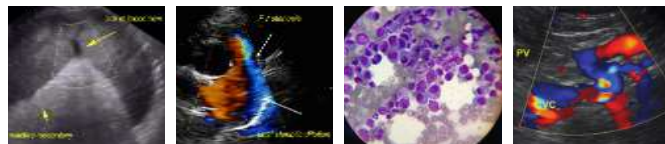




PATIENT	PRESENTING CLINICAL SIGNS
Teddy Rector	On temeril P, enalapril, lasix from colleague for chronic cough. Hyporexia last few days. Examined yesterday. No murmur or arrhythmia. BW yesterday showed elevated ALP (Temeril P?), moderately increased renal values, mild anemia. Started on K/D diet, Ondansetron and famotidine PO. D/C enalapril, temeril P, lasix overnight. P started vomiting this am. Rads today showed possible enlarged spleen otherwise normal
SPECIES	Abnormal PE/Chem/CBC/UA Results: BUN 94 Creat 2.4 ALP 3029 ALT, AST normal GGT 36 Amylase 2087 Chol 416 WBC 14k HCT 27
Canine	
BREED	ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN
Poodle	<i>Urinary System</i>
SEX	The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 4.0 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.
MN	
AGE	The residual prostate was symmetrically normal in size with uniform parenchyma and slight coarse echotexture measuring 0.67 cm in diameter.
2007	No evidence of pathology in the area of the aortic trifurcation.
WEIGHT	Normal size and margination was present in the kidneys with maintained 1:3 cortex / medulla ratio. The medulla and cortices were uniform in texture with some increased echogenicity and mild loss of corticomedullary border demarcation expected for the age of the patient. Focal small cortical cyst present in left and right kidney. No evidence of pyelectasia. The left kidney measured 5.3 cm in length. The right kidney measured 5.1 cm in length.
17 lbs	
INTERPRETED BY	<i>Adrenal Glands</i>
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.72 cm width at the caudal pole and 0.5 cm width at the cranial pole. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.46 cm width at the caudal pole and 0.55 cm width at the cranial pole.
IMAGING PERFORMED BY	<i>Spleen</i>
Alex Emerson DVM	The spleen exhibited normal size and contour with generalized mild splenic parenchyma heterogeneity along with multifocal pinpoint to focal areas of hyperechoic parenchyma which are suggestive of pinpoint to focal areas of microinfarction, fibrosis, or potential emerging mineralization. These small hyperechoic areas are benign. No evidence of neoplastic splenic criteria. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis.
HOSPITAL NAME	<i>Liver / Gallbladder</i>
Animal Clinic of Casselberry	The liver presented enlarged in size. 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.
REFERRING VET	The gallbladder was non distended in size with echogenic, nonmineralized, non-dependent biliary sludge. The biliary sludge was non organized with a hypoechoic to anechoic, irregular to interrupted rim visible between the nondependent sludge and inner wall. No evidence of gallbladder mural inflammation or evidence of peripheral inflammation.
Alex Emerson DVM	
INVOICE	
49323	
DATE	
12-30-21	



PATIENT	<i>Gastrointestinal</i>
Teddy Rector	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 0.24 cm.
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. The duodenum wall width measured 0.39 cm and the jejunum wall width measured 0.38 cm.
BREED	
Poodle	Normal visible colon wall layers were present with apparent formed feces in lumen.
SEX	<i>Pancreas</i>
MN	The pancreas was normal in size and contour with isoechoic to heterogeneous parenchyma compared to adjacent omentum. No signs of active inflammation or neoplasia.
AGE	<i>Free Abdomen</i>
2007	No overt lymphadenopathy or peritoneal effusion was present.
WEIGHT	ULTRASONOGRAPHIC FINDINGS
17 lbs	Primary
INTERPRETED BY	<ul style="list-style-type: none"> • Hepatopathy - subjectively benign. • Early gallbladder mucocele - noninflamed. • Bilateral mild chronic renal changes with small cortical cysts. • Heterogeneous pancreas - low grade chronic to chronic active pancreatitis suspected. • Sonographically unremarkable small bowel - potential for structurally insignificant gastroenteritis or other inflammatory gastroenteropathy.
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	Secondary
IMAGING PERFORMED BY	<ul style="list-style-type: none"> • Multifocal to pinpoint splenic hyperechoic foci.
Alex Emerson DVM	<u>INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS</u>
HOSPITAL NAME	The presentation of the bilateral kidneys revealed mild age related to chronic changes and were not consistent with end stage nephropathy. Consideration for potential acute renal insult i.e., infectious/leptospirosis, toxin, or other may be indicated. Leptospirosis titers/pcr suggested if potential exposure.
Animal Clinic of Casselberry	
REFERRING VET	Hepatosupportive medications including ursodiol given the early gallbladder mucocele as well as its antioxidant and immunomodulatory effects within the liver recommended with serial monitoring for evidence of increasing cholestasis or cranial abdominal/subxiphoid discomfort on palpation. Recheck sonogram would be indicated if these clinical signs are noted.
Alex Emerson DVM	
INVOICE	
49323	The hyporexia in this patient may be owing to azotemia, low grade chronic to chronic active pancreatitis, or inflammatory gastroenteropathy. IV fluid and gastrointestinal support recommended with monitoring of renal response.
DATE	Further renal staging to include urine C/S and protein: creatinine ratio on sterile urine sample may be considered.
12-30-21	



PATIENT

Teddy Rector

SPECIES

Canine

BREED

Poodle

SEX

MN

AGE

2007

WEIGHT

17 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Alex Emerson DVM

HOSPITAL NAME

Animal Clinic of
Casselberry

REFERRING VET

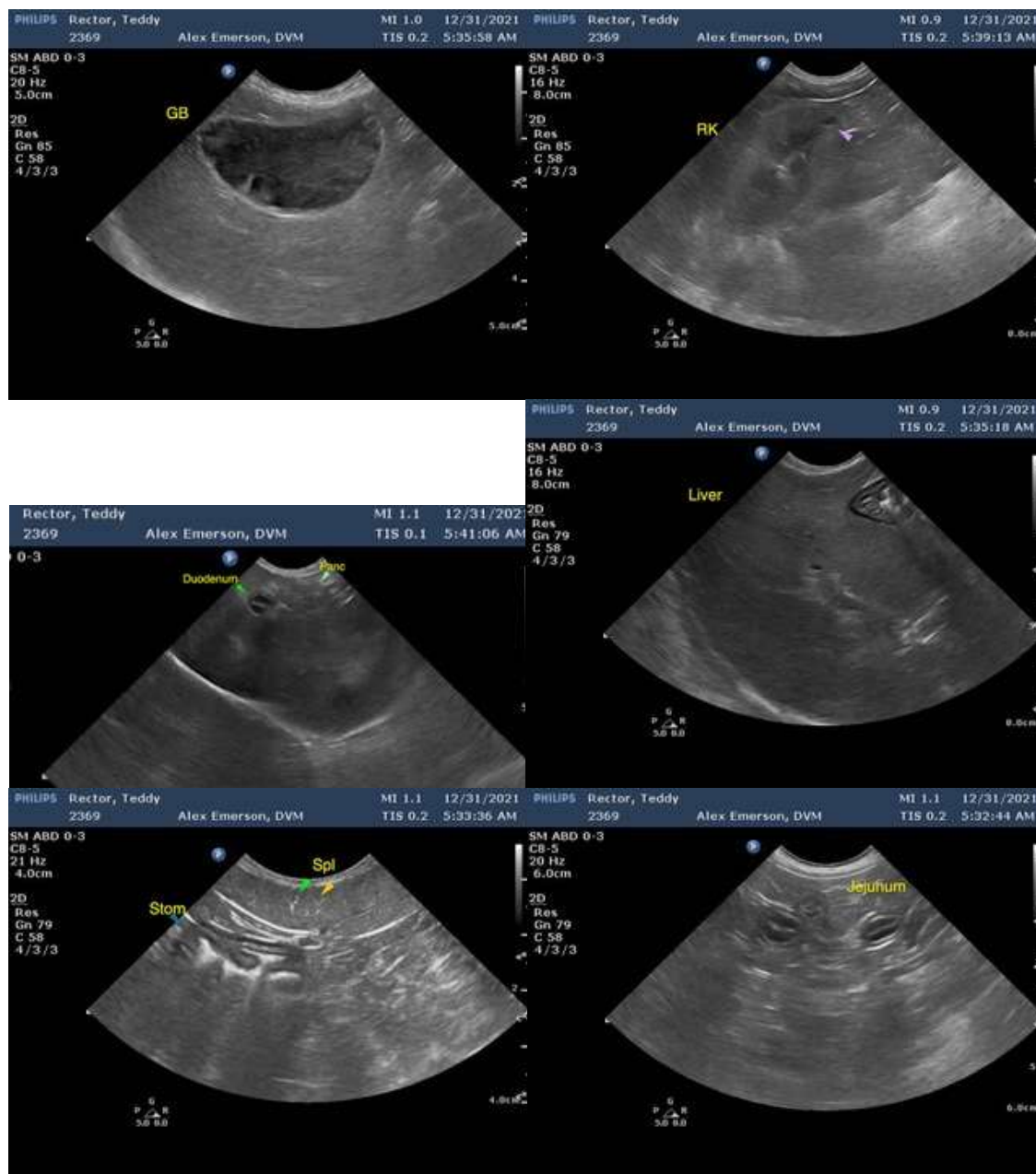
Alex Emerson DVM

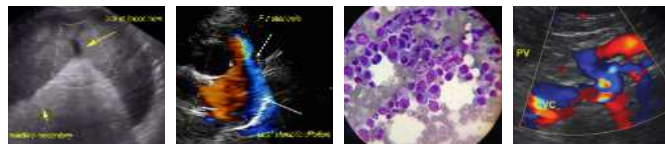
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DATE

12-30-21





PATIENT

Teddy Rector

SPECIES

Canine

BREED

Poodle

SEX

MN

AGE

2007

WEIGHT

17 lbs



INTERPRETED BY

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

IMAGING PERFORMED BY

Alex Emerson DVM

HOSPITAL NAME

Animal Clinic of
Casselberry

REFERRING VET

Alex Emerson DVM

INVOICE

49323

DATE

12-30-21

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.

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