



PATIENT

PRESENTING CLINICAL SIGNS

Griffin Wojciechowicz

History: hepatopathy, diarrhea

SPECIES

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Canine

Urinary System

BREED

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 3.0 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 were noted. Aortic trifurcation was normal.

Hound Mix

No overt pathology in the area of the residual prostate.

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 was present. The left kidney measured 5.5 cm in length. The right kidney measured 5.4 cm in length.

Neutered Male

AGE

11 Years

Adrenal Glands

WEIGHT

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.68 cm width at the caudal pole and 0.64 cm width at the cranial pole.

50.5 Lbs.

The right adrenal gland was not definitively visualized.

INTERPRETED BY

Spleen

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

The spleen exhibited mild symmetrical cranial splenomegaly, exhibiting essentially isoechoic parenchyma compared to the mid to caudal spleen. Subtle associated symmetrical capsule distortion yet no evidence of parenchymal escape. The area of cranial splenomegaly measured approximately 4.7 cm x 2.7 cm.

IMAGING PERFORMED BY

Liver

Jenn

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.

HOSPITAL NAME

Rockaway AH

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

REFERRING VET

Gastrointestinal

Dr. Maniar

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.

INVOICE

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.

14138

DATE

Normal visible colon wall layers were present with subjective semi-formed feces and luminal gas.

3/1/22

Pancreas



PATIENT

Griffin Wojciechowicz

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.

SPECIES

Canine

Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

BREED

Hound Mix

- Mild age-related renal changes
- Overtly normal gastrointestinal tract and colon- dietary intolerance/food hypersensitivity, occult parasitism, structurally insignificant inflammatory bowel may be possible.

SEX

Neutered Male

- Hepatopathy- subjectively benign
- Nonspecific mild cranial splenomegaly- subjectively benign

AGE

11 Years

The mild cranial splenomegaly was nonspecific yet not overtly consistent with neoplastic criteria. Considerations may include regional splenic hyperplasia, hematopoiesis or incidental splenitis. No overt indication for splenic neoplasia, which is considered a less likely differential diagnosis.

WEIGHT

50.5 Lbs.

The overall appearance of the liver is consistent with benign, likely chronic hepatopathy, depending upon the type and degree of hepatic enzyme elevation, vacuolar hepatopathy, nonspecific chronic hepatitis (viral, bacterial, leptospirosis, toxin, etc.) may be possible. Hepatic core biopsy would be required for a definitive diagnosis. Hepatosupportive medications may prove beneficial.

INTERPRETED BY

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(Canine and Feline)

Continued gastrointestinal support, which may include hydrolyzed diet trial with potential for long-term dietary therapy, high colony count probiotics and as needed antibiotic therapy would be reasonable. Assessment of cobalamin and folate levels may be considered if chronic or recurrent diarrhea.

IMAGING PERFORMED BY

Jenn

HOSPITAL NAME

Rockaway AH

REFERRING VET

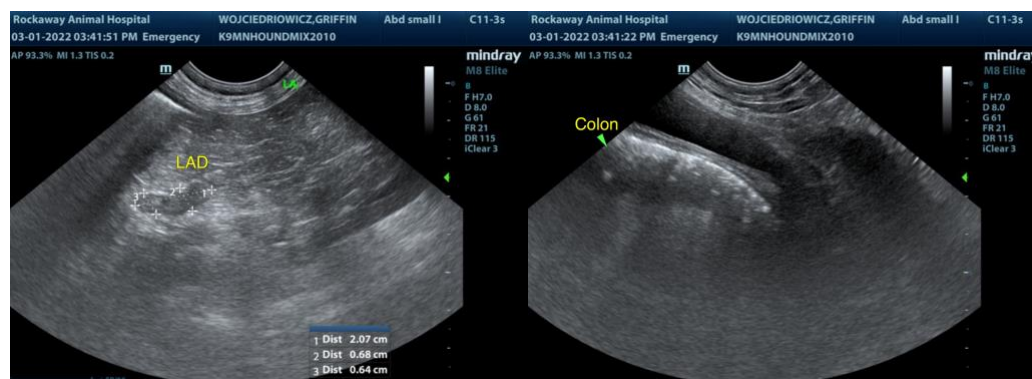
Dr. Maniar

INVOICE

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SPECIES

Canine

BREED

Hound Mix

SEX

Neutered Male

AGE

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WEIGHT

50.5 Lbs.

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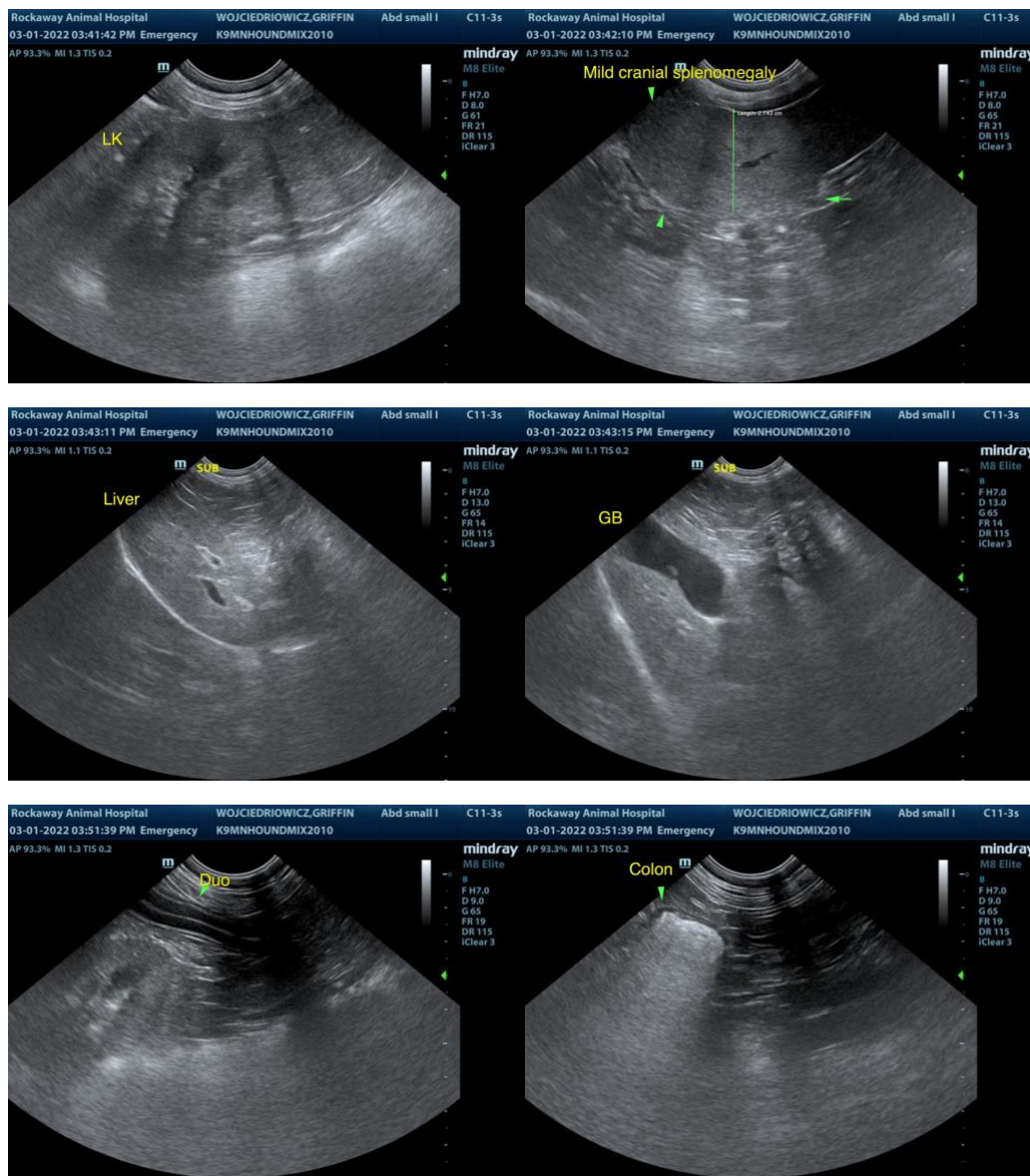
Dr. Maniar

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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)
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