

PATIENT PRESENTING CLINICAL SIGNS

Baylie Prall History: wt loss diabetic Current Medications insulin, glucosamine

SPECIES Abnormal PE/Chem/CBC/UA Results: elevated alk phos

Canine

BREED

Beagle

SEX

Spayed Female

AGE

12 Years

WEIGHT

30 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Jenna Walsh, CVT

HOSPITAL NAME

Willakenzie AC

REFERRING VET

Dr. Popuette

INVOICE

20083

DATE

12/14/22

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. Aortic trifurcation was normal.

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 5.9 cm in length. The right kidney measured 6.3 cm in length.

Adrenal Glands

Both adrenal glands were borderline prominent in size based on caudal pole width measurement in light of body weight with normal capsule contour and homogenous adrenal parenchyma. The left adrenal gland measured 2.3 cm in length x 0.84 cm at the caudal pole in width. The right adrenal gland measured 2.0 cm in length x 0.72 cm at the caudal pole in width.

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 presented mildly enlarged in size. The parenchyma of the liver was subjectively normal in echogenicity compared to the spleen and renal cortices. The liver parenchyma was uniform with a mildly coarse echotexture. The capsule of the liver was symmetrically rounded to mildly swollen in margination. The hepatic and portal vasculature were normal in appearance without signs of congestion.

The gallbladder was non-distended in size with anechoic content and mild nonorganized echogenic debris. The cystic and common bile ducts were normal.

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.



PATIENT

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.

Baylie Prall

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

SPECIES

Pancreas

Canine

The pancreas was normal in size and contour with isoechoic to heterogeneous parenchyma compared to adjacent omentum. No signs of active inflammation or neoplasia.

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ULTRASONOGRAPHIC FINDINGS

SEX

- Mild age-related kidneys
- Borderline prominent bilateral adrenal glands- no adrenal neoplasia
- Benign hepatopathy- sonographically suggestive of vacuolar hepatopathy
- Mild gallbladder debris (non-mucocele)
- Heterogenous pancreas- no evidence of active pancreatic inflammation or neoplastic criteria, age-related/patient variant, potential for low grade to chronic pancreatitis is possible
- Sonographically normal gastrointestinal tract

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The mild prominent bilateral adrenal glands are of unclear clinical significance given the lack of reported clinical signs, which may suggest Cushings syndrome, i.e., PU/PD, polyphagia. Low grade or chronic pancreatitis may be suspected if evidence of cranial abdominal or subxiphoid discomfort on palpation. 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. Urine culture and sensitivity on sterile urine sample is suggested if evidence of glucosuria. Hepatosupportive medications, including Denamarin and Ursodiol may prove beneficial.

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For an additional charge, internal medicine consult can be utilized through SonoPath.com. You can select the internal medicine drop down at <http://spa.sonopath.com/>.

REFERRING VET

Dr. Popuette

One of the world's top internists & SonoPath associate Dr. Remo Lobetti BVSc, MMedVet, PhD, DECVIM can evaluate your case through SonoPath. <https://sonopath.com/resources/sonopath-services/internal-medicine-teleconsultation-services>

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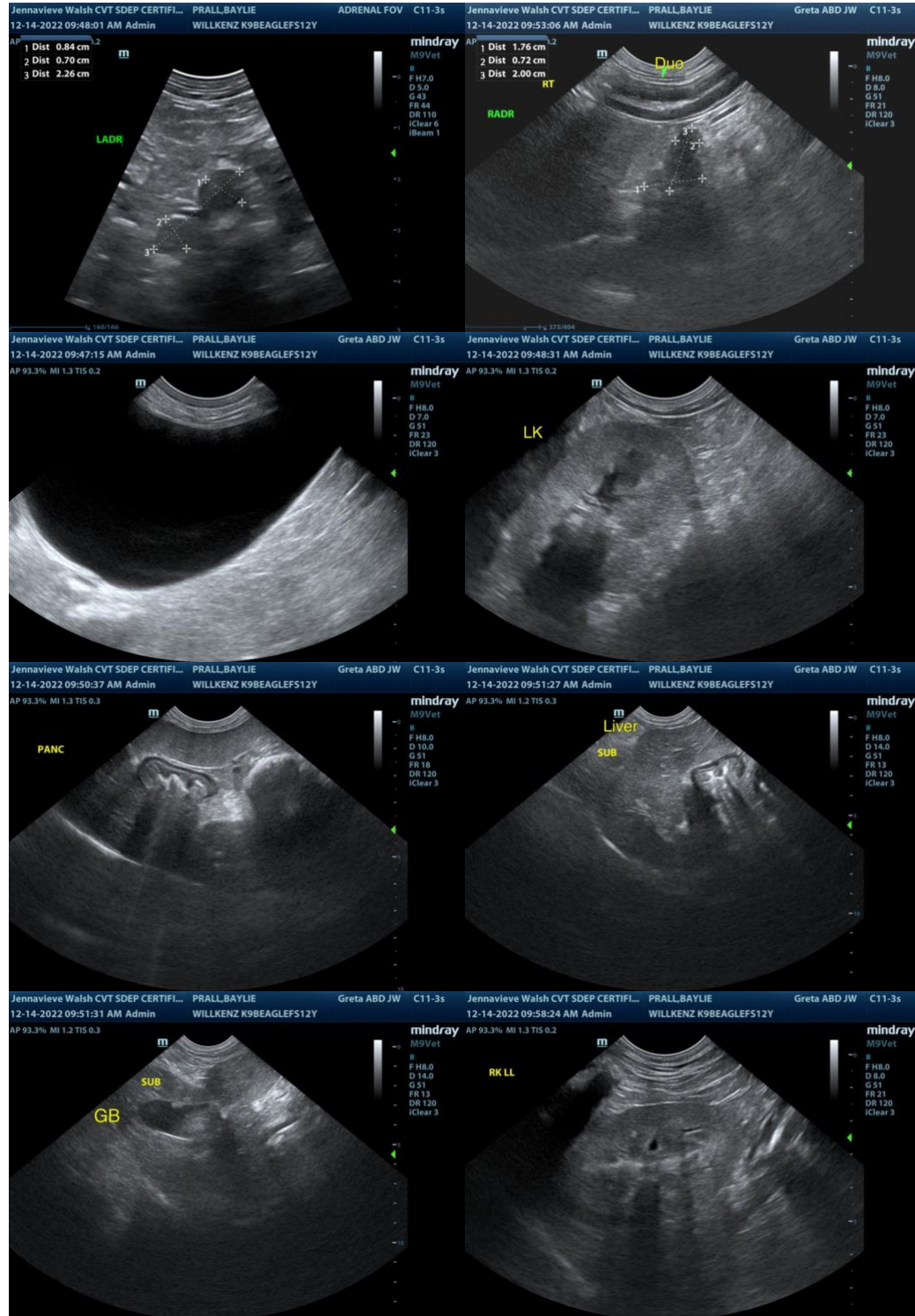
Dr. Popuette

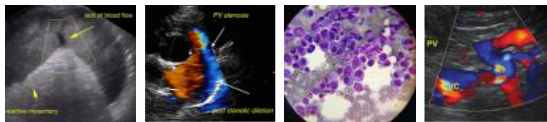
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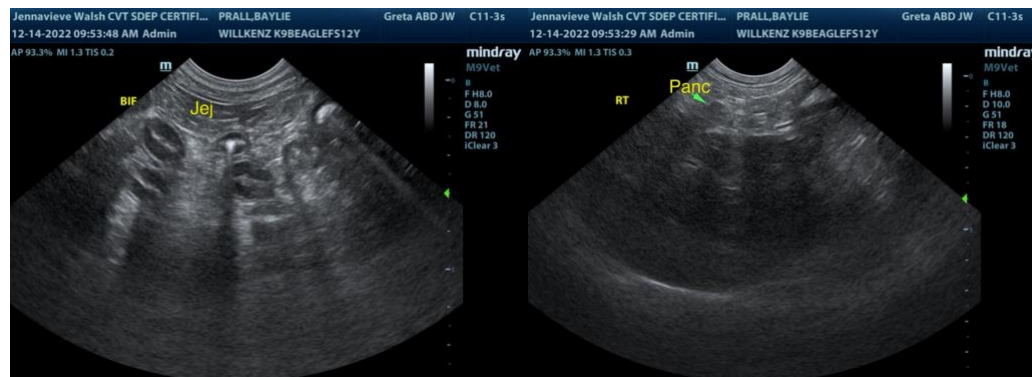
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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