



PATIENT PRESENTING CLINICAL SIGNS

Toffee Cavaco lethargy, losing weight

SPECIES ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Canine 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.

BREED Lab X
SEX The area of the aortic trifurcation was free of pathology including no evidence of medial iliac or sublumbar lymphadenopathy.

AGE FS
14 years
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 4.7 cm in length. The right kidney measured 5.7 cm in length.

WEIGHT Adrenal Glands

31 lbs.
The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 2.6 cm length x 0.63 cm width at the caudal pole. The right adrenal gland was indistinctly visualized yet without overt pathology subjectively measuring 2.5 cm length x 0.75 cm width at the caudal pole.

INTERPRETED BY

R. McKenzie Daniel,
DVM, DABVP

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.

IMAGING PERFORMED BY

Kelly Reshny, RVT

HOSPITAL NAME

Maples AH

Liver/ Gallbladder

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. Kazienko

Gastrointestinal

INVOICE

12704

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. The gastric body wall width measured 0.4 cm.

DATE

12/3/21



PATIENT

Toffee Cavaco

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. The jejunum wall width measured 0.30 cm.

SPECIES

Canine

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

Pancreas

BREED

Lab X

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.

SEX

FS

Free Abdomen

No omental masses, lymphadenopathy or peritoneal effusion were present.

AGE

14 years

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Overtly normal abdomen

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

WEIGHT

31 lbs.

No evidence of significant visceral pathology as an obvious cause of the patient's clinical signs. Potential for structurally insignificant gastrointestinal disease, given the weight loss, cannot be excluded. Further assessment may include a GI panel to include PLI/TLI/Cobalamin/Folate. Additional diagnostics which may be considered If not done may include three view chest radiographs and thorough muscular, skeletal and neurological examination to rule out occult disease which may account for the patient's clinical signs. Although considered unlikely, resting cortisol to rule out occult Addison's disease may also be considered.

INTERPRETED BY

R. McKenzie Daniel,
DVM, DABVP

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Lab X

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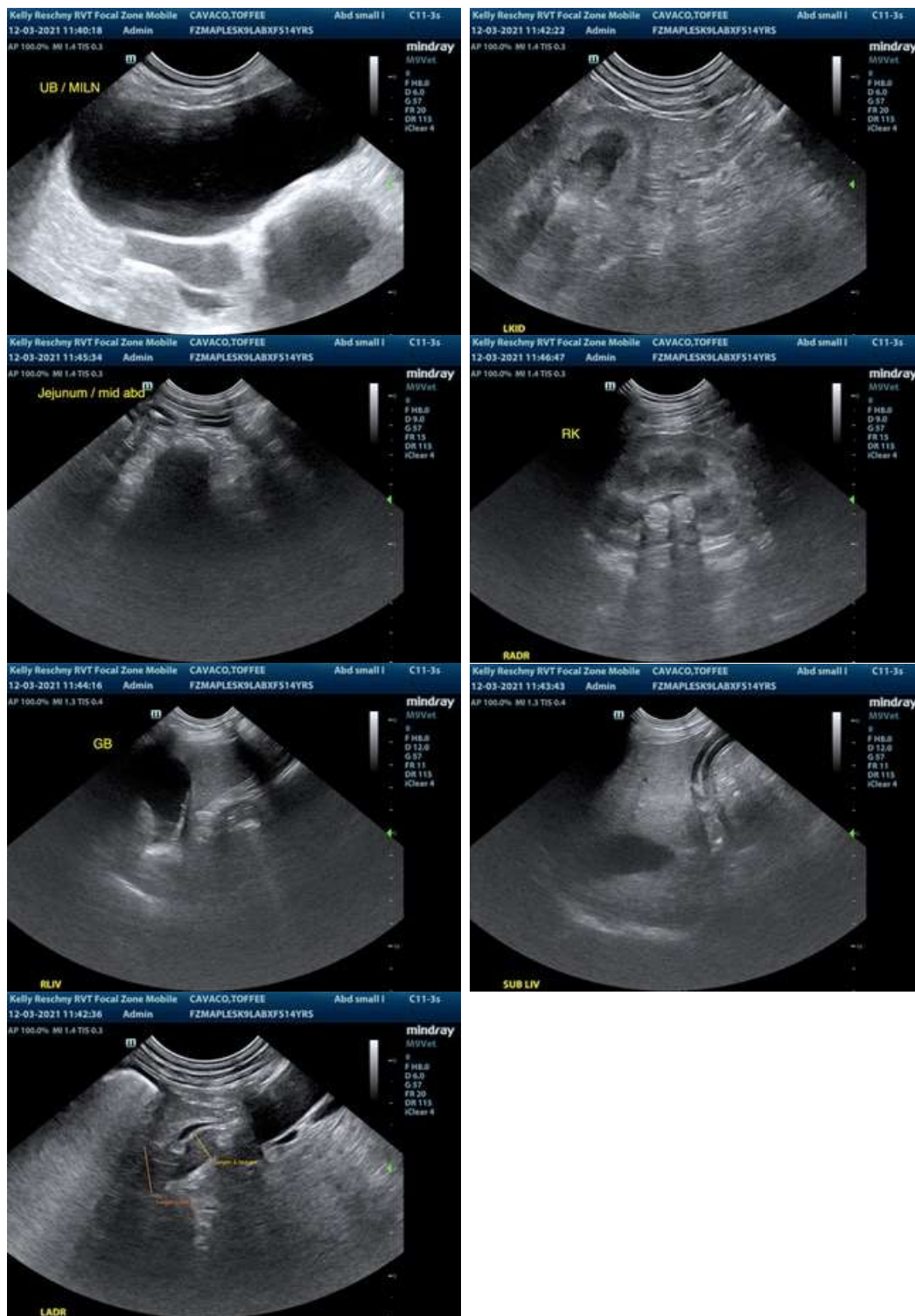
Dr. Kazienko

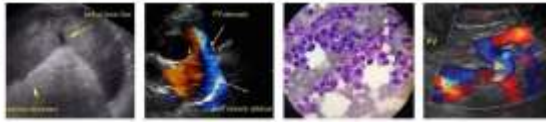
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PATIENT

Toffee Cavaco

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

Lab X

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

SEX

FS

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