



**PATIENT**

River Willard

**PRESENTING CLINICAL SIGNS**

lethargy, anorexia, ADR, nervous/reactive at home; no defecation; 5# wt loss in the last 2 days.

**SPECIES**

Canine

Abnormal PE/Chem/CBC/UA Results: gluc 133, chol 329, CPL normal, 4DX neg x 4

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

**BREED**

Lab Mix

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra 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 dilatation. The left kidney measured 6.5 cm in length. The right kidney measured 7.1 cm in length.

**AGE**

5yr

The area of the aortic trifurcation was free of pathology.

**Adrenal Glands**

**WEIGHT**

63.8lb

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 2.3 cm length. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.87 cm width at the caudal pole and 2.5 cm length.

**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**

Diane McFadden

**Liver**

**HOSPITAL NAME**

Newton VH

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.

**REFERRING VET**

Dr. Kim

**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**

12250ag

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.

**DATE**

11/25/2022

**Pancreas**



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River Willard

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 omental masses, overt lymphadenopathy or peritoneal effusion was present.

**BREED**

Lab Mix

**ULTRASONOGRAPHIC FINDINGS**

- Sonographically unremarkable abdomen

**SEX**

MN

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Overall, there is no overt evidence of significant abdominal visceral pathology as a definitive cause of the patient's clinical signs. No evidence of GI structural pathology or mechanical obstruction was noted. A GI panel to include PLI/TLI/Cobalamin/Folate as well as three view chest radiographs and neurological / musculoskeletal examination are recommended to assess for or rule out occult disease which may cause weight loss.

**AGE**

5yr

Although considered unlikely given normal adrenal presentation, a resting cortisol level to rule out occult Addison's disease could be considered. Hospitalization with 24-48-hour IVF and GI supportive care and clinical reassessment may prove beneficial.

**WEIGHT**

63.8lb

**INTERPRETED BY**

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DVM, DABVP  
(Canine and Feline)

**IMAGING PERFORMED BY**

Diane McFadden

**HOSPITAL NAME**

Newton VH

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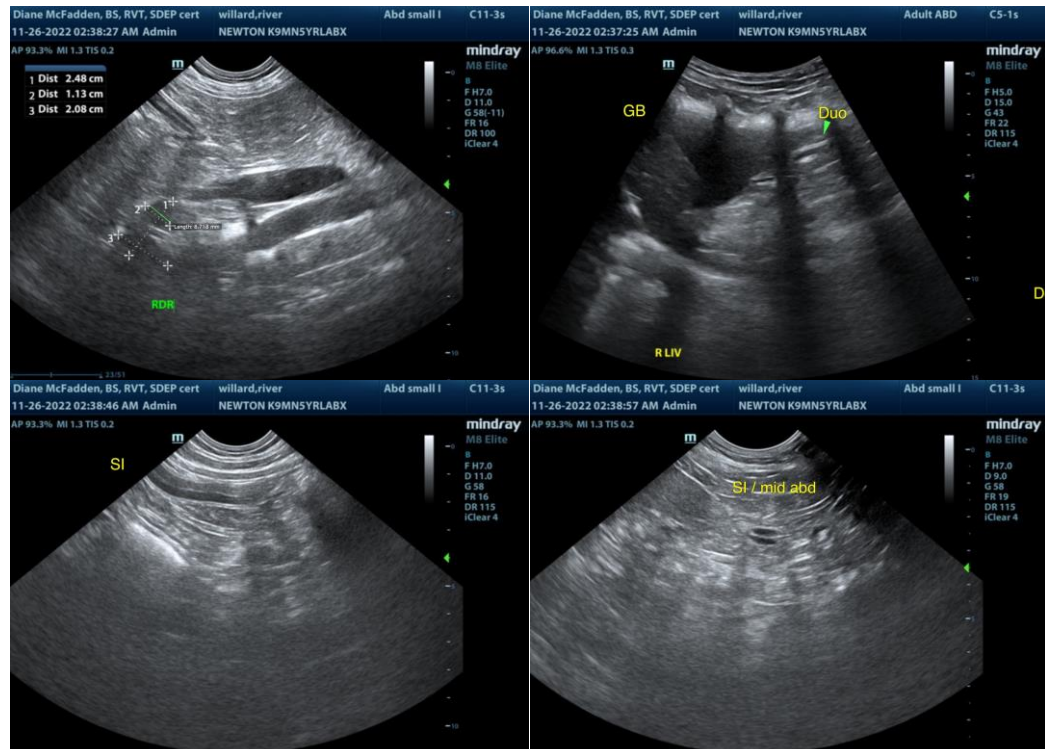
Dr. Kim

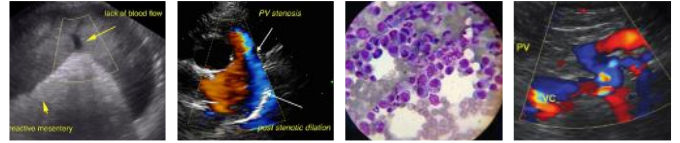
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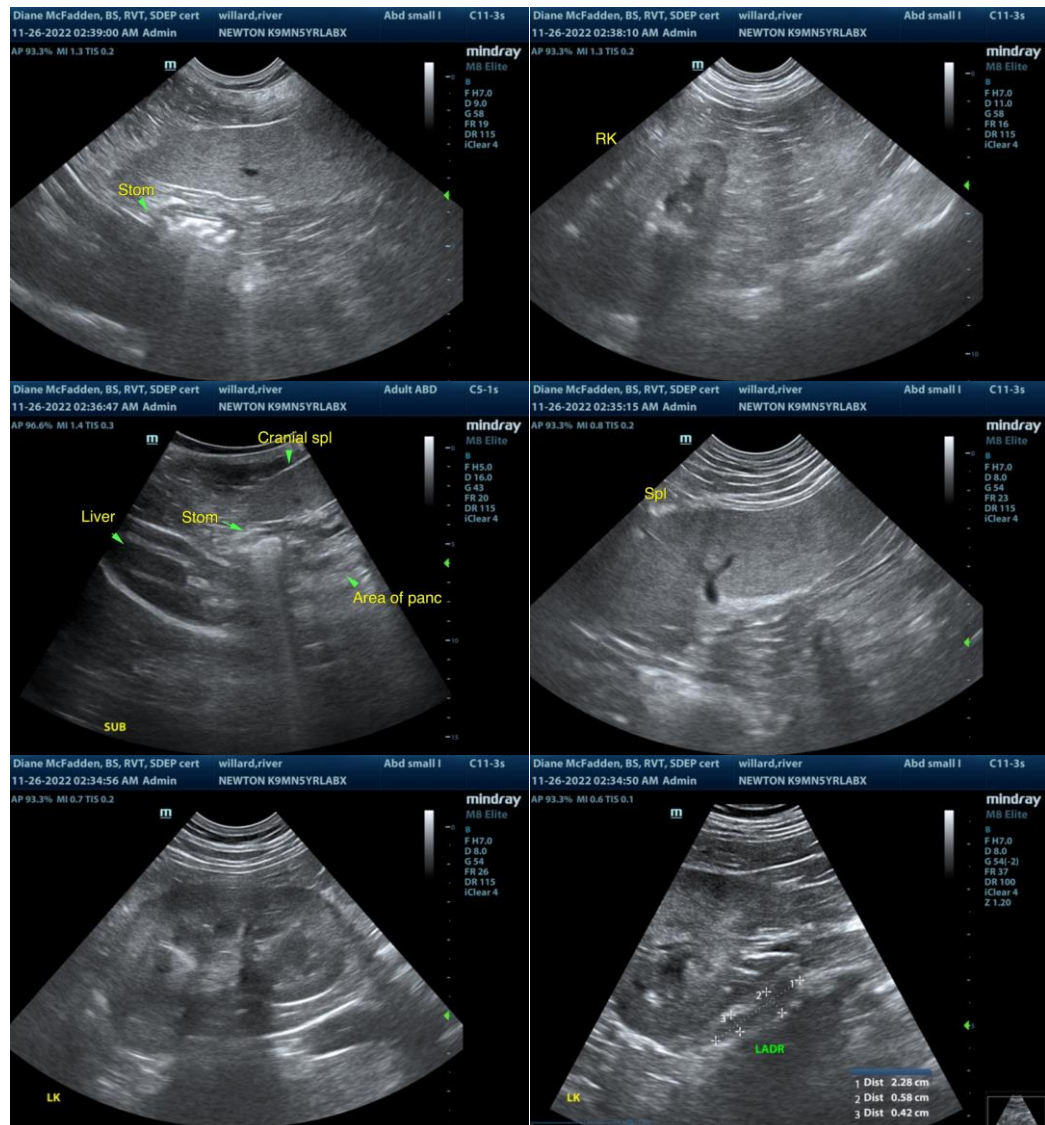
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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