



PATIENT

Oreo Van Woerkom

SPECIES

Canine

BREED

Cheeweenie

SEX

Neutered Male

AGE

12

WEIGHT

24.8

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

Dr. Garry Gotfredson

HOSPITAL NAME

Red Hills VH

REFERRING VET

Dr. Robyn Montz

INVOICE

12760

DATE

12/7/21

PRESENTING CLINICAL SIGNS

Patient has represented for abdominal discomfort and decreased appetite

Abnormal PE/Chem/CBC/UA Results: CBC: Slight increase HCT, CHEM: Mild elevations in ALT/ALP/GLOB and ALB. NSF on abd. radiographs cPLI: Normal levels at the time taken.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

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.

The residual prostate was free of pathology measuring 0.9 cm in diameter.

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 was maintained. The medulla and cortices were uniform in texture with some increased echogenicity and mild loss of corticomedullary symmetry and definition expected for the age of the patient. Pinpoint to focal areas of medullary mineral were present. No evidence of pyelectasia was present. The left kidney measured 4.9 cm in length. The right kidney measured 5.3 cm in length.

Adrenal Glands

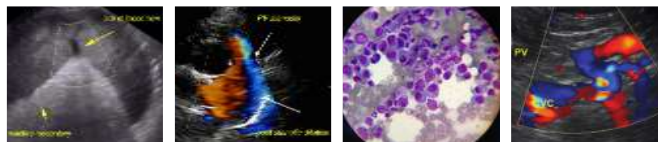
The bilateral adrenal glands were mildly prominent in size yet with overall symmetrical capsule contour and homogeneous parenchyma. The left adrenal gland measured 0.7 cm width at the caudal pole and 0.8 cm width at the cranial pole. The right adrenal gland measured 0.64 cm width at the caudal pole and 0.5 cm width at the cranial pole.

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.

Liver/ Gallbladder

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. Mild to moderate, non-dependent, mildly inspissated yet nonorganized gallbladder debris was present. No evidence of gallbladder or peripheral inflammation was noted. The cystic and common bile ducts were normal.



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Gastrointestinal

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.

The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. Mild duodenal ileus was present. The duodenum wall width measured 0.36 cm. The jejunum wall width measured 0.36 cm.

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

Pancreas

The pancreas was normal in size and contour with mildly echogenic to heterogeneous parenchyma noted in the right pancreatic limb.

Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Mild age-related kidneys with pinpoint to focal medullary mineral
- Benign hepatopathy
- Mild to moderate nondependent to mildly inspissated gallbladder debris (non-mucocele)
- Mildly echogenic to heterogeneous pancreas - suspect low-grade chronic pancreatitis
- Possible gastroduodenitis

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Chronic pancreatitis would be suspected if the area of abdominal discomfort is in the cranial abdomen / subxiphoid region.

Although gallbladder debris was present, the overall appearance of the gallbladder was not consistent with a clinical gallbladder mucocele at this time. However, continued monitoring of hepatic enzymes, as well as evidence of increasing cholestasis, with recheck sonogram if these clinical signs are noted is warranted.

Thorough muscular/skeletal and neurological examination to assess for non-abdominal occult disease which may account for referred abdominal pain and decreased appetite is suggested. Potential for mild dehydration, given the mild increase in hematocrit and albumin levels, is possible. Continued as-needed gastrointestinal support and empirical therapy for potential low-grade chronic pancreatitis are recommended.



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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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