



PATIENT	PRESENTING CLINICAL SIGNS
Jersey Sweet Sackerman	Has been off the past few weeks. Does Not greet the owner. Lumbar pain w/palpitation today. Suspicious soft tissue opacity ventral vertebra in lateral abd, between L1-L7.
SPECIES	Current meds: Fluoxetine 10mg SID
Canine	Abnormal PE/Chem/CBC/UA Results: UA: pH 8, +1 Bili, 2-3 WBC, 2-3 Strovite SG: 1.028
BREED	ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN
Labrador Retriever	Urinary System
SEX	The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 5 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.
FS	
AGE	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 6.5 cm in length. The right kidney measured 6.7 cm in length.
8yr	
WEIGHT	The area of the aortic trifurcation was free of pathology.
75.2lb	The area of the iliac trifurcation was free of pathology including no evidence of medial, iliac or sublumbar lymphadenopathy.
INTERPRETED BY	Adrenal Glands
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	The left adrenal gland was indistinctly visualized without overt pathology. The left adrenal gland measured 0.50 cm width at the caudal pole. The right adrenal gland was not definitively visualized.
IMAGING PERFORMED BY	Spleen
Val Shumskaya	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.
HOSPITAL NAME	Liver/Gallbladder
Whippany Vet	The liver presented normal 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.
REFERRING VET	Gastrointestinal
Dr. Cordero	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	
13067ag	
DATE	
03/01/2023	



PATIENT

Jersey Sweet
Sackerman

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.

SPECIES

Canine

Pancreas

The pancreas was normal in size and contour with isoechoic to heterogeneous parenchyma compared to adjacent omentum. Possible discrete hyperechoic nodular changes present in the left limb vs discretely nodular ventral cranial to mid abdominal omentum. No signs of active inflammation or neoplasia.

BREED

Labrador Retriever

Free Abdomen

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

SEX

FS

ULTRASONOGRAPHIC FINDINGS

AGE

8yr

- Mild age related renal changes
- Minor hepatic parenchymal remodeling-benign
- Sonographically unremarkable urinary bladder and sublumbar space
- Normal GI tract
- Potential non-specific discrete nodular left pancreatic limb vs discretely nodular cranial omentum-benign

WEIGHT

75.2lb

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Overall, there is no overt evidence of significant abdominal visceral pathology as a definitive cause of the patient's clinical signs. No evidence of intra-abdominal or retroperitoneal neoplastic criteria. The suspicion soft tissue opacity adjacent to the ventral vertebral canal was not definitively visualized.

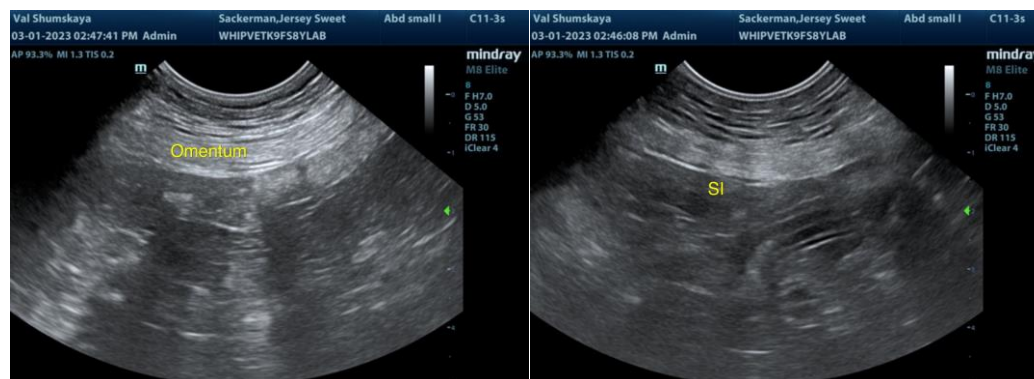
INTERPRETED BY

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

Assessment for evidence of cranial abdominal discomfort on palpation associated with the area of the pancreas is suggested. If present, potential for low-grade/chronic pancreatitis could be considered. Non-abdominal musculoskeletal pain could be a contributing factor given reported history.

IMAGING PERFORMED BY

Val Shumskaya



HOSPITAL NAME

Whippany Vet

REFERRING VET

Dr. Cordero

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SPECIES

Canine

BREED

Labrador Retriever

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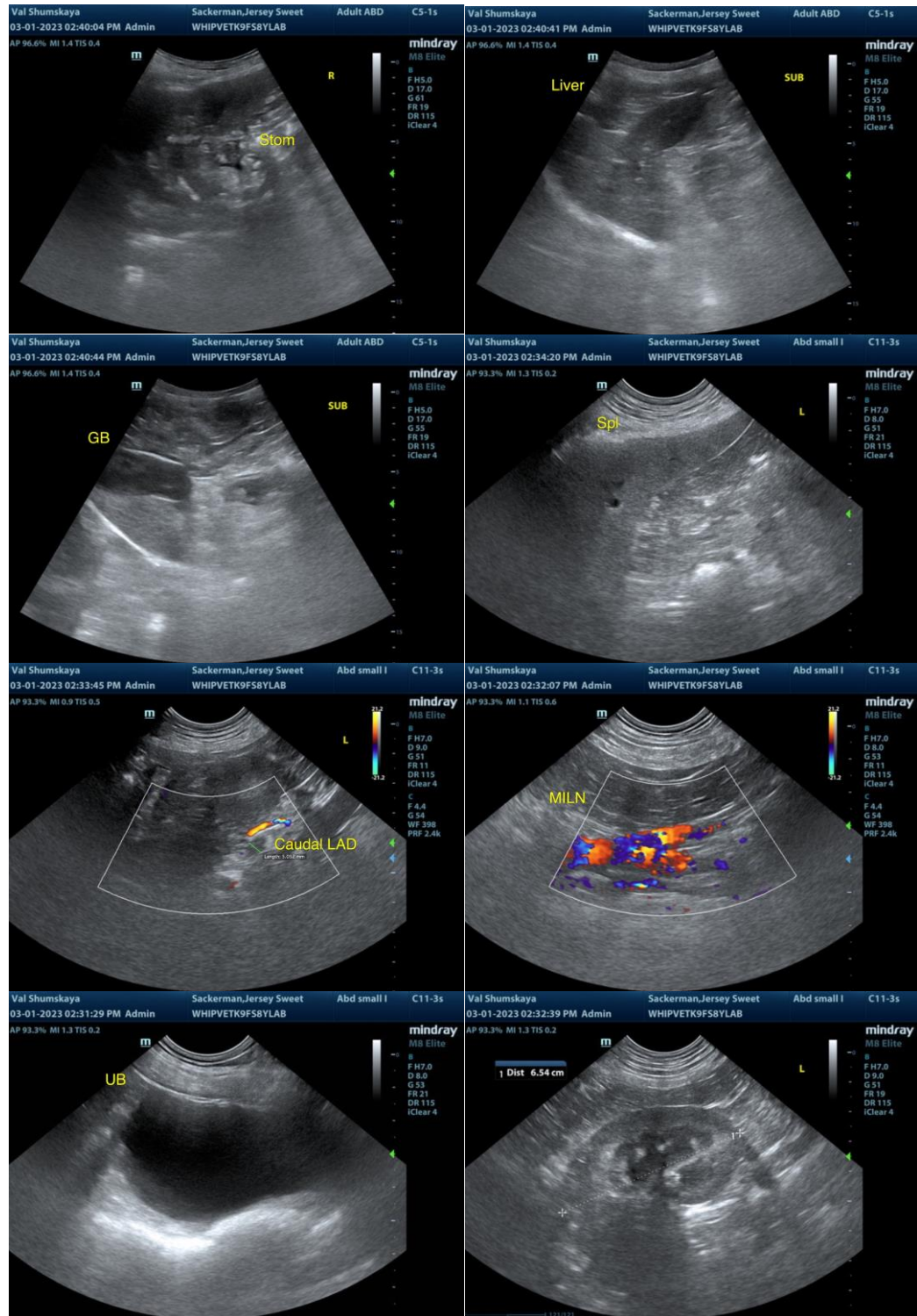
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SPECIES

Canine

BREED

Labrador Retriever



SEX

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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.

R. McKenzie Daniel, DVM, DABVP (Canine/Feline Practice)
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