

PATIENT

Boss Bondon

SPECIES

Canine

BREED

Boxer

SEX

Neutered Male

AGE

11 Years

WEIGHT

75.4

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Hannah Fearing

HOSPITAL NAME

Lanier AH

REFERRING VET

Dr. Hannah Fearing

INVOICE

26791

DATE

11/2/21

PRESENTING CLINICAL SIGNS

Hx of drooling intermittently and non-specific signs of possible pain? Less active, less interested in food. Abnormal PE/Chem/CBC/UA Results: 7/7/21 CBC/Chem: SDMA 15, otherwise NSF UA: NSF, normal USG (1.039) T4: WNL 4Dx: BDLx4 Fecal: pending

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.

No overt evidence of pathology in the area of the residual prostate, although indistinctly visualized.

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 6.7 cm.

Adrenal Glands

The adrenal glands were uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.60 cm at the cranial pole and 0.57 cm at the caudal pole. The right adrenal gland measured 0.60 cm at the caudal pole.

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.

Liver

The liver and gallbladder were indistinctly visualized owing to patient conformation with overtly normal hepatic size and contour, normal parenchyma echogenicity, and without evidence of gallbladder pathology.

Gastrointestinal

The visualized gastric walls were sonographically unremarkable, exhibiting intact wall layering without evidence of mural hypertrophy. The stomach appeared to be mildly gas distended, yet without evidence of retained ingesta, fluid or foreign material. Gastric body wall measured 0.42 cm.

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 0.40 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.



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Free Abdomen

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No omental masses, lymphadenopathy or peritoneal effusion noted.

SPECIES

ULTRASONOGRAPHIC FINDINGS

Canine

- Sonographically unremarkable abdomen for age

BREED

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Boxer

Largely geriatric abdomen without evidence of significant visceral pathology as an obvious cause of the patient's clinical signs or overt area of intraabdominal pain. If not done, 3-view chest radiographs are recommended to rule out occult thoracic or esophageal pathology as well as thorough oral and musculoskeletal examination. Empirical therapy for gastritis/esophagitis (i.e., gastroprotectants protocol) may be considered in light of the drooling.

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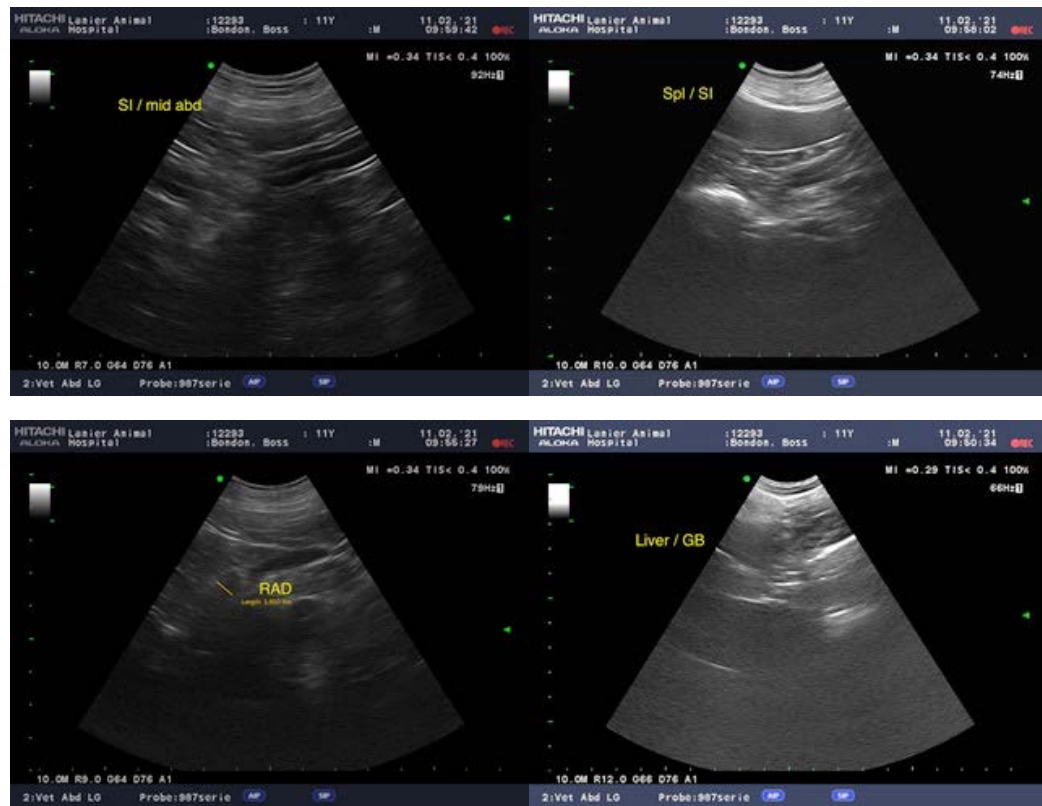
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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