



**PATIENT**

Harper Mackenzie

**SPECIES**

Canine

**BREED**

ShepXLab

**SEX**

F/S

**AGE**

3 years

**WEIGHT**

54.6 kg

**INTERPRETED BY**

R. McKenzie Daniel,  
DVM, DABVP

**IMAGING  
PERFORMED BY**

Crystal Hill

**HOSPITAL NAME**

Beatties East Hamilton  
PH

**REFERRING VET**

Dr. MacDonald

**INVOICE**

16095

**DATE**

2/9/23

**PRESENTING CLINICAL SIGNS**

-Very overweight. Since 10/31/22 patient has gained 10.6kg! Was seen Feb 1st 2023 and owner mentioned stomach seems noisier and that dog is tossing and turning and restless at night. Owner feels she does not seem herself. Unsure if patient has been having breathing issues as she seems to make noises when breathing. A week ago patient was very gassy and had inconsistent BMs. Has been on Lactulose and Sulcrate. Cannot palpate well, abdominal mass?

Abnormal PE/Chem/CBC/UA Results: Bloodwork WNL other than slightly hypothyroid.

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2.0 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.

The area of the aortic trifurcation was free of pathology.

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 7.2 cm in length. The right kidney measured 7.0 cm in length.

**Adrenal Glands**

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 3.0 cm length x 0.57 cm width at the caudal pole. The right adrenal gland was not visualized given the patient's size and conformation. No overt pathology was noted in the area of the right adrenal gland.

**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.



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**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.

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

**Pancreas**

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.

**Free Abdomen**

No omental masses or evidence of peritoneal free fluid were noted. Focal benign / reactive mesenteric lymph node (not consistent with inflammatory or neoplastic criteria and considered incidental) was visualized. An increased amount of intraabdominal fat was noted.

**ULTRASONOGRAPHIC FINDINGS**

- Sonographically unremarkable abdomen

**INTERPRETED BY**

R. McKenzie Daniel,  
DVM, DABVP

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

No sonographic evidence of significant visceral pathology, specifically no evidence of gastrointestinal pathology was noted.

**IMAGING PERFORMED BY**

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A bland novel protein or hydrolyzed diet with possible long-term dietary therapy and as-needed gastrointestinal support with continued monitoring of gastrointestinal response is recommended.

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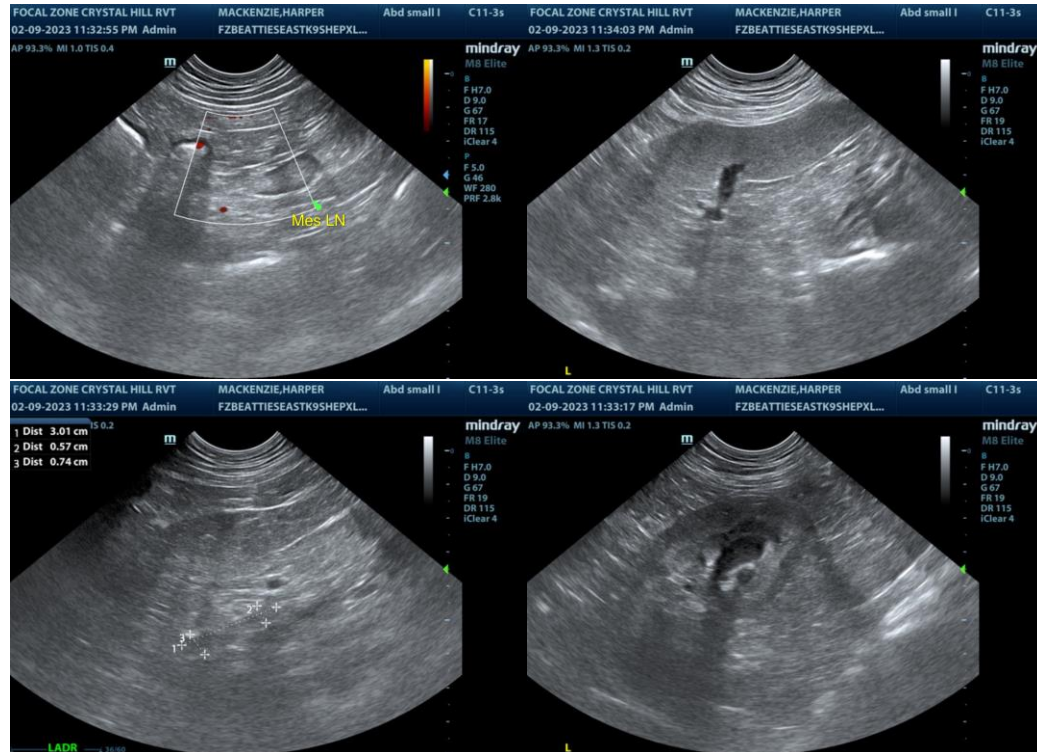
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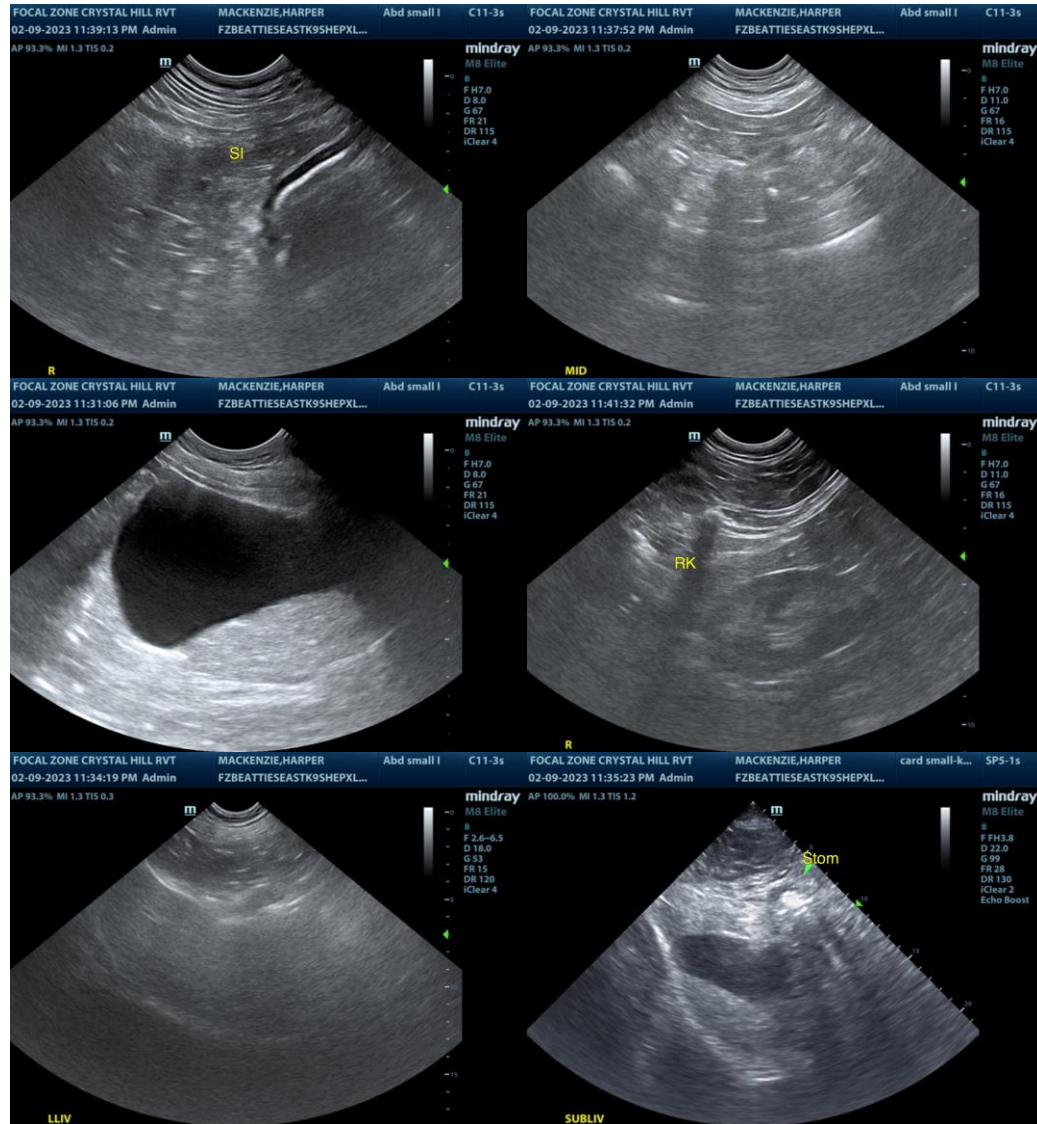
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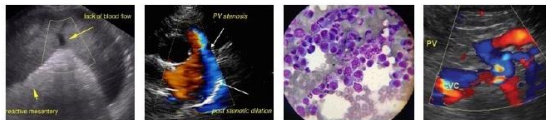
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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**R. McKenzie Daniel, DVM, DABVP (Canine / Feline Practice)**  
**info@SonoPath.com**

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