



PATIENT

Dozer Corson

SPECIES

Canine

BREED

Lab

SEX

Male (N)

AGE

6 years

WEIGHT

105

INTERPRETED BY

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

IMAGING PERFORMED BY

Nicole Gotfredson

HOSPITAL NAME

Buffalo Veterinary
Clinic

REFERRING VET

Garry Gotfredson
DVM

INVOICE

15761

DATE

12/30/22

PRESENTING CLINICAL SIGNS

referral case: vomiting since the beginning of December. Dog will eat food and vomit within 5 minutes the whole kibble. Was 125lbs and now 105lbs. Owner has finished cerenia and currently on no medications. IN the past owner does report him eating socks or underwear. Had a mast cell tumor removed in 2021.

Abnormal PE/Chem/CBC/UA Results: ALT: 400, ALKP: 255, GGT: 19, PLT-48 Radiographs at other clinic revealed nodule in chest noted on right lateral and VD near hilus.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder was subnormal in size owing to lack of urine distention. No evidence of urinary bladder pathology, sediment or calculi was noted.

The area of the residual prostate was free of overt pathology.

The area of the aortic trifurcation was free of pathology.

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 6.8 cm in length. The right kidney measured 7.0 cm in length.

Adrenal Glands

The left adrenal gland was indistinctly visualized yet overtly normal in size, position, and shape subjectively measuring 0.74 cm width at the caudal pole. The right adrenal gland was not definitively visualized.

Spleen

The spleen was mildly enlarged with subjective mild folding. A maintained symmetrical capsule contour and a finely textured homogeneous parenchyma were present. Normal splenic vascularity was present with no masses or nodules.

Liver/ Gallbladder

The liver presented mildly enlarged in size. The hepatic parenchyma revealed subjective mild decreased echogenicity compared to the spleen and renal cortical parenchyma with a mild coarse echotexture. Subtle increased yet indistinct portal vein border prominence was evident. The capsule of the liver was normal in margination. Distinct masses or nodules were not evident. The hepatic and portal vasculature were normal in appearance. The gallbladder was non-distended in size with primarily anechoic luminal content. The cystic and common bile ducts were normal.



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Gastrointestinal

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The stomach presented intact yet subjectively mildly prominent wall layering. The stomach was empty with mild luminal gas. No evidence of gastric distention with retained ingesta, fluid, or gastric 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 mechanical / metabolic 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

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- Sonographically unremarkable empty gastrointestinal tract - possible mild gastritis
- Nonspecific hepatopathy - potential acute or acute on chronic hepatopathy, primary concern for nonspecific inflammatory hepatopathy i.e., hepatitis, vacuolar hepatic changes, nonobstructive cholestasis, or other hepatopathy possible, infiltrative neoplasia thought unlikely
- Mild splenomegaly with subjective mild splenic folding - nonspecific, subjectively benign with considerations including incidental hyperplasia, hematopoiesis, splenitis, sedation-associated splenomegaly if clinically applicable, potential for infiltrative round cell neoplasia cannot be definitively excluded given patient history

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No evidence of gastrointestinal foreign material or obstructive pattern. As-needed gastrointestinal supportive care would be appropriate. Potential for dietary indiscretion / food hypersensitivity, mild gastritis / esophagitis, less likely low-grade to chronic pancreatitis, which may present as sonographically normal, possible.

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Hepatosplenic FNA cytology, assuming normal clotting status and using a 25-gauge needle, is warranted primarily to assess for evidence of inflammatory cells in the liver, as well as ensure only benign splenic changes are present. Leptospirosis titers / PCR may be considered if clinically indicated. Hepatosupportive medications including Denamarin +/- Ursodiol may prove beneficial.

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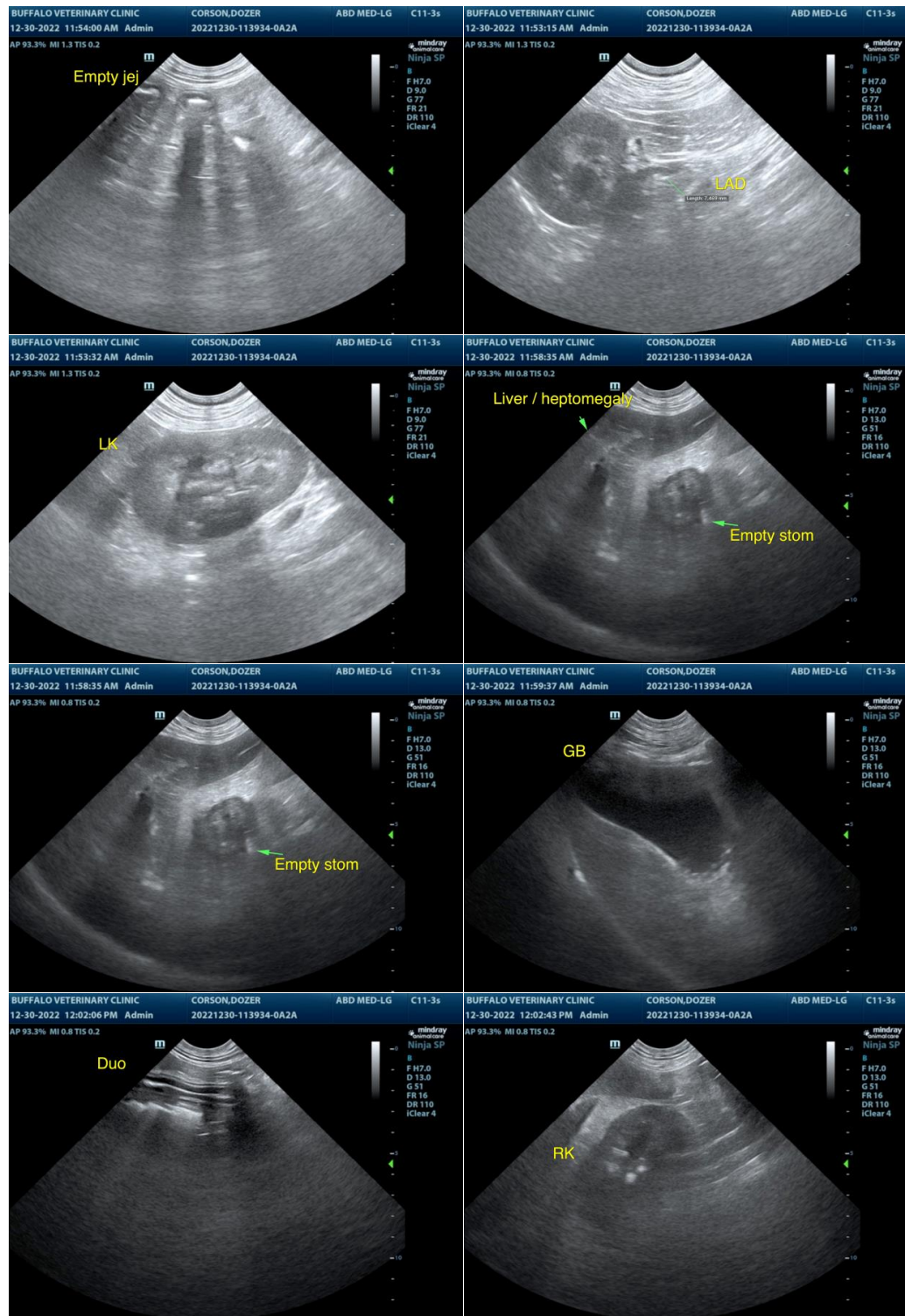
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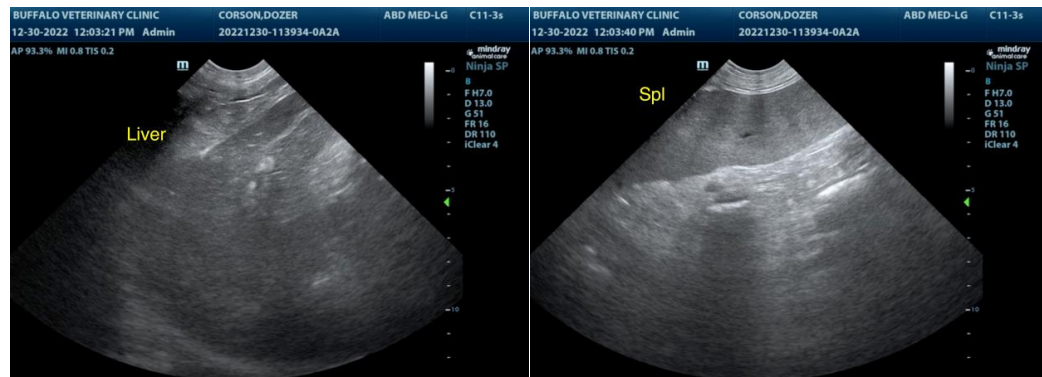
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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