



PATIENT

Dakota Corrales

SPECIES

Canine

BREED

Husky

SEX

FS

AGE

4 years

WEIGHT

51.4 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Mavis
McCormick-Rantz

HOSPITAL NAME

Lanier AH

REFERRING VET

Dr. Mavis
McCormick-Rantz

INVOICE

12867

DATE

12/21/21

PRESENTING CLINICAL SIGNS

Mom said that on Saturday they noticed that she was acting lethargic. She has been urinating a lot recently. They said she is drinking but she is not wanting to eat. They said that has been stumbling when she walks as well. No vomiting or diarrhea. They do not think that she got into anything.

Physical Exam normal other than lethargic. MM: white; CRT: >2

Abnormal PE/Chem/CBC/UA Results: 12/20/2021 Chem all normal other than: TBIL: 1.2 TT4: <0.5
CBC RBC: 2.94 HCT: 21 HGB: 7.1 Retic: 17.2

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2.0 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 was noted.

No evidence of pathology was noted in the area of the aortic trifurcation or uterine remnant.

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 pyelectasia. The left kidney subjectively measured approximately 6.0 cm in length.

Adrenal Glands

The left adrenal gland was indistinctly visualized measuring 0.47 cm width at the cranial pole and 0.5 cm width at the caudal pole. The right adrenal gland was not definitively visualized.

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/ Gallbladder

The liver exhibited potential for mild generalized enlargement. 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 primarily anechoic luminal content. 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 contained mild to moderate, variably echogenic ingesta most consistent with post prandial presentation without signs of ileus, obstruction or foreign material.



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

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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 were evident.

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Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

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ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Sonographically unremarkable gastrointestinal tract with potential retained gastric ingesta
- Possible mild hepatomegaly
- Sonographically normal bilateral kidneys

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51.4 lbs.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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Overall, no evidence of significant visceral pathology was present in this study. If present, the potential for mild hepatomegaly was subjectively benign.

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In the face of potential PU/PD, full urinary work up including urinalysis, urine C/S, and baseline UPC, resting cortisol with full ACTH Stimulation test, if resting cortisol is <2.0, and Leptospirosis Titers / PCR are warranted.

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The presence of potential retained gastric ingesta is nonspecific and may correlate with recent meal ingestion. However, given the patient's reported inappetence, some degree of potential metabolic gastric hypomotility may be possible.

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A thorough neurological examination is recommended if not done.

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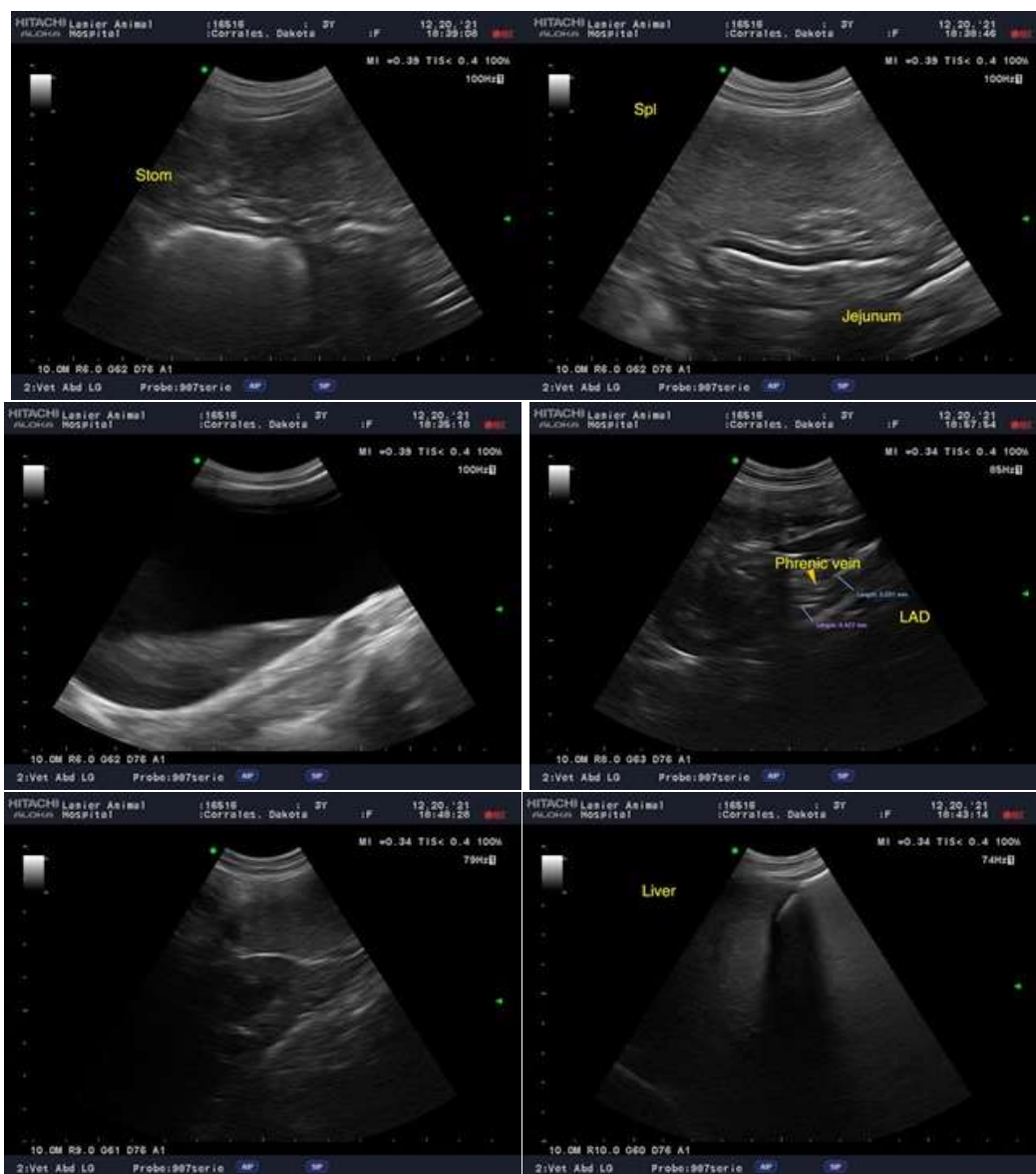
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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