



PATIENT

Bo Quick

PRESENTING CLINICAL SIGNS

Weight loss- without trying, Vomiting, hard to palpate abdomen, BW was WNL.

SPECIES

Canine

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra 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.

BREED

Lab

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. Bilateral pinpoint medullary mineral was present. The left kidney measured 6.8 cm in length. The right kidney measured 6.7 cm in length.

SEX

M

AGE

13yr

The area of the aortic trifurcation was free of pathology.

The prostate was enlarged in size with intact, symmetrical capsule contour. The margins of the gland were intact and able to be differentiated from the surrounding tissue. The prostatic parenchyma was mildly echogenic to heteroechoic without parenchymal mineralization. The prostate measured 5.6 cm in diameter.

WEIGHT

85

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 0.72 cm width at the cranial pole. The right adrenal gland was not visualized.

INTERPRETED BY

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

Spleen

The spleen exhibited normal size and contour with a primarily finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. A solitary discrete non-disruptive hypoechoic nodule was present measuring 0.9 cm in diameter. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis.

IMAGING PERFORMED BY

Hope Brossman

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. The gallbladder was non-distended in size with primarily anechoic luminal content. The cystic and common bile ducts were normal.

HOSPITAL NAME

Animnal Mansion
Veterinary Hospital

REFERRING VET

Dr. Parker

INVOICE

12913ag

Gastrointestinal

The stomach presented wall thickening secondary to echogenic mucosa hypertrophy. Intact wall layering was maintained and distinct. The pylorus wall measured 0.56 cm width. Mild gastric distension with mild retained primarily anechoic fluid and echogenic subtly shadowing ingesta was present.

DATE

02/16/2023



PATIENT

Bo Quick

The small intestine presented intact wall layering with a primarily maintained 1:3 muscularis/mucosa ratio. A segment of unspecified mid abdominal intestine exhibited mild mural hypertrophy and loss of discernable wall layer detail with concurrent metabolic to possible paralytic ileus. The segment of abnormal intestine measured 3-4 cm in length with wall width up to 0.62 cm. By comparison, intact small intestinal wall measured 0.33 cm in width. The lumen of the small intestine was empty with no signs of obvious obstruction or foreign material.

SPECIES

Canine

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

BREED

Pancreas

Lab

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.

SEX

Free Abdomen

M

No omental masses, overt lymphadenopathy or peritoneal effusion was present.

AGE

ULTRASONOGRAPHIC FINDINGS

13yr

- Segmental mildly thickened small intestine with associated metabolic to paralytic ileus
- Suspect mild hypomotile gastritis with retained fluid/ingesta
- Mild chronic renal changes with pinpoint medullary mineral
- Non-specific splenic nodule-hyperplasia, hematopoiesis, focal splenitis, small hematoma or similar suspected, minor potential for emerging neoplastic criteria
- Benign prostatic hyperplasia with small intraparenchymal cyst, minor potential for prostatitis

WEIGHT

85

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

INTERPRETED BY

No evidence of GI mechanical obstructive criteria. The possibility of a small amount of foreign material within the stomach cannot be definitively excluded. The segmentally thickened small intestine of unknown location may indicate inflammatory vs early neoplastic infiltrative criteria.

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

Intestinal biopsies would be required for a definitive diagnosis. A GI panel to include PLI/TLI/Cobalamin/Folate is recommended given the weight loss in this patient.

IMAGING PERFORMED BY

Hope Brossman

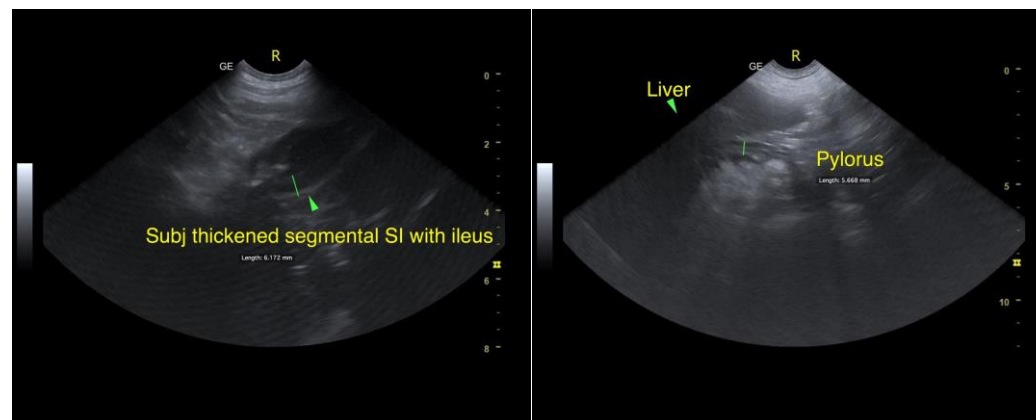
Three view chest radiographs are recommended if not done to assess for occult thoracic pathology. Empirically monitoring for gastric emptying over the next 18-24 following documented NPO may be considered.

HOSPITAL NAME

Animnal Mansion
Veterinary Hospital

REFERRING VET

Dr. Parker



INVOICE

12913ag

DATE

02/16/2023



PATIENT

Bo Quick

SPECIES

Canine

BREED

Lab

SEX

M

AGE

13yr

WEIGHT

85

INTERPRETED BY

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

IMAGING PERFORMED BY

Hope Brossman

HOSPITAL NAME

Animnal Mansion
Veterinary Hospital

REFERRING VET

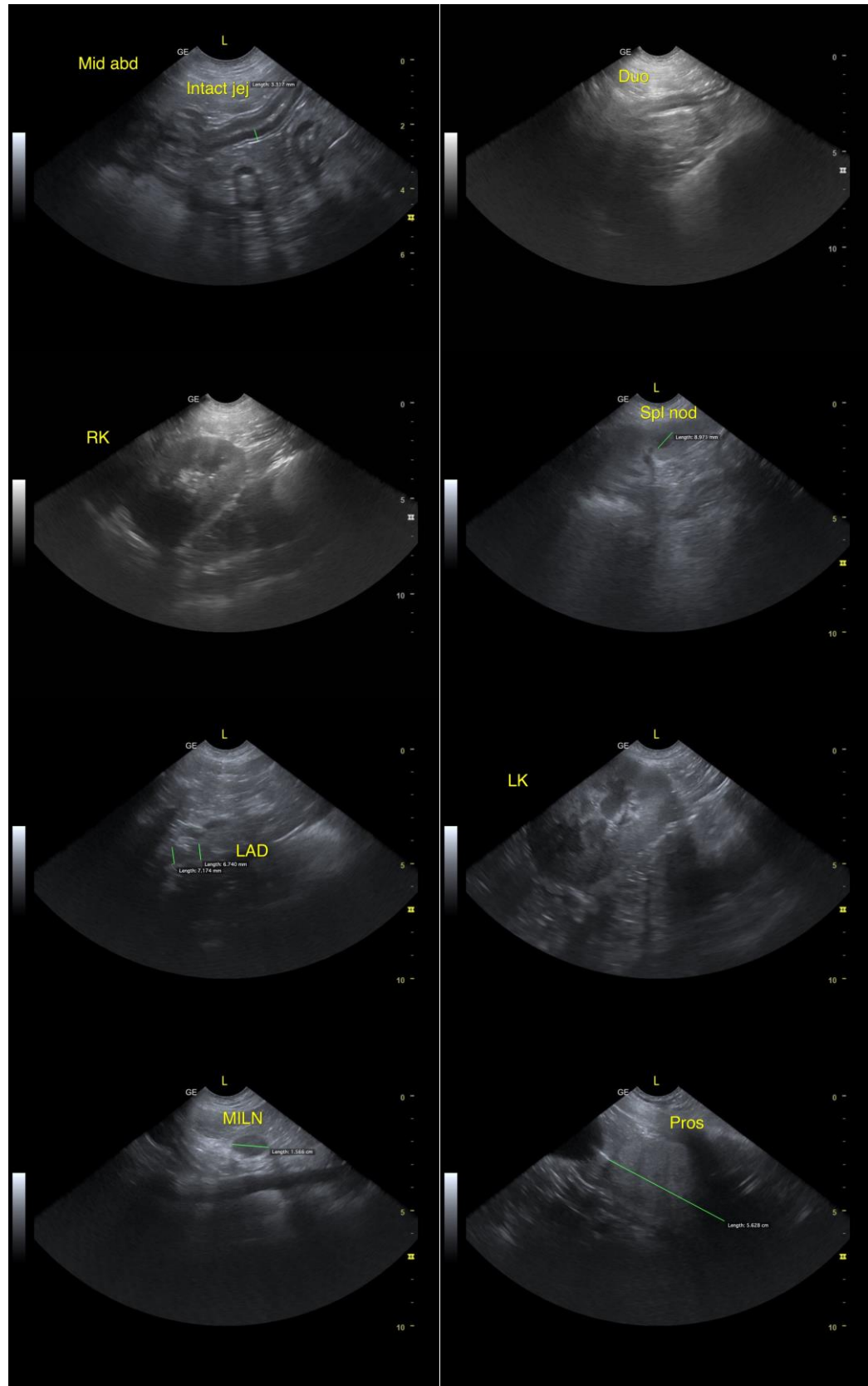
Dr. Parker

INVOICE

12913ag

DATE

02/16/2023





PATIENT

Bo Quick

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.

SPECIES

Canine

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.

BREED

Lab

R. McKenzie Daniel, DVM, DABVP (Canine/Feline Practice)
mac.daniel@sonopath.com

SEX

M

AGE

13yr

WEIGHT

85

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

Hope Brossman

HOSPITAL NAME

Animnal Mansion
Veterinary Hospital

REFERRING VET

Dr. Parker

INVOICE

12913ag

DATE

02/16/2023