



PATIENT

Makena Wilhelm

SPECIES

Canine

BREED

German Shepherd

SEX

FS

AGE

6 years 10 months

WEIGHT

67 lbs.

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

Amanda Lacey-Crook -
SDEP Certified
Sonographer

HOSPITAL NAME

Rivers Edge PMC

REFERRING VET

Dr. David Gray

INVOICE

21122

DATE

2/15/23

PRESENTING CLINICAL SIGNS

Decreased eating, vomiting yellow bile in the morning AM x 3-4 days

Abnormal PE/Chem/CBC/UA Results: See attached labwork - CBC Retic 5.0, Lym 0.74; CHEM ALKP 13, AMYL 355; normal CPL See attached radiographs - loss of detail/mass type effect of cranial abdomen.

Unremarkable CBC and chemistry panel. Sodium to potassium ratio 38

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 4.0 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.

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 8.0 cm in length. The right kidney measured 8.2 cm in length.

Adrenal Glands

The left adrenal gland exhibited subjective mild subnormal size with normal position and overall shape. The left adrenal gland measured 0.45cm width at the caudal pole and 0.41 cm width at the cranial pole.

The right adrenal gland was indistinctly visualized with potential for mild subnormal caudal pole width, measuring 0.44 cm.

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 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 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 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.



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

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Pancreas

SPECIES

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

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Intermittent, mildly prominent to enlarged mesenteric 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 measured 4.5 cm x 0.87 cm. No evidence of peritoneal effusion.

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ULTRASONOGRAPHIC FINDINGS

AGE

- Sonographically unremarkable gastrointestinal tract
- Subjective borderline subnormal bilateral adrenal glands

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

67 lbs.

No sonographic evidence of significant visceral pathology. Resting cortisol level to assess for occult Addisons disease is warranted. A hydrolyzed diet trial with possible late evening feeding given the history of morning bilious vomiting, as well as empirical therapy for low grade gastritis/esophagitis may prove beneficial.

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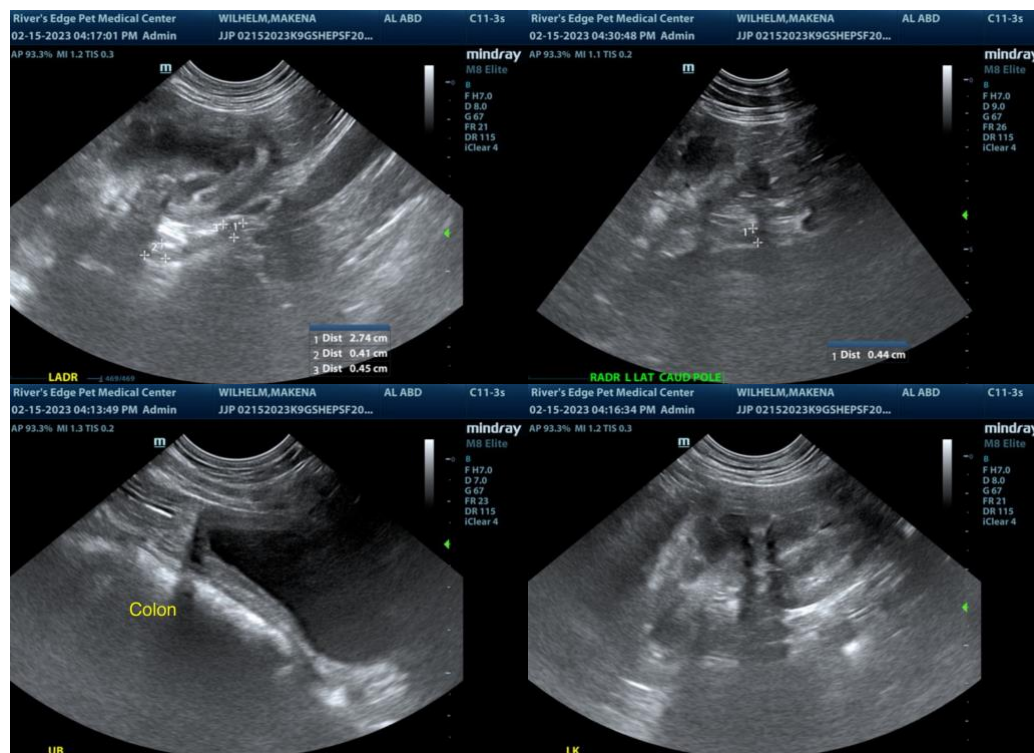
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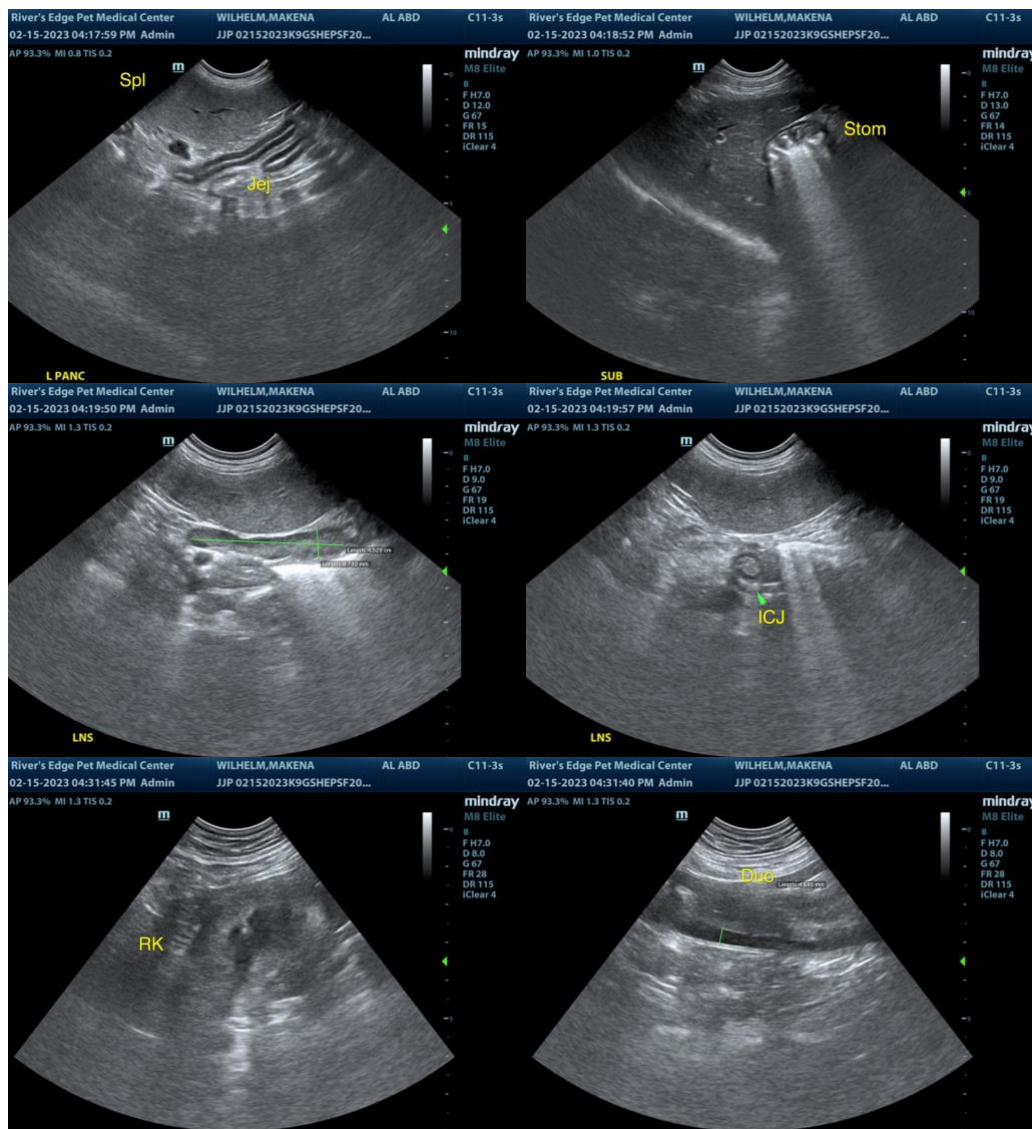
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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