

**PATIENT**

Buddy LaBarge

**SPECIES**

Canine

**BREED**

Lab Mix

**SEX**

MN

**AGE**

9 years

**WEIGHT**

84 lbs.

**INTERPRETED BY**R. McKenzie Daniel,  
DVM, DABVP (Canine  
and Feline)**IMAGING  
PERFORMED BY**

Amy Mayhew LVT

**HOSPITAL NAME**

SVS Imaging MI

**REFERRING VET**

Family Pet Practice

**INVOICE**

13328

**DATE**

2/11/22

**PRESENTING CLINICAL SIGNS**

One time vomit at night last 2 days and lethargic. Eating normally. Normal stools.  
 Abnormal PE/Chem/CBC/UA Results: Coccidia noted on fecal today. Trig mildly elevated 200 (30-130). Otherwise NSF.

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN****Urinary System**

The urinary bladder, trigone, and cystourethral junction 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 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. No evidence of pelvic dilation was present. The left kidney measured 6.0 cm in length. The right kidney measured 7.0 cm in length.

**Adrenal Glands**

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.67 cm width at the caudal pole and 0.74 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 0.64 cm width at the caudal pole.

**Spleen**

The spleen was normal in size and contour with generalized maintained finely textured homogeneous parenchyma exhibiting normal echogenicity and normal splenic vascularity. Solitary to intermittent discreet, non-expansive, hypoechoic nodules were present in the spleen. An example measured 0.61 cm.

**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.

**Gastrointestinal**

The visualized gastric walls were sonographically normal. The lumen of the stomach contained moderate, ingesta exhibiting progressive distal acoustic shadowing. No evidence of mechanical pyloric outflow obstruction was noted. The pylorus wall width measured 0.39 cm.

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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 ileus, obstruction, or foreign material. The duodenum wall width measured 0.44 cm. The jejunum wall width measured 0.34 cm.

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

***Pancreas***

The pancreas was normal in size and contour with isoechoic to heterogeneous parenchyma compared to adjacent omentum. No signs of active inflammation or neoplasia.

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***Free Abdomen***

No overt lymphadenopathy or peritoneal effusion was present.

**SEX**

MN

**ULTRASONOGRAPHIC FINDINGS*****Primary Findings*****AGE**

9 years

- Nonspecific discreet hypoechoic splenic nodules
- Sonographically unremarkable gastrointestinal tract with moderate gastric ingesta
- Mild to early age-related renal changes

**WEIGHT**

84 lbs.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Overall, largely normal abdomen without evidence of significant visceral pathology.

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The splenic nodules, although nonspecific, are suggestive of probable areas of subtle lymphoid hyperplasia or hematopoiesis. Neoplastic criteria is considered a less likely differential diagnosis, yet sonographic monitoring of the nodules for evidence of progression with potential for ultrasound guided FNA using a 25-gauge needle and assuming normal clotting status if progressive splenic nodular changes are noted.

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The presence of gastric ingesta is nonspecific and likely indicates post-prandial presentation. Correlation with 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.

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A definitive cause of the patient's lethargy was not overtly evident. Three view chest radiographs may be considered to rule out occult thoracic pathology.

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Continued as-needed gastrointestinal support if clinically indicated is recommended.

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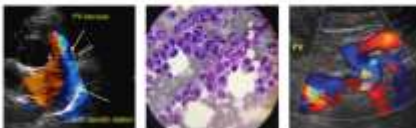
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SVS Mobile Imaging MI 734-637-7711  
svsimagingmi@gmail.com



Clinical Sonography & Telectology

EDUCATIONAL TELECONSULTATION SERVICES™

1-800-838-4268 info@sonopath.com SonoPath.com

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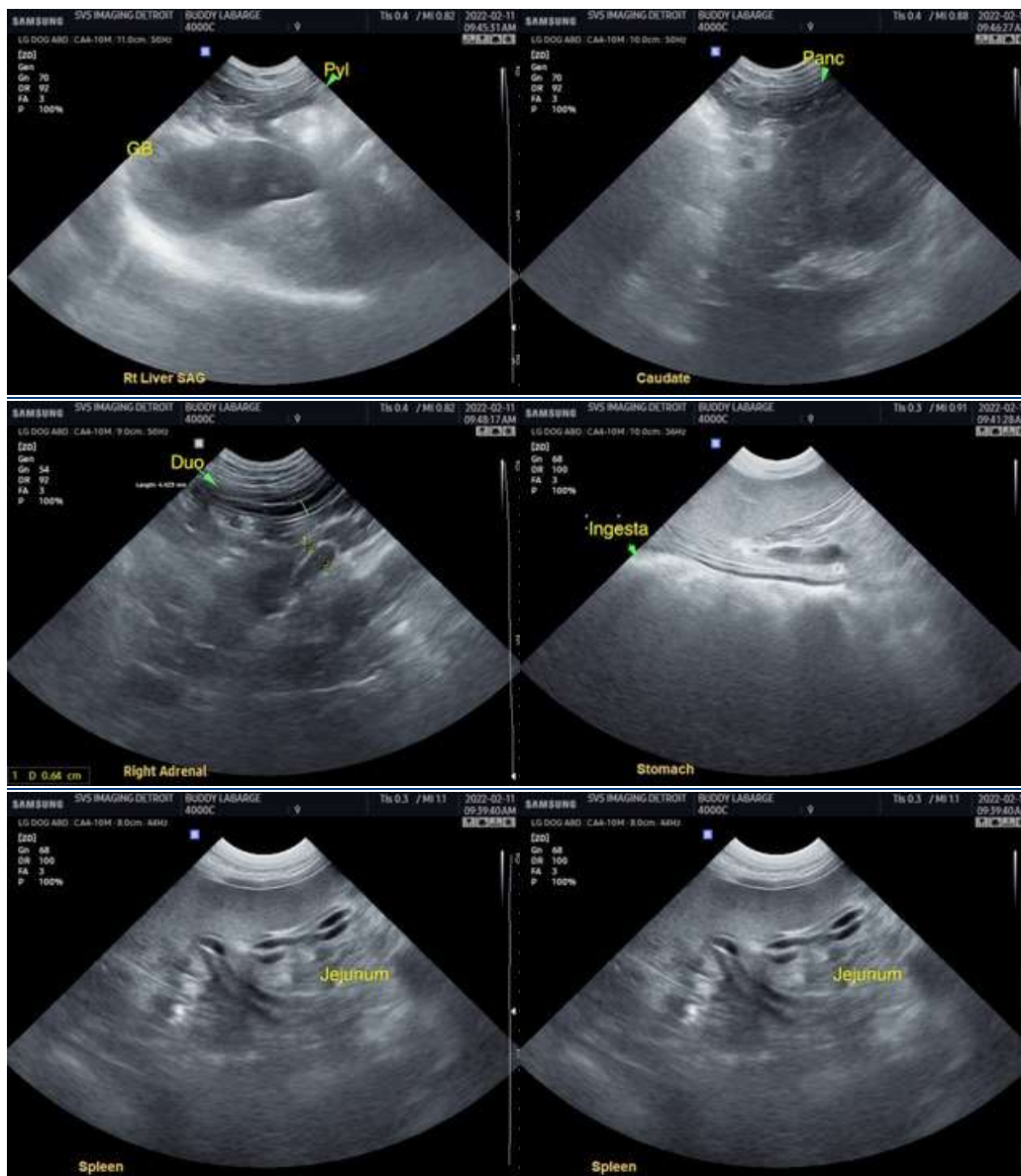
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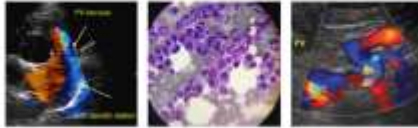
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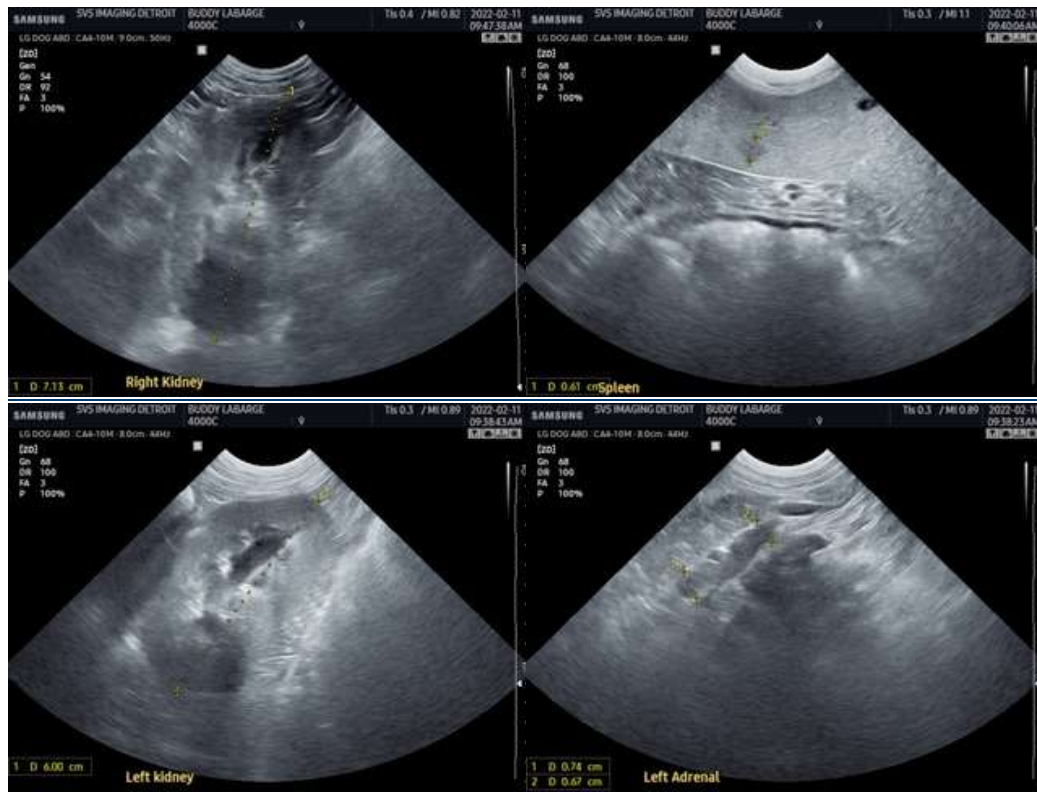
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**The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.**

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.

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