



PATIENT	PRESENTING CLINICAL SIGNS
Molson Roden	Owner states that he is able to walk better but still lots of panting and restlessness. Slight decrease in appetite. Seems to be eating his kibble like normal but not wanting as much human food. Possible increase in drinking. Abdominal palpation NSF - seems soft but very painful, Tramadol.
SPECIES	Abnormal PE/Chem/CBC/UA Results: GLucose low 2.8, today at noon was 3.8 Albumin 22(27-39) AST 97(16-55) CK 652 (10-200)
Canine	
BREED	ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN
Doodle	Urinary System
SEX	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.
MN	
AGE	The residual prostate was symmetrically normal in size with uniform parenchyma and slight coarse echotexture measuring 0.7 cm in diameter.
6 years	The area of the aortic trifurcation was free of pathology.
WEIGHT	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 6.6 cm in length. The right kidney measured 6.5 cm in length.
60 lbs.	
INTERPRETED BY	Adrenal Glands
R. McKenzie Daniel, DVM, DABVP	The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 2.5 cm length x 0.83 cm width at the caudal pole. The right adrenal gland was indistinctly visualized without overt pathology, subjectively measuring 0.76 cm width at the caudal pole.
IMAGING PERFORMED BY	Spleen
Crystal Hill	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	Liver/ Gallbladder
Eldale VC	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.
REFERRING VET	
Dr. Hollinger	
INVOICE	
12716	
DATE	
12/3/21	



PATIENT	<i>Gastrointestinal</i>
Molson Roden	The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained mild to moderate, echogenic ingesta with subtle progressive distal acoustic shadowing. The visualized gastric walls were sonographically unremarkable.
SPECIES	
Canine	The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. Segmental digesta / chyme was present.
BREED	Normal visible colon wall layers were present with apparent formed feces in lumen.
Doodle	<i>Pancreas</i>
SEX	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.
MN	
AGE	<i>Free Abdomen</i>
6 years	No omental masses, lymphadenopathy or peritoneal effusion were present.
WEIGHT	ULTRASONOGRAPHIC FINDINGS
60 lbs.	<i>Primary Findings</i>
	<ul style="list-style-type: none">• Overall sonographically unremarkable abdomen• Mild gastric ingesta
INTERPRETED BY	<u>INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS</u>
R. McKenzie Daniel, DVM, DABVP	No evidence of overt visceral pathology as an obvious cause of the patient's clinical signs.
IMAGING PERFORMED BY	The presence of gastric ingesta is nonspecific and likely indicates post-prandial presentation. Correlation with the most recent meal ingestion is recommended. If documented NPO prior to the ultrasound, the presence of gastric ingesta may indicate some degree of gastric hypomotility or metabolic stasis. The sonographic presentation of the ingesta was most consistent with food, without evidence of foreign material. Underlying structurally insignificant GI disease or low-grade to chronic pancreatitis, both of which may present as sonographically normal, cannot be excluded.
Crystal Hill	
HOSPITAL NAME	
Eldale VC	
REFERRING VET	If not done, thorough physical exam to assess for evidence of muscular, skeletal, or neurological abnormalities which may be a contributing factor in the patient's clinical signs is recommended. Three view chest radiographs to rule out occult thoracic or esophageal pathology may be considered.
Dr. Hollinger	
INVOICE	Given the patient's vague clinical signs, adrenal screening with resting cortisol to rule out occult Addison's disease, given the mild hypoglycemia and hypoalbuminemia, may be considered.
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PATIENT

Molson Roden

SPECIES

Canine

BREED

Doodle

SEX

MN

AGE

6 years

WEIGHT

60 lbs.

INTERPRETED BY

R. McKenzie Daniel,
DVM, DABVP

IMAGING PERFORMED BY

Crystal Hill

HOSPITAL NAME

Eldale VC

REFERRING VET

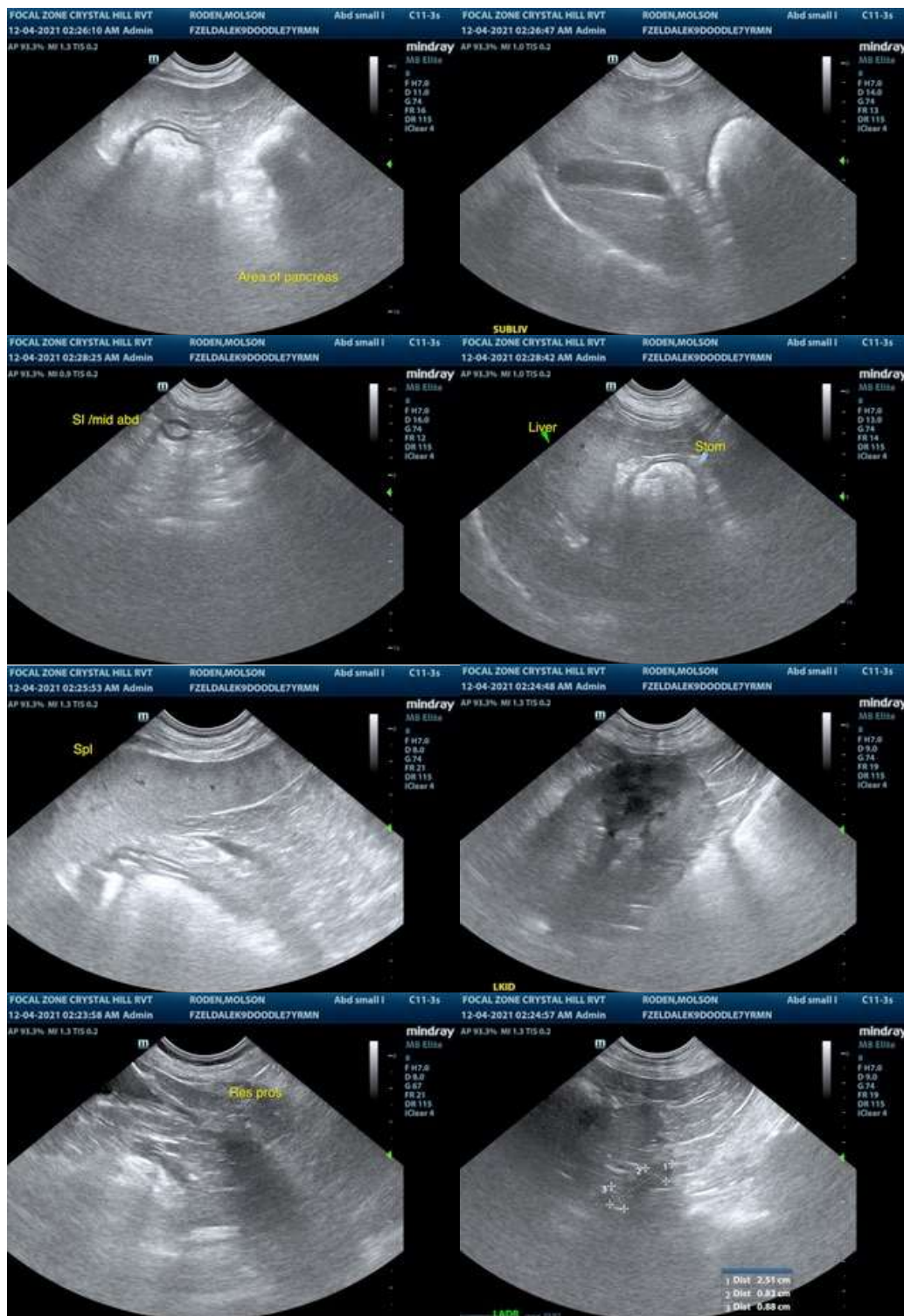
Dr. Hollinger

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PATIENT

Molson Roden

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.

SPECIES

Canine

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.

BREED

Doodle

R. McKenzie Daniel, DVM, DABVP (Canine / Feline Practice)
info@SonoPath.com

SEX

MN

AGE

6 years

WEIGHT

60 lbs.

INTERPRETED BY

R. McKenzie Daniel,
DVM, DABVP

IMAGING PERFORMED BY

Crystal Hill

HOSPITAL NAME

Eldale VC

REFERRING VET

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