



**PATIENT PRESENTING CLINICAL SIGNS**

Kane Madeux Weight loss despite ravenous appetite. B12 >1000; TI 49.3.  
On Fluoxetine 20 mg BID

**SPECIES ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

Canine

**Urinary System**

**BREED** The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of – 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.

Boxer

**SEX** 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 7.4 cm in length. The right kidney measured 7.2 cm in length.

MN

**AGE** The area of the aortic trifurcation was free of pathology.

5yr

The area of the residual prostate appeared normal and free of pathology measuring 1.0 cm in diameter.

**WEIGHT Adrenal Glands**

62lb The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.52 cm width at the caudal pole. The right adrenal gland was indistinctly visualized owing to patient size and conformation, no overt pathology was present.

**INTERPRETED BY**

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

**Spleen**

The spleen exhibited subjective mild enlargement with generalized mild parenchyma heterogeneity. 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. No splenic masses or nodules.

**IMAGING PERFORMED BY**

Pamela Harrigan, RDMS

**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 with minor echogenic luminal debris. The cystic and common bile ducts were normal.

**HOSPITAL NAME**

Mashpee Veterinary Hospital

**REFERRING VET**

Dr. Oldham

**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 ventral gastric body wall measured 0.62 cm in width.

**INVOICE**

12968ag

The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. Subjective propensity for generalized mildly prominent duodenojejunal muscular layer. The lumen of the small intestine was empty with no signs of ileus, obstruction or foreign material. The duodenum wall measured 0.53 cm width. The jejunum wall measured 0.48 cm width.

**DATE**

02/13/2023

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



**PATIENT**

**Pancreas**

Kane Madeux

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 was evident.

**SPECIES**

Canine

**Free Abdomen**

No omental masses or peritoneal effusion was present.

**BREED**

Boxer

Intermittent, mildly prominent to enlarged mesenteric and medial iliac lymph nodes were present. The lymph nodes were essentially isoechoic to adjacent omentum without evidence of peripheral inflammation and maintaining a normal width: length ratio (<0.5). An example of a lymph node measured 2.3 cm x 0.48 cm.

**SEX**

MN

**ULTRASONOGRAPHIC FINDINGS**

- Intact subjective prominent small bowel walls-non-specific
- Sonographically normal stomach
- Intermittent subjective benign/reactive mesenteric and medial iliac lymph nodes

**AGE**

5yr

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Overall, no overt evidence of significant abdominal visceral specifically GI or pancreatic pathology as a definitive cause of the patient's clinical signs. The small intestine exhibited potential for mild inflammatory mural changes although not definitive. If an elevated TLI is present, this may suggest chronic GI disease or possible maldigestion disorder. Endoscopic or full thickness intestinal biopsies via laparotomy are likely required for a definitive diagnosis. A highly digestible hydrolyzed diet trial with assessment of caloric plane with assessment of clinical response may prove beneficial.

**WEIGHT**

62lb

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For an additional charge, internal medicine consult can be utilized through Sonopath.com. You can select the internal medicine drop down at <http://spa.sonopath.com/>.

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Pamela Harrigan, RDCS

One of the world's top internists & SonoPath associate Dr. Remo Lobetti BVSc, MMedVet, PhD, DECVIM can evaluate your case through SonoPath. <https://sonopath.com/resources/sonopath-services/internal-medicine-teleconsultation-service>.

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Mashpee Veterinary Hospital

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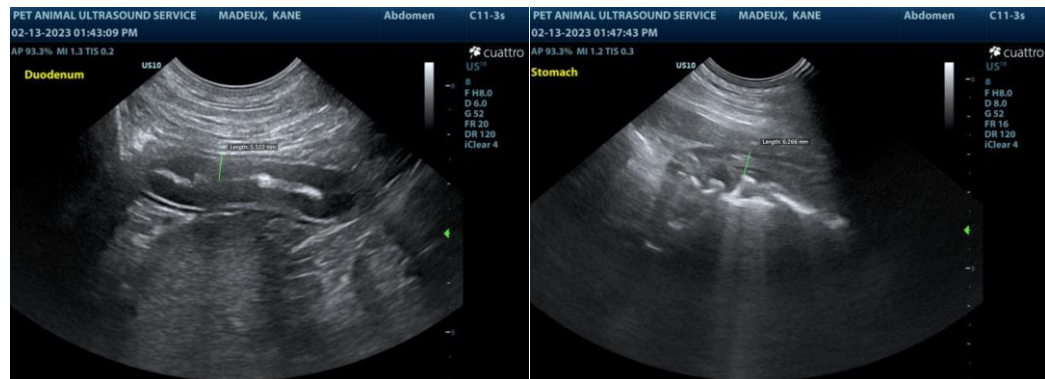
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**PATIENT**

Kane Madeux

**SPECIES**

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**BREED**

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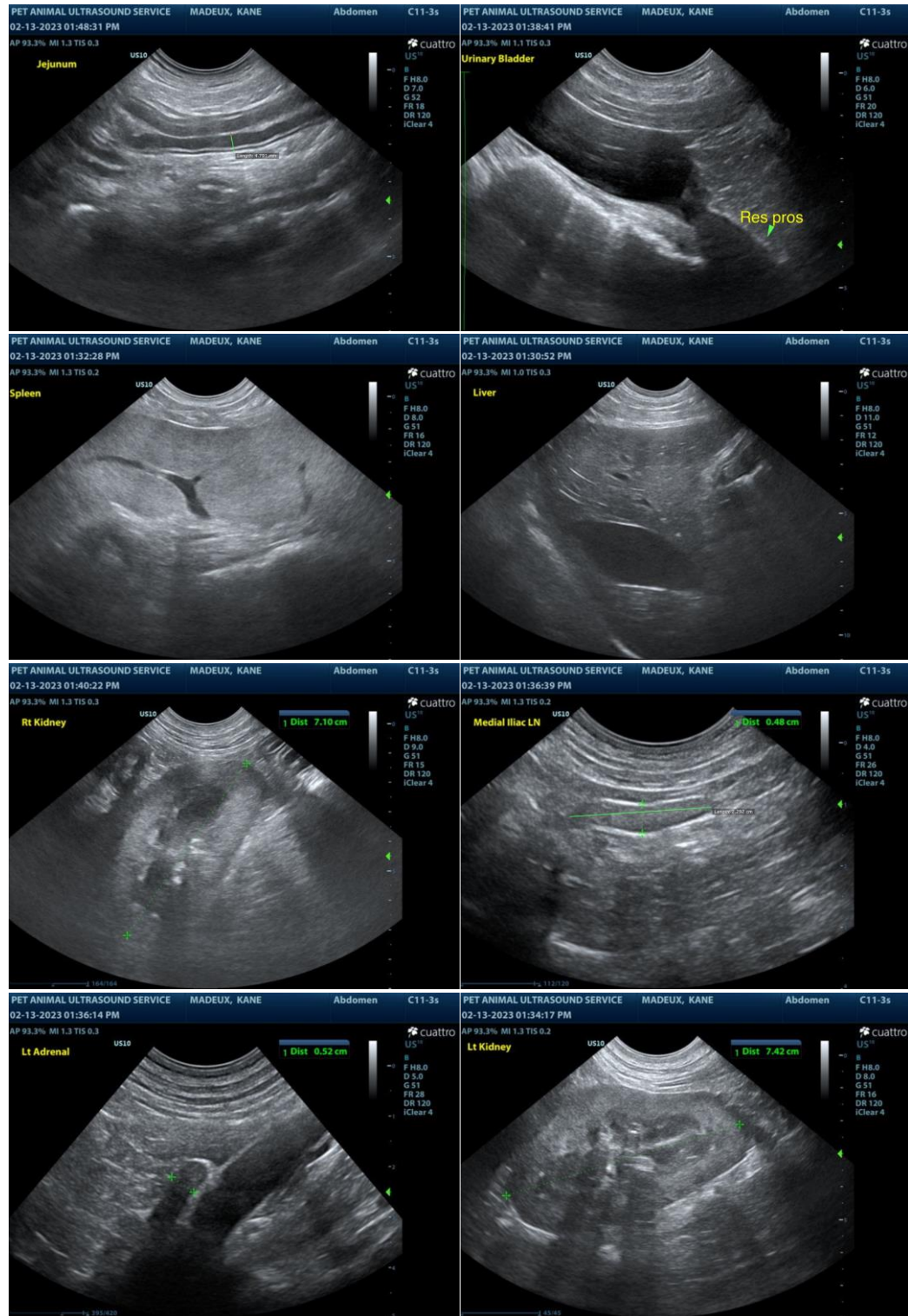
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

Thank you for this referral. If the clinical or image interpretation does not parallel your findings or if I



**PATIENT**

Kane Madeux

can be of any further assistance please contact me.

R. McKenzie Daniel, DVM, DABVP (Canine / Feline Practice)

info@SonoPath.com

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**BREED**

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**SEX**

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