



PATIENT	PRESENTING CLINICAL SIGNS
Frankee Copeland	Wt loss. Abnormal PE/Chem/CBC/UA Results: PSL: 150, USG: 1.043, urine protein: 2+, WBC: 4-10, RBC: 2-3, bacteria: rods 26-50, struvites 21-50, urine prot/creat ratio 0.2,
SPECIES	ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN
Canine	Urinary System
BREED	The urinary bladder presented mild, variable, primarily ventroapical to apical homogeneous wall thickening. The luminal margin of the thickened urinary bladder wall was mildly asymmetrical in contour. No evidence of urinary bladder tumors was noted. The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra exhibited normal tone to a depth of 3.0 cm. Anechoic urine was present in the lumen with moderate, congealed, variably echogenic, dependent to non-dependent sediment along with focal, likely adhered, pinpoint ventroapical mineral. The ventroapical urinary bladder wall width measured 0.75 cm. The ureteral papillae were normal. The ureters were not visible which is normal.
Collie X	No evidence of medial Iliac or sublumbar lymphadenopathy.
SEX	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 or pyelectasia was present. Focal areas of nonobstructive medullary mineral were noted. The left kidney measured 6.0 cm in length. The right kidney measured 5.8 cm in length.
FS	Adrenal Glands
AGE	The bilateral adrenal glands were overly normal in size, position, and shape. Potential subjective mild subnormal left adrenal gland size was noted, which is nonspecific and potential for patient variant. The left adrenal gland measured 2.1 cm length x 0.46 cm width at the caudal pole. The right adrenal gland measured 2.7 cm length x 0.71 cm width at the caudal pole.
11 years	Spleen
WEIGHT	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.
44.6 lbs.	Liver/ Gallbladder
INTERPRETED BY	The liver was subjectively 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. The gallbladder was non-distended in size containing anechoic content with mild, non-organized, echogenic gallbladder debris. No evidence of gallbladder or peripheral gallbladder inflammation was noted. The cystic and common bile ducts were normal.
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	
IMAGING PERFORMED BY	
A. Rodriguez	
HOSPITAL NAME	
Foxfield VS	
REFERRING VET	
A. Rodriguez	
INVOICE	
16052	
DATE	
2/7/23	



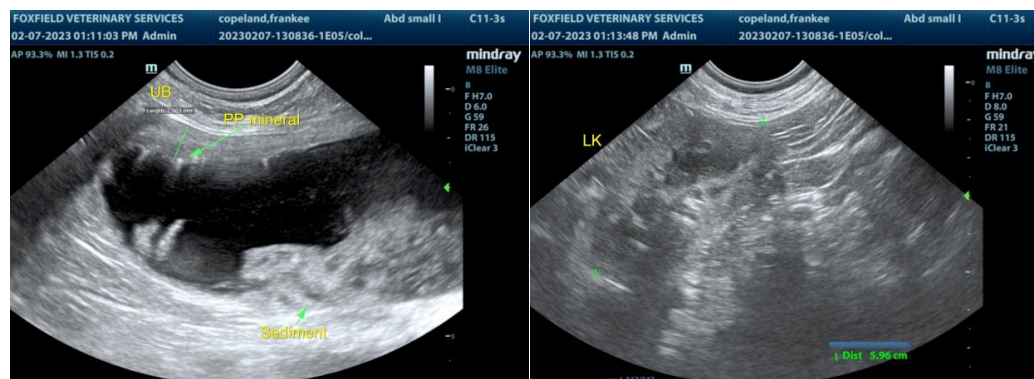
PATIENT	The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. Segmental nonshadowing ingesta / chyme was present.
Frankee Copeland	
SPECIES	Normal visible colon wall layers were present with apparent formed feces in lumen.
Pancreas	
Canine	
BREED	The parenchyma of the left 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.
Collie X	
SEX	Free Abdomen
FS	No omental masses, lymphadenopathy, or peritoneal effusion were noted.
AGE	ULTRASONOGRAPHIC FINDINGS
11 years	<ul style="list-style-type: none"> Cystitis pattern with moderate congealed urinary bladder sediment / mucus and likely adhered pinpoint ventroapical mineral Mild chronic renal changes with focal medullary mineral - no overt pyelonephritis Hepatic parenchyma remodeling - benign Mild gallbladder debris (non-mucocele) Overtly normal gastrointestinal tract with mild gastric and segmental ingesta / chyme Sonographically unremarkable pancreas
WEIGHT	
44.6 lbs.	
INTERPRETED BY	
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	
IMAGING PERFORMED BY	INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS
A. Rodriguez	Urine C/S on a sterile urine sample is recommended if not done. Screening BRAF Assay may be considered although neoplastic urinary bladder criteria is considered unlikely. If documented UTI, appropriate antibiotic therapy based on C/S results along with a urinary diet is suggested.
HOSPITAL NAME	A definitive cause of the weight loss was not obvious. A GI panel to include PLI/TLI/Cobalamin/Folate, as well as three view chest radiographs and neurological / musculoskeletal examination, are recommended to assess for or rule out occult disease which may cause weight loss. Assessment of caloric plane and for a possible competitive eating environment may be considered if clinically applicable.
Foxfield VS	
REFERRING VET	
A. Rodriguez	

INVOICE

16052

DATE

2/7/23





PATIENT

Frankee Copeland

SPECIES

Canine

BREED

Collie X

SEX

FS

AGE

11 years

WEIGHT

44.6 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

A. Rodriguez

HOSPITAL NAME

Foxfield VS

REFERRING VET

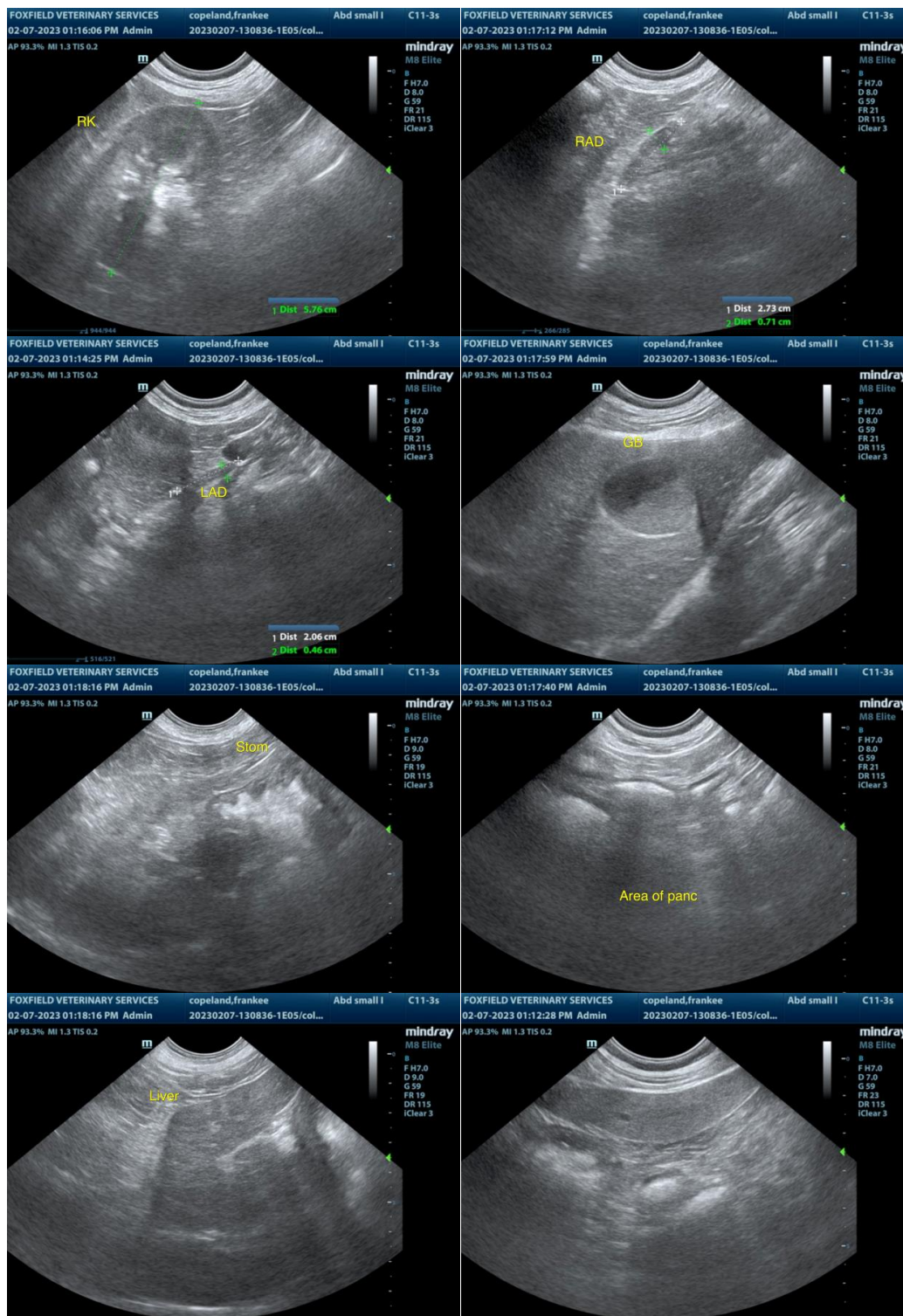
A. Rodriguez

INVOICE

16052

DATE

2/7/23





PATIENT

Frankee Copeland

SPECIES

Canine

BREED

Collie X

SEX

FS

AGE

11 years

WEIGHT

44.6 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

A. Rodriguez

HOSPITAL NAME

Foxfield VS

REFERRING VET

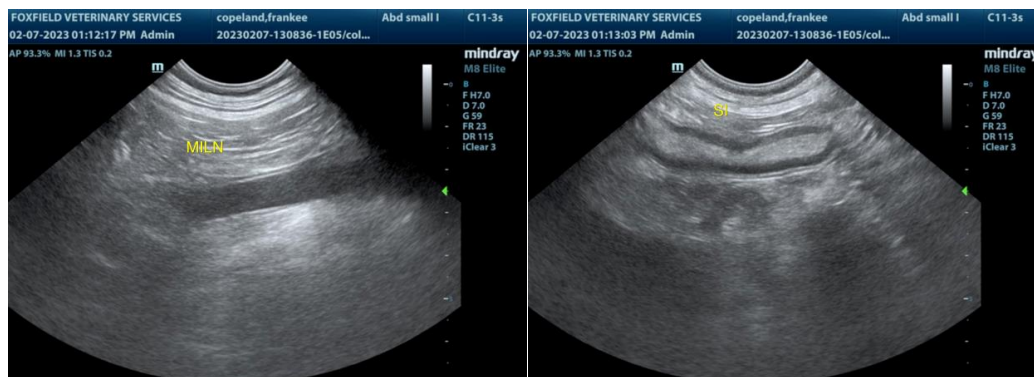
A. Rodriguez

INVOICE

16052

DATE

2/7/23



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