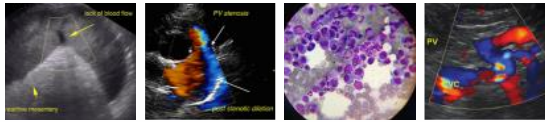


PATIENT	PRESENTING CLINICAL SIGNS
Polly Sprengelmeyer	History: Significant progressive weight loss since August. Chronic vomiting, voluminous stools. Dental disease Senior screen normal in November
SPECIES	Abnormal PE/Chem/CBC/UA Results: Radiographic Findings Stomach wall thickened. Density between liver and stomach, R side of abd.
Canine	
BREED	ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN
Beagle	Urinary System
SEX	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.
Spayed Female	
AGE	Normal size and margination was 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 moderate loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The left kidney measured 4.1 cm in length. The right kidney measured 4.6 cm in length.
13 Years	
WEIGHT	Adrenal Glands
13.6 Lbs.	The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.41 cm width at the caudal pole and 0.46 cm width at the cranial pole.
INTERPRETED BY	The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.31 cm width at the caudal pole and 0.67 cm width at the cranial pole.
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	
IMAGING PERFORMED BY	Spleen
Sarah Hansen	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.
HOSPITAL NAME	Liver
Edgewood AC	The liver was normal in size, structure, and contour. The liver parenchyma was mildly nonuniform and hypoechoic to the spleen with a moderate coarse echotexture and subjective mild to benign parenchymal remodeling. The hepatic and portal vasculature were normal in appearance without signs of congestion.
REFERRING VET	The gallbladder was non-distended, containing a subjective solitary non-obstructive cholelith. The cystic and common bile ducts were normal.
Dr. Leduc	
INVOICE	Gastrointestinal
13938	
DATE	
2/14/22	



PATIENT
Polly Sprengelmeyer

The visualized gastric walls were sonographically normal. Moderate, mildly hyperechoic to progressively shadowing ingesta present in the stomach. The ventral gastric body wall measured 0.42 cm. Overt evidence of mechanic pyloric outflow obstruction was not definitively evident.

SPECIES
Canine

The small intestine presented intact wall layering and subjective primarily maintained 1:3 muscularis/mucosa ratio. Generalized small intestinal non-shadowing ingesta/chyme was present.

BREED
Beagle

Normal visible colon wall layers were present with subjective semi- formed to soft feces in lumen.

SEX

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.

Spayed Female

Free Abdomen

AGE

No overt lymphadenopathy or peritoneal effusion was present.

13 Years

ULTRASONOGRAPHIC FINDINGS

WEIGHT

13.6 Lbs.

- Generalized gastrointestinal ingesta, overtly normal gastrointestinal wall layering
- Non-obstructive cholelith
- Moderate chronic renal changes

INTERPRETED BY

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

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

A thorough evaluation of the gastrointestinal walls was somewhat limited given the presence of generalized gastrointestinal ingesta and chyme. Obvious evidence of significant gastrointestinal mural hypertrophy or mechanical ileus was not definitively evident. Ideally, sonographic reassessment of the gastrointestinal tract, following a documented fast, recommended, if possible. This finding may correlate with postprandial presentation, however, if documented NPO, or significant time from last meal, possible inefficient gastrointestinal peristalsis, structurally insignificant inflammatory bowel, nonspecific maldigestive/malassimilation disorder or other gastroenteropathy possible. Further assessment may include GI panel, to include PLI, TLI, cobalamin and folate and given the patients weight loss, a fresh fecal analysis. Three-view chest radiographs recommended to rule out occult thoracic pathology, if not done. Resting cortisol level warranted to assess for / rule out occult Addison's Disease.

IMAGING PERFORMED BY

Sarah Hansen

HOSPITAL NAME

Edgewood AC

REFERRING VET

Dr. Leduc

INVOICE

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DATE

2/14/22



PATIENT

Polly Sprengelmeyer

SPECIES

Canine

BREED

Beagle

SEX

Spayed Female

AGE

13 Years

WEIGHT

13.6 Lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Sarah Hansen

HOSPITAL NAME

Edgewood AC

REFERRING VET

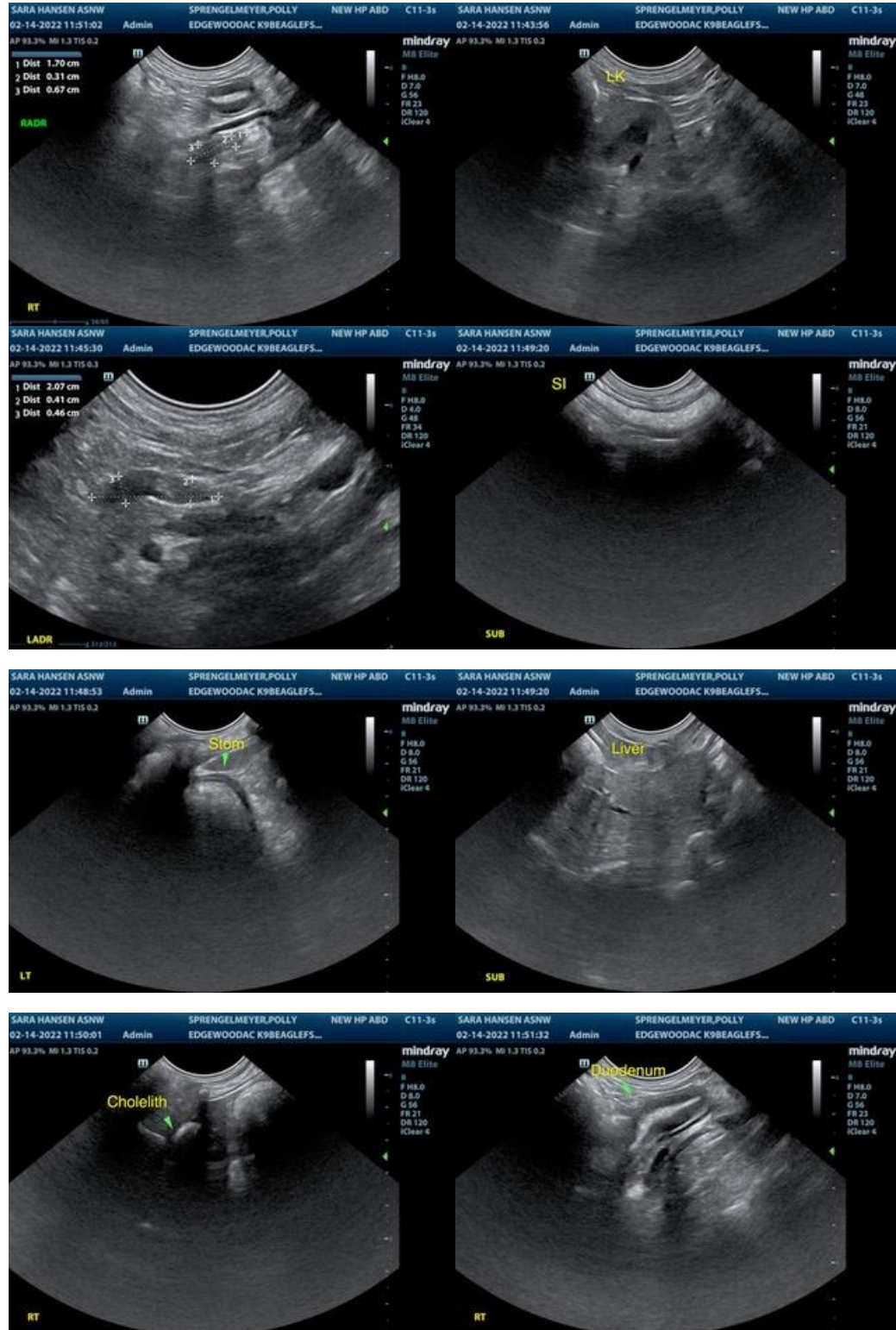
Dr. Leduc

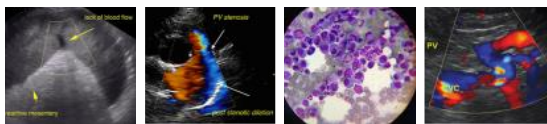
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DATE

2/14/22





PATIENT

Polly Sprengelmeyer

SPECIES

Canine

BREED

Beagle

SEX

Spayed Female

AGE

13 Years

WEIGHT

13.6 Lbs.

INTERPRETED BY

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IMAGING PERFORMED BY

Sarah Hansen

HOSPITAL NAME

Edgewood AC

REFERRING VET

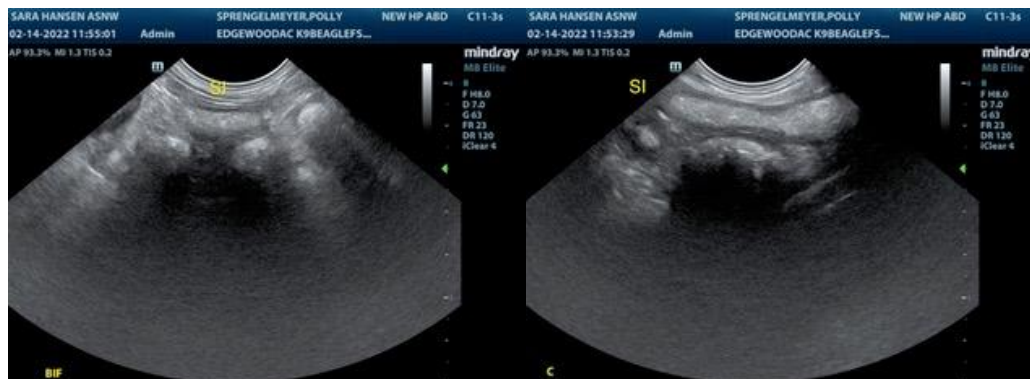
Dr. Leduc

INVOICE

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DATE

2/14/22



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