



PATIENT

Macy Mason

PRESENTING CLINICAL SIGNS

acute onset lethargy and vomiting, PU/Pd. No known toxin exposure

SPECIES

Canine

Abnormal PE/Chem/CBC/UA Results: NSF on PE Abdominal rads: NSF BW: CHEM: hypercalcemia (15.0), hyperglycemia (192), otherwise WNL - phosphorus WNL @ 3.6 CBC: leukopenia (3.1) w/ neutropenia (1705), thrombocytopenia (121) w/adequate estimate Ionized calcium, pTH pending Recheck labwork last night - CHEM: increased CREAT (1.9); mild hyperglycemia (141) CBC: leukopenia (2.5) w/ neutropenia (1350); thrombocytopenia (83K) w/ decreased estimate. HCT WNL

BREED

Golden Retriever

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

SEX

FS

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 4 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.

AGE

5yr

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

WEIGHT

58.6lb

The area of the aortic trifurcation was free of pathology.

INTERPRETED BY

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

The area of the iliac trifurcation was free of pathology including no evidence of medial, iliac or sublumbar lymphadenopathy.

Adrenal Glands

The bilateral adrenal glands were indistinctly visualized. The left adrenal gland measured 0.64 cm width at the caudal pole and 0.58 cm width at the cranial pole. The right adrenal gland measured 0.58 cm width at the caudal pole.

IMAGING PERFORMED BY

Dr. Bailes

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.

HOSPITAL NAME

All Creatures Great &
Small VC

REFERRING VET

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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 thin walls and primarily anechoic luminal content with mild echogenic non-organized debris. No evidence of gallbladder or peripheral gallbladder inflammation was present. The cystic and common bile ducts were normal.

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DATE

Gastrointestinal

12/15/2022



PATIENT	
Macy Mason	The stomach presented intact wall layering with mild prominent to thickened pylorus walls. The lumen of the stomach was empty with no signs of ileus, obstruction or foreign material. The pylorus wall measured 0.70 cm in width.
SPECIES	
Canine	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.
BREED	
Golden Retriever	Normal visible colon wall layers were present with apparent formed feces in lumen.
SEX	
FS	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.
AGE	
5yr	Free Abdomen No omental masses or peritoneal effusion was present.
WEIGHT	
58.6lb	Multiple enlarged mid abdominal mesenteric root lymph nodes were present. These lymph nodes were homogenous, mildly hypoechoic and smoothly marginated. A borderline normal width: length ratio was maintained (~0.5). Evidence of regional perilymphatic inflammation was evident. An example of lymph node size was 3.0 cm x 1.5 cm.
INTERPRETED BY	
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	ULTRASONOGRAPHIC FINDINGS <ul style="list-style-type: none"> • Mid abdominal variably enlarged to swollen hypoechoic mesenteric root lymphadenopathy with mild regional perilymphatic hyperechoic mesentery • Subjective intact mildly thickened pylorus walls • Sonographically unremarkable small bowel • Normal bilateral kidneys/urinary bladder • Sonographically normal liver/spleen
IMAGING PERFORMED BY	
Dr. Bailes	INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS If accessible and assuming normal clotting status, FNA cytology of an enlarged mesenteric root lymph node is recommended for further assessment. The subjective mildly thickened pylorus walls are nonspecific and may suggest acute gastritis, the possibility of early gastric neoplasia cannot be definitively excluded.
HOSPITAL NAME	
All Creatures Great & Small VC	The urinary bladder sediment may suggest cellular / crystalline debris or mucus. Urine C/S on a sterile urine sample +/- baseline UPC is recommended.
REFERRING VET	
Dr. Bailes	A leptospirosis titer/PCR may be considered if clinically indicated or if potential exposure/endemic to the area. Assessment for unknown salmon exposure may be considered.
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DATE	
12/15/2022	Three view chest radiographs are recommended if not done to assess for occult thoracic pathology.



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HOSPITAL NAME

All Creatures Great &
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REFERRING VET

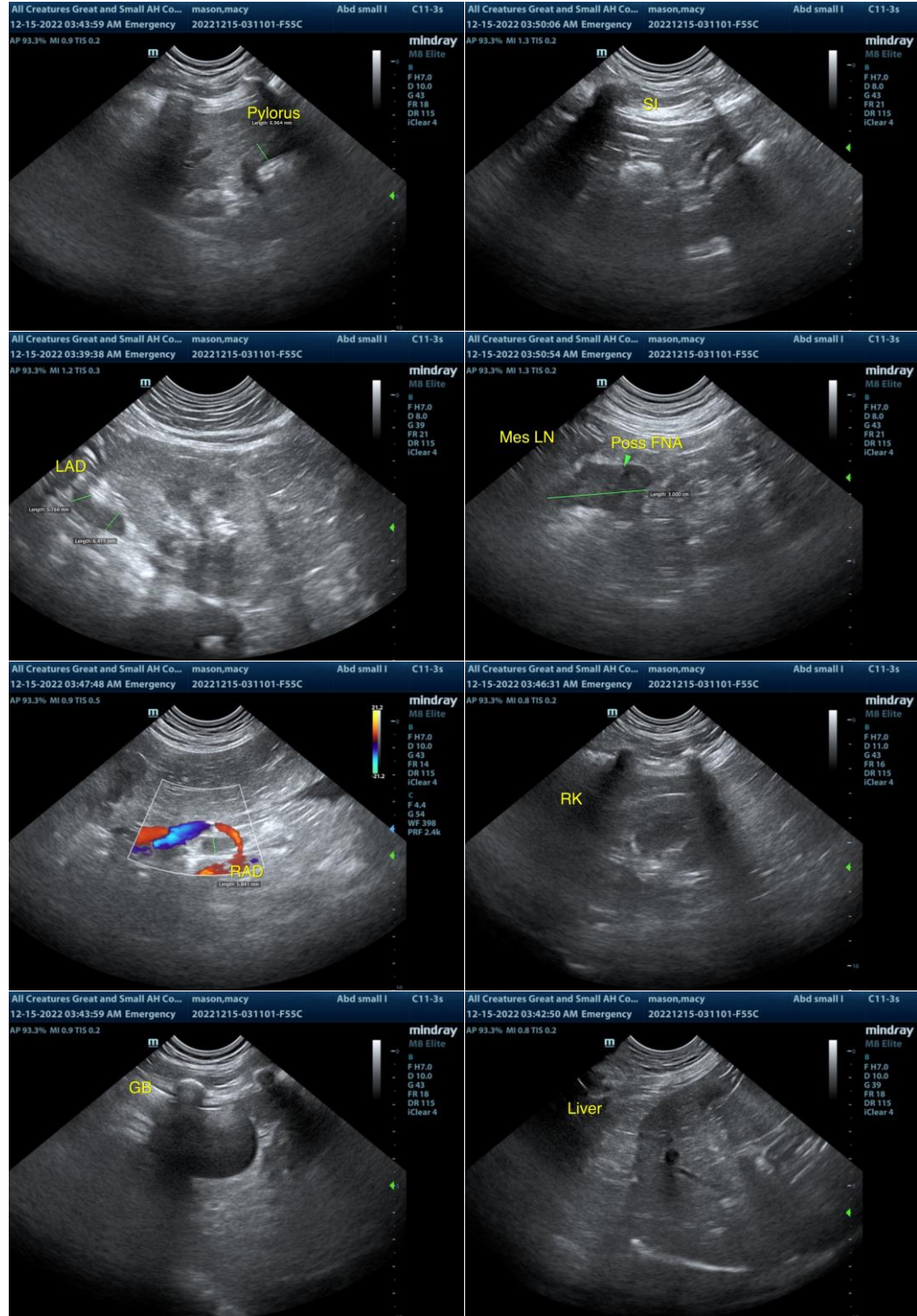
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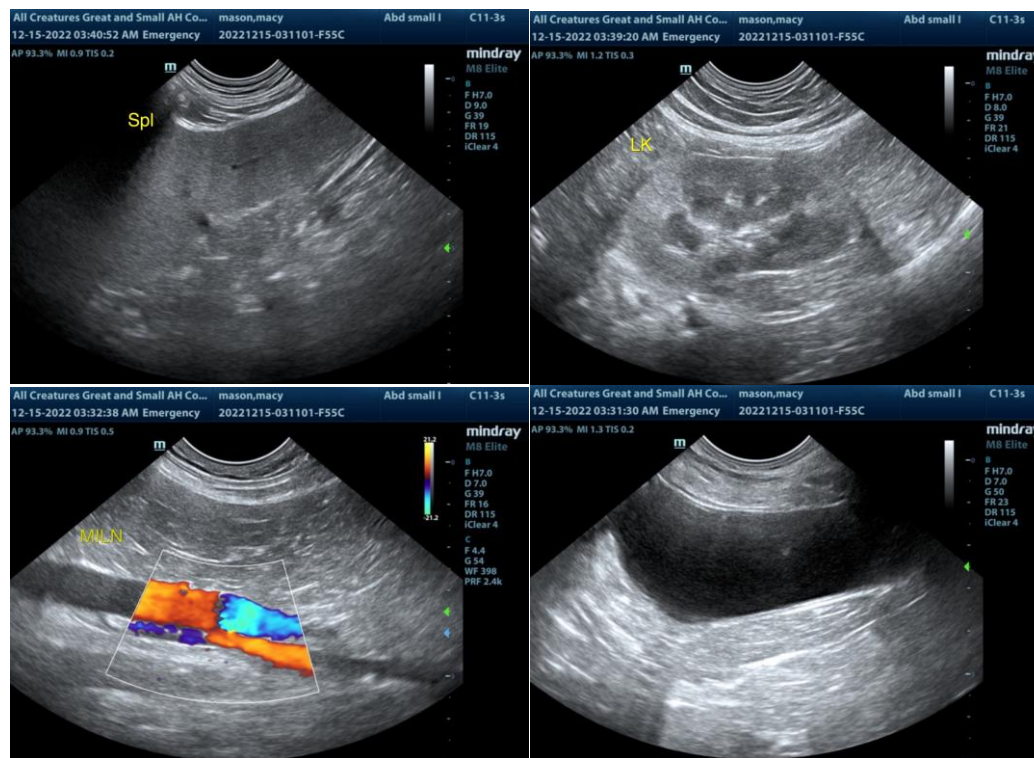
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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