



PATIENT PRESENTING CLINICAL SIGNS

Tucker Needham Intermittent periods of panting. Some loss of muscle mass.

SPECIES Abnormal PE/Chem/CBC/UA Results: PCV 34.9 %, Hb 12.6, non-regenerative. Current Medications None Radiographic Findings None

Canine

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

BREED *Urinary System*

Labrador Retriever 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.

SEX

MN

AGE

10yr

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 loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. A solitary left medial cortical cyst was present. The left kidney measured 6.6 cm in length. The right kidney measured 7.1 cm in length.

WEIGHT

64.9lb

The area of the aortic trifurcation was free of pathology.

The area of the residual prostate appeared normal and free of pathology.

INTERPRETED BY

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

Adrenal Glands

The left adrenal gland exhibited subjective flattened appearance with symmetrical contour and homogenous parenchyma. The left adrenal gland measured 0.32 cm width at the caudal pole and 2.0 cm length.

IMAGING PERFORMED BY

Sara Hansen

The right adrenal gland was normal in size. Mild parenchyma heterogeneity and mild capsule asymmetry was present without suspicion for overt neoplasia. The right adrenal gland measured 0.91 cm width in the caudal pole.

Spleen

HOSPITAL NAME

Cottage Grove
Veterinary Hospital

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.

REFERRING VET

Dr. Damewood

Liver/Gallbladder

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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 and minor non-organized hyperechoic debris. No evidence of gallbladder or peripheral gallbladder inflammation was present. The cystic and common bile ducts were normal.

DATE

03/13/2023



PATIENT

Gastrointestinal

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The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained minor non-shadowing ingesta with no signs of ileus, obstruction or foreign material.

SPECIES

Canine

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.

BREED

Labrador Retriever

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

SEX

MN

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 was evident.

AGE

10yr

Free Abdomen

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

WEIGHT

64.9lb

ULTRASONOGRAPHIC FINDINGS

- Mild hepatic parenchyma remodeling
- Minor gallbladder debris (non-mucocele)
- Normal spleen
- Mild chronic renal changes with left kidney cortical cyst
- Subjective flattened left adrenal gland-nonspecific
- Sonographically unremarkable GI tract

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Overall, no overt evidence of significant abdominal visceral pathology as a definitive cause of the patient's clinical signs and borderline anemia. No evidence of neoplastic criteria.

IMAGING PERFORMED BY

Sara Hansen

The subjective flattened left adrenal gland is not specific and likely a patient variant. A resting cortisol level to rule out occult Addison's disease could be considered if clinically indicated.

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A thorough musculoskeletal and neurological examination is suggested if not done. Three view chest radiographs are recommended if not done to assess for occult thoracic pathology. A GI panel to include PLI/TLI/Cobalamin/Folate could be considered to assess for or rule out occult disease as a contributing factor.

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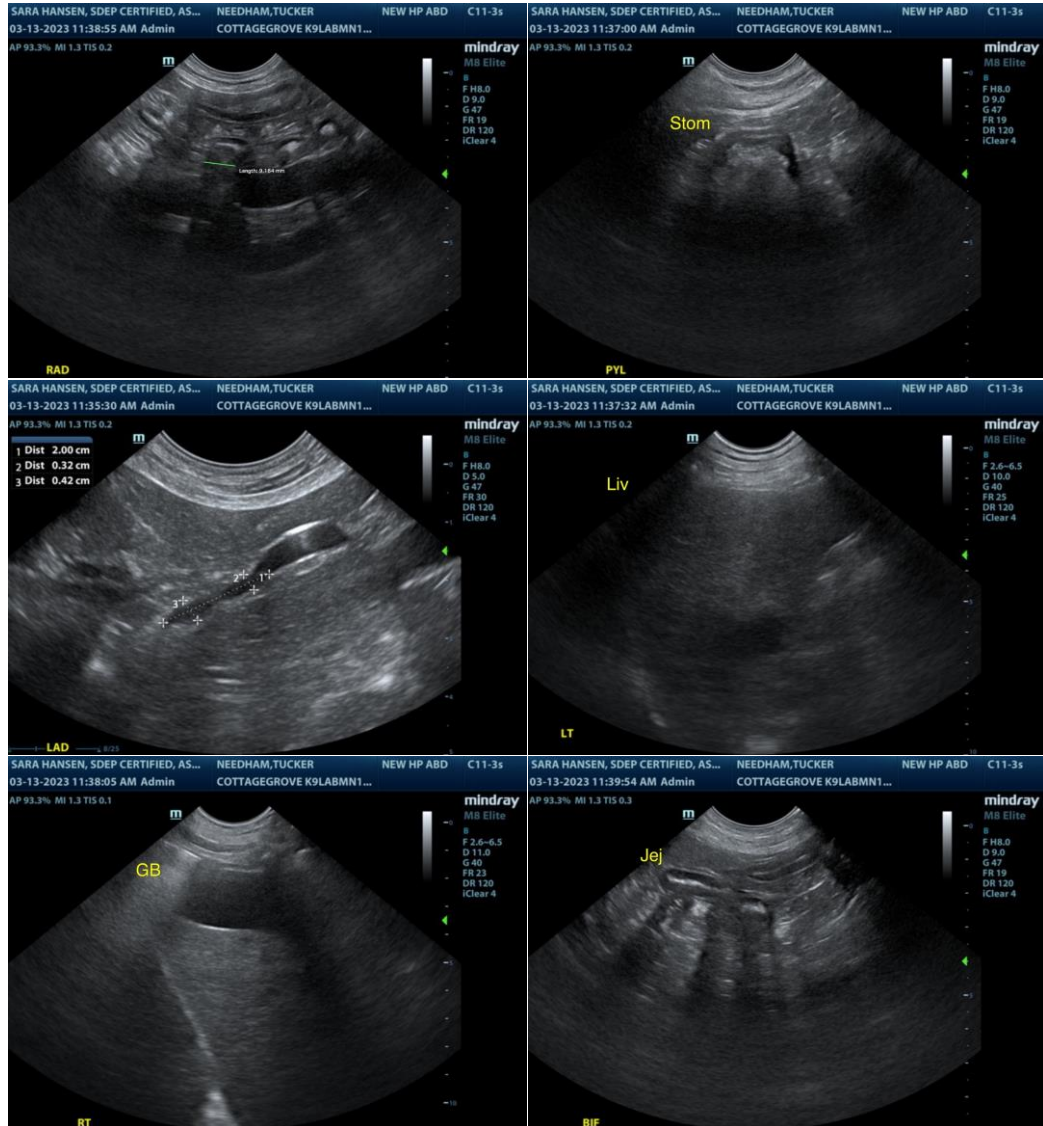
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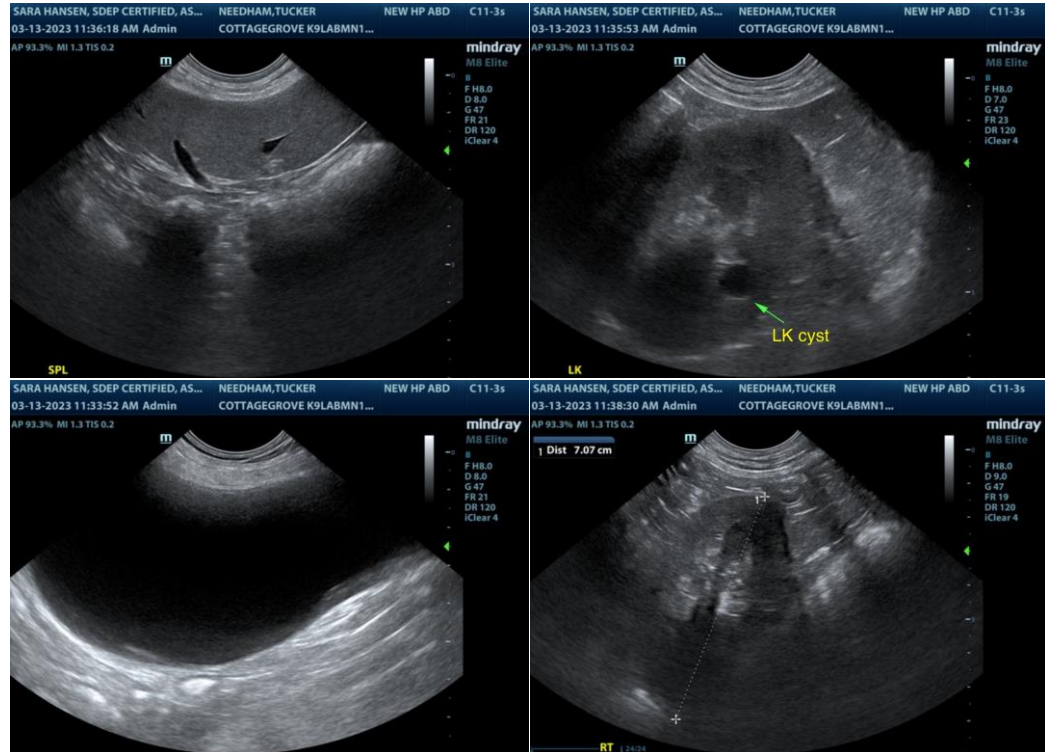
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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

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