

PATIENT PRESENTING CLINICAL SIGNS

Ted Bigelow Presented for annual exam - lost 4.5 lbs since last annual. Doing well at home clinically. In house BW unremarkable except low platelets (85k) and globulins (1.8).

SPECIES ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Canine **Urinary System**

BREED

Labrador Retriever

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 5.0 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.

SEX

Neutered Male

The residual prostate was symmetrically normal in size with uniform parenchyma and slight coarse echotexture. The prostate measured 1.0 cm diameter.

AGE

8 Years

Normal size and margination was 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 6.2 cm. The right kidney measured 5.9 cm.

Adrenal Glands

WEIGHT

63 Pounds

The adrenal glands were uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.48 cm at the cranial pole and 0.84 cm at the caudal pole. The left adrenal gland measured 0.63 cm at the cranial pole and 0.71 cm at the caudal pole.

Spleen

INTERPRETED BY

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

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

Pamela Harrigan, RDCS

Liver

HOSPITAL NAME

Norfolk County VS

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.

Gastrointestinal

REFERRING VET

Dr. Amelia Ragon

The visualized stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained echogenic, nonshadowing ingesta most consistent with post prandial presentation without signs of ileus, obstruction or foreign material. No evidence of mechanical pyloric outflow obstruction. Ventral gastric body wall measured 0.50 cm.

INVOICE

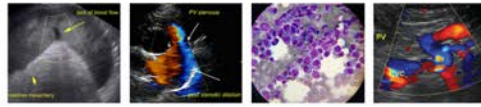
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The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. The lumen of the small intestine was empty with no signs of ileus, obstruction or foreign material. Duodenum wall measured 0.50 cm. Jejunum wall measured 0.47 cm.

DATE

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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 was evident.

Free Abdomen

Intermittent mild to variably enlarged mid abdominal mesenteric lymph nodes exhibiting uniform echogenicity with subtle evidence of perilymphatic reactive mesentery were noted. The visualized lymph nodes exhibited normal width to length ratio of <0.5. Example measured 3.5 cm x 1.0 cm.

No effusion.

ULTRASONOGRAPHIC FINDINGS

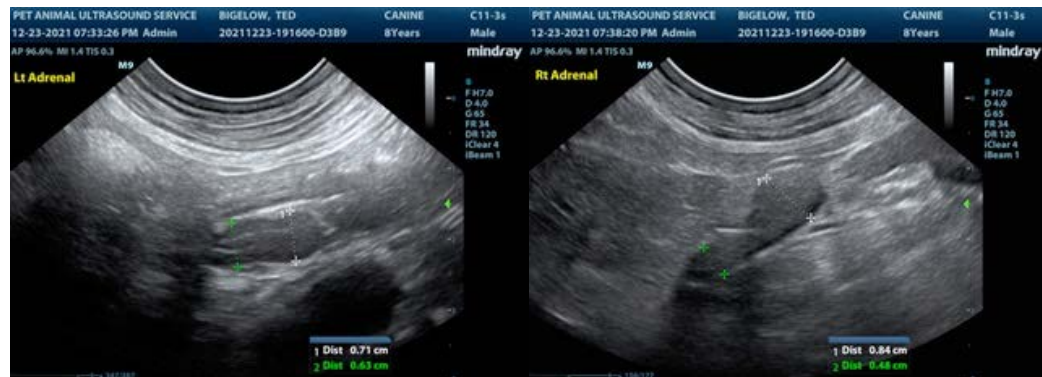
- Overtly normal gastrointestinal tract with gastric ingesta
- Intermittent mild mesenteric lymphadenopathy – lymphoid hyperplasia, mild reactive lymphadenitis, with emerging neoplastic lymphadenopathy considered a less likely differential diagnosis.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The presence of gastric ingesta is nonspecific and likely indicates post-prandial presentation. Correlation with most recent meal ingestion is recommended. If documented NPO prior to the ultrasound, the presence of gastric ingesta may indicate some degree some of gastric hypomotility or metabolic stasis. The sonographic presentation of the ingesta was most consistent with food, without evidence of foreign material.

Potential for structurally insignificant gastrointestinal disease cannot be excluded. Assessment for potential competitive eating environment or assessment of caloric plane may be considered. Overall, an obvious cause of the patient's weight loss was not definitively evident without overt significant visceral pathology.

A GI panel to include PLI/TLI/Cobalamin/Folate as well as three view chest radiographs and neurological examination are recommended to assess for or rule out occult disease which may cause weight loss.





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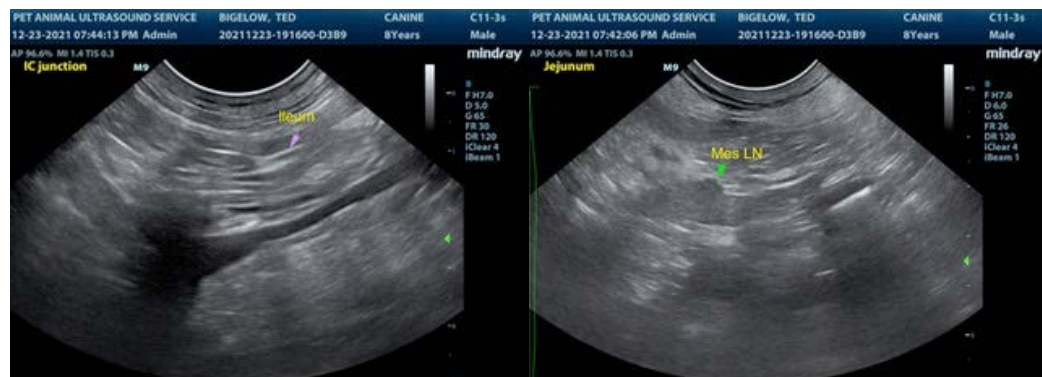
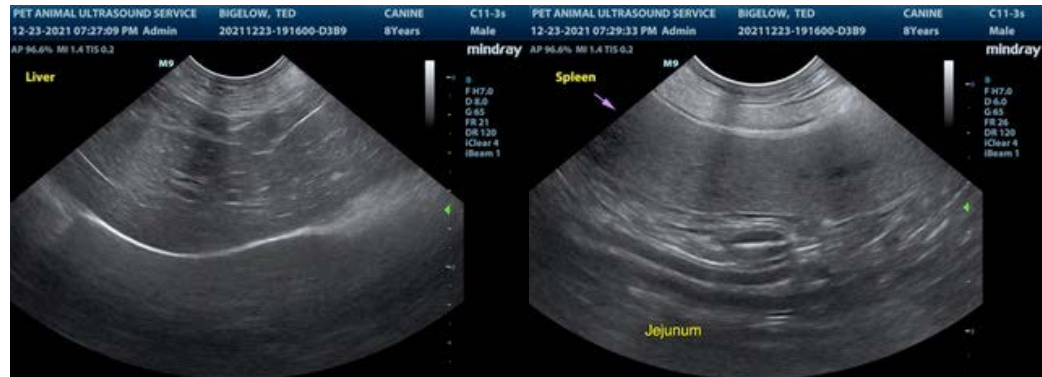
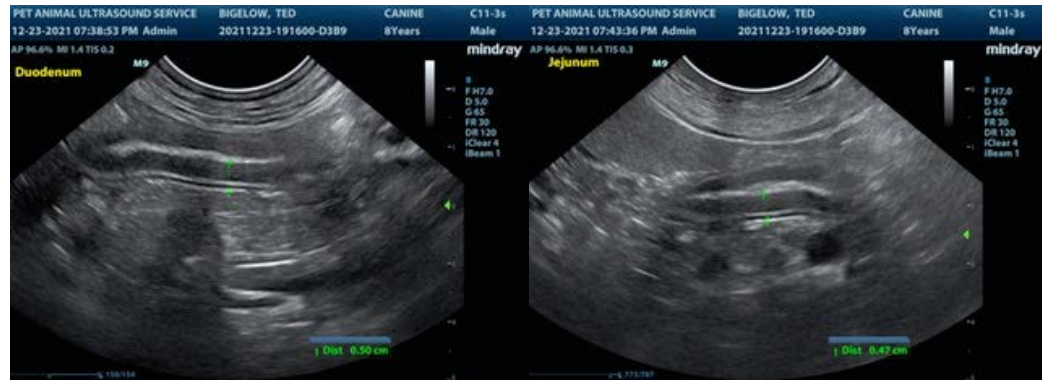
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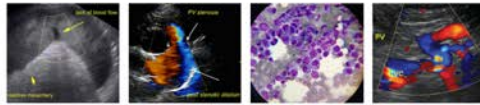
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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