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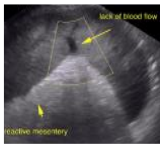
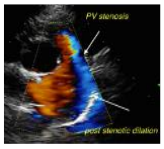
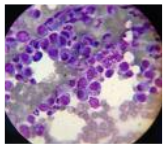
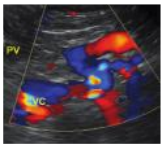

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1-800-838-4268 info@sonopath.com

PATIENT

Luffy Davis

SPECIES

Canine

BREED

Pit Bull Mix

SEX

Neutered Male

AGE

10 Years

WEIGHT

60 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Alex Emerson, DVM

HOSPITAL NAME

Animal Clinic of Casselberry

REFERRING VET

Alex Emerson, DVM

INVOICE

17952

DATE

11/3/22

PRESENTING CLINICAL SIGNS

History: Intermittent D for a several months. Recently V every other day. AXR normal
Abnormal PE/Chem/CBC/UA Results: AST 131 ALT 390 ALP 865 GGT 17 Bili 1.2 USG 1.010

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

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 were noted.

No overt pathology in the area of the residual prostate.

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 6.7 cm in length. The right kidney measured 6.0 cm in length.

Adrenal Glands

The bilateral adrenal glands were normal in size. No evidence of adrenomegaly based on caudal pole width measurement in light of body weight. No adrenal tumors noted. Mild parenchyma heterogeneity and mild capsule asymmetry was present without suspicion for overt neoplasia. The left adrenal gland measured 0.55 cm width in the cranial pole and 0.78 cm width in the caudal pole. The right adrenal gland measured 0.49 cm width in the cranial pole and 0.75 cm width in 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 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 nondependent echogenic, nonorganized debris, with anechoic content otherwise. No evidence of gallbladder or peripheral gallbladder inflammation. 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.

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.

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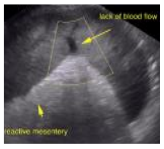
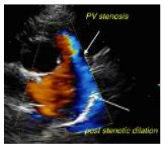
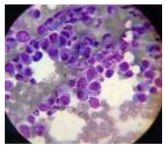
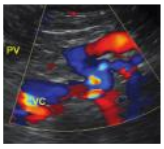

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Normal visible colon wall layers were present with subjective semi-formed to soft fecal matter in lumen.

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.

Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

- Mild age-related renal changes
- Sonographically unremarkable gastrointestinal tract, possible semi formed to soft fecal matter
- Benign hepatopathy Mild gallbladder debris (non-mucocele)

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Overall, no overt evidence of significant visceral pathology. At times the gastroenterocolic presentation may not correlate with chronic or current GI signs, considerations may include dietary intolerance/food allergy, occult parasitism, structurally insignificant inflammatory bowel, low grade to chronic pancreatitis, both of which may present as sonographically normal. No evidence of GI or intraabdominal neoplastic criteria. The liver may indicate vacuolar hepatic changes, inflammatory/immune mediated disease, infectious hepatopathy, nonobstructive cholestasis or other hepatopathy with occult neoplasia considered unlikely.

Further assessment may include a GI panel to include PLI/TLI/Cobalamin/Folate, as well as screening hepatic FNA cytology assuming normal clotting status. Leptospirosis titers/PCR could be considered if clinically indicated. Further renal staging to include urine C/S and protein: creatinine ratio on sterile urine sample may be considered. Adrenal testing, even though no evidence of overt adrenomegaly or pathology may be considered if clinical suspicion for Cushings syndrome yet the GI signs don't obviously coincide with typical hyperadrenocorticism signs.

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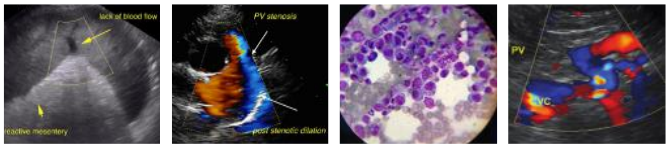

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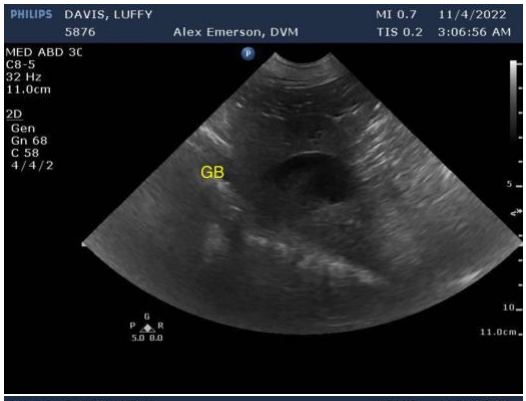

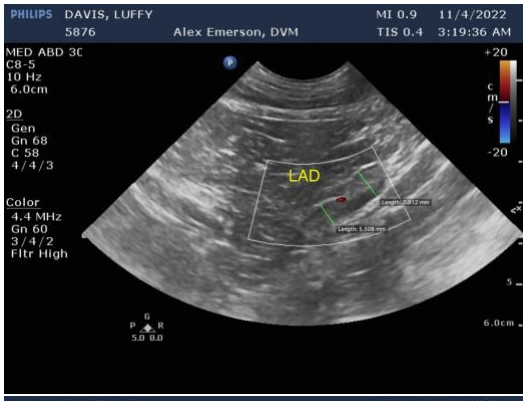

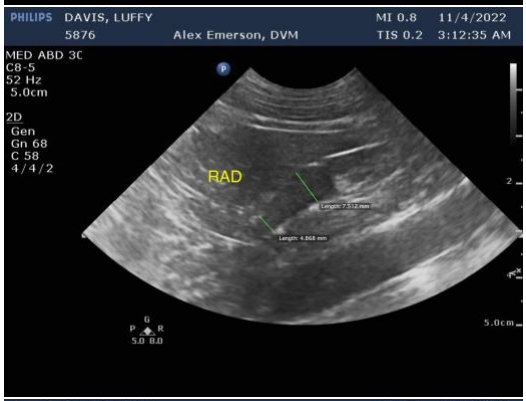

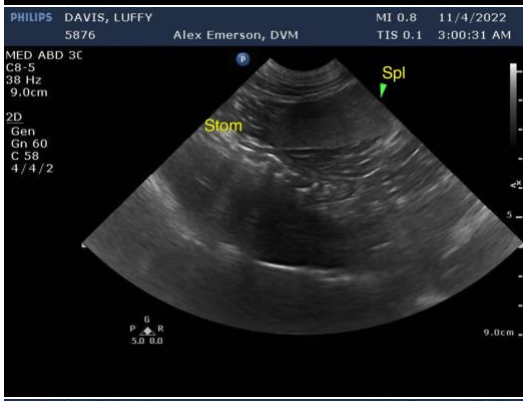

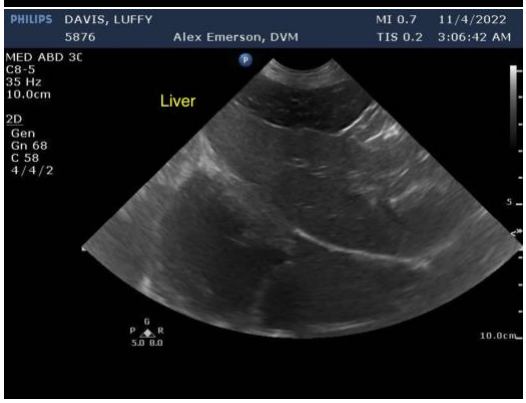

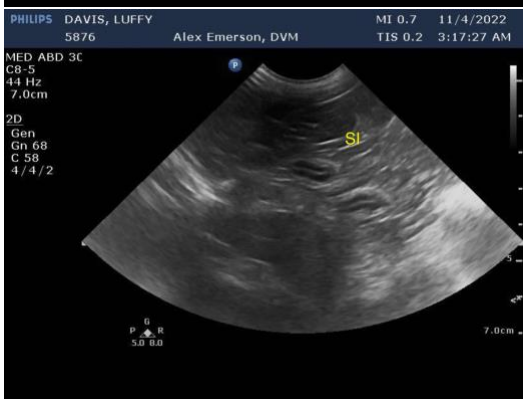

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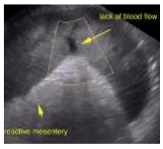
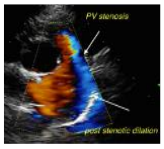
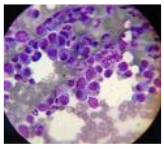
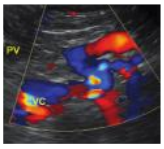

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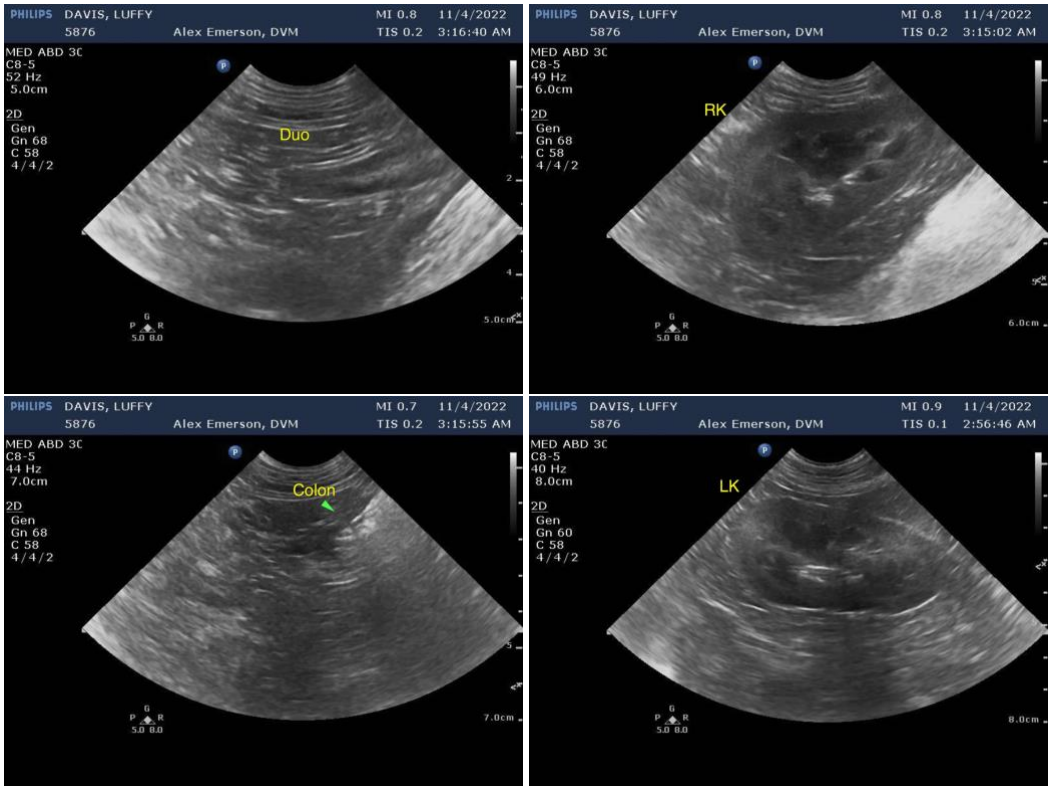

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)
info@SonoPath.com