breathing heavily. Back legs not responding, swimming on her side. No previous seizure history - previously healthy. R/O brain tumor/neoplasia vs epilepsy vs toxin. Hyperthermia - R/O secondary to seizures vs neoplasia vs infectious vs other.

Urinary System

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.

The area of the aortic trifurcation was free of pathology.

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 mild loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The left kidney measured 7.1 cm in length. The right kidney measured 7.6 cm in length.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.58 cm width at the caudal pole and 0.56 cm width at the cranial pole. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.48 cm width at the caudal pole and 0.61 cm width at the cranial pole.

Spleen

The spleen exhibited primarily finely textured parenchyma which was hyperechoic to the liver and renal cortical parenchyma. Mild generalized parenchyma heterogeneity was present without evidence of nodular changes. 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. The parenchymal heterogeneity is likely consistent with benign changes such as extramedullary hematopoiesis or age-related remodeling with minor potential for inflammatory or neoplastic disease.

Liver/ Gallbladder

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 mild echogenic, non-dependent yet non-organized debris. 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 was empty with no signs of ileus, obstruction, or foreign material.



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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 measured 0.61 cm. The jejunum wall measured 0.42 cm.

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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 were evident.

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Free Abdomen

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No omental masses, lymphadenopathy or peritoneal effusion was present.

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ULTRASONOGRAPHIC FINDINGS

- Mild age-related kidneys
- Mild gallbladder debris- likely incidental
- Sonographically unremarkable liver

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Overall, largely mild geriatric abdomen without evidence of significant visceral pathology as an obvious cause of the patients' seizure activity. Correlation with full CBC/chemistry panel, urinalysis and T4 levels recommended (if not done). Three view chest radiographs suggested to rule out occult thoracic pathology. Neurology consult recommended while potential intracranial imaging may be indicated.

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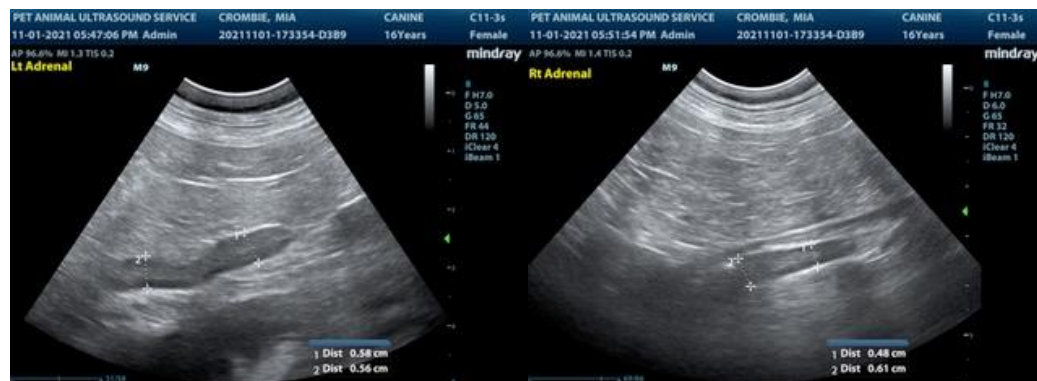
Alberto Fernandez,
 DVM

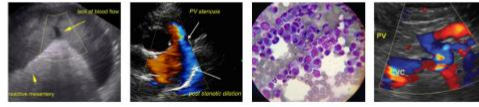
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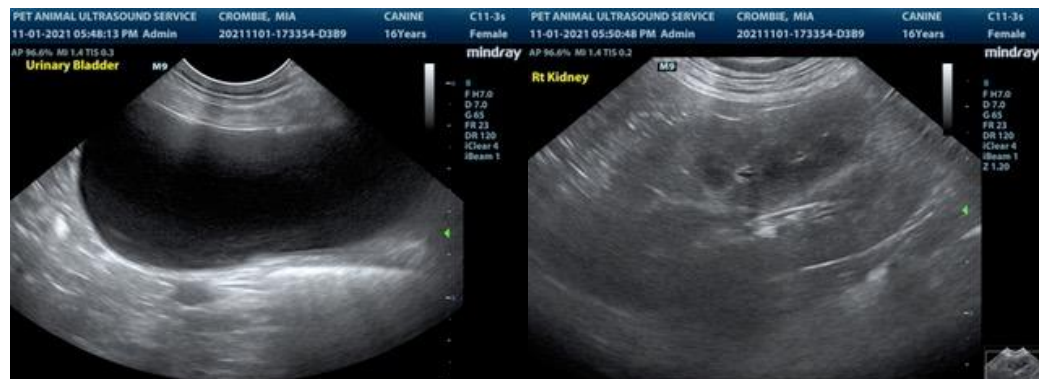
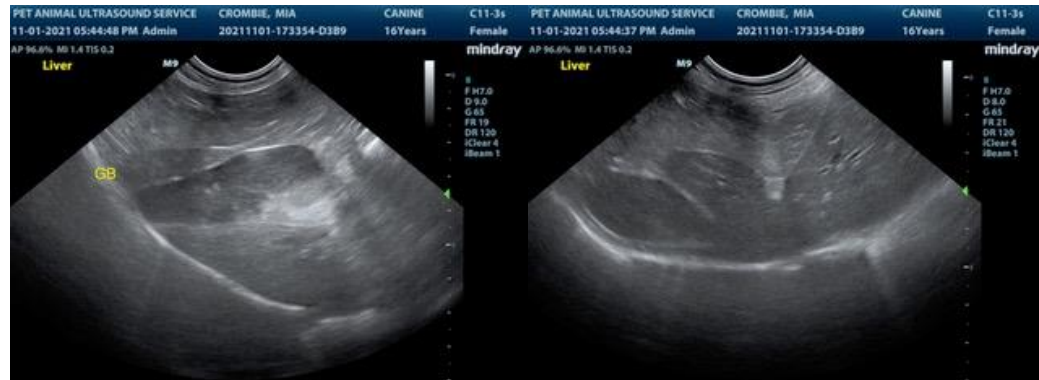
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The information and recommendations provided are based on the images presented by the



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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.

R. McKenzie Daniel, DVM, DABVP (Canine / Feline Practice)
info@SonoPath.com

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