



PATIENT

Gobee Willwerth

SPECIES

Canine

BREED

Border Collie X

SEX

Neutered male

AGE

11 years

WEIGHT

42 pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Chelsea Pastor

HOSPITAL NAME

Fredon Animal
Hospital

REFERRING VET

Dr. Michelle Roche

INVOICE

10103ag

DATE

03/02/2022

PRESENTING CLINICAL SIGNS

History: Head tremors, panting, seems weak E/D-ok No V/D

Abnormal PE/Chem/CBC/UA Results: Slightly pale, hint of jaundice? Uveitis OD HCT 25.8, Reticulocyte Count 116, Tbili 0.7, SDMA 16 Neoplasia vs autoimmune

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra exhibited normal thickness and tone. Anechoic urine was present in the lumen with mild nondependent particulate sediment. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes were noted.

Normal size and margination was present in the kidneys. A normal 1:3 cortex / medulla ratio was maintained. The medulla and cortices were uniform in texture with some mildly increased echogenicity and minor loss of corticomedullary symmetry and definition expected for the age of the patient. Pinpoint medullary mineral was observed in both kidneys. No evidence of pelvic dilation was present. The left kidney measured 5.5 cm in length. The right kidney measured 6.1 cm in length.

The area of the aortic trifurcation was free of pathology without evidence of sub lumbar or medial iliac lymphadenopathy. No evidence of iliac trifurcation thrombosis.

The area of the residual prostate was free of overt pathology.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.46 cm width at the caudal pole and 1.8 cm width at the cranial pole. The right adrenal gland was not definitively visualized but appeared without pathology.

Spleen

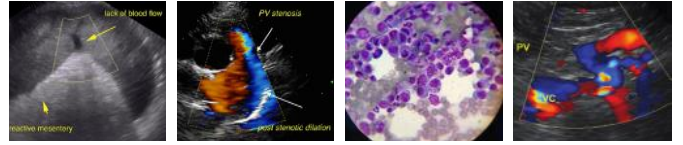
The spleen exhibited a finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. The capsule was smooth and regular without apparent expansion. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis. Acute to chronic inflammatory, neoplastic, or benign parenchyma changes were not noted.

Liver

The liver exhibited subjective mild enlargement. 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 mild nondependent to dependent nonorganized debris.

The gallbladder was otherwise normal without evidence of inflammatory criteria or peripheral inflammation.

The cystic and common bile ducts were not definitively visualized. No evidence of stasis, dilation or obstructive criteria was observed.



PATIENT

Gastrointestinal

Gobee Willwerth

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.

SPECIES

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.

Canine

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

BREED

Pancreas

Border Collie X

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.

SEX

Free Abdomen

Neutered male

No omental masses, lymphadenopathy or peritoneal effusion.

AGE

11 years

ULTRASONOGRAPHIC FINDINGS

WEIGHT

42 pounds

- Mild urinary bladder sediment.
- Early age-related kidneys with pinpoint medullary mineral.
- Normal spleen.
- Potential mild hepatomegaly-subjectively benign.
- Mild gallbladder debris (non-mucocele).

INTERPRETED BY

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

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No overt evidence of significant visceral pathology as a potential cause of the patient's anemia por other clinical signs.

IMAGING PERFORMED BY
Chelsea Pastor

The urinary bladder sediment may suggest cellular / crystalline debris or mucus. Cystocentesis for UA +/- C/S if evidence of inflammatory cells is recommended.

HOSPITAL NAME

Fredon Animal
Hospital

Given the lack of reported hepatic enzyme elevations, yet with a mildly elevated TBIL, the presence of gallbladder debris and mild hepatomegaly may indicate some degree of cholestasis. No overt evidence of hepatic or hepatobiliary neoplastic criteria or evidence of port hepatic obstruction.

REFERRING VET

Dr. Michelle Roche

Addition diagnostics may include three view chest radiographs to rule out occult thoracic pathology and assessment for evidence of autoagglutination and infectious disease serology if indicated.

INVOICE

10103ag

DATE

03/02/2022



PATIENT

Gobee Willwerth

SPECIES

Canine

BREED

Border Collie X

SEX

Neutered male

AGE

11 years

WEIGHT

42 pounds

INTERPRETED BY

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

IMAGING PERFORMED BY
Chelsea Pastor

HOSPITAL NAME

Fredon Animal
Hospital

REFERRING VET

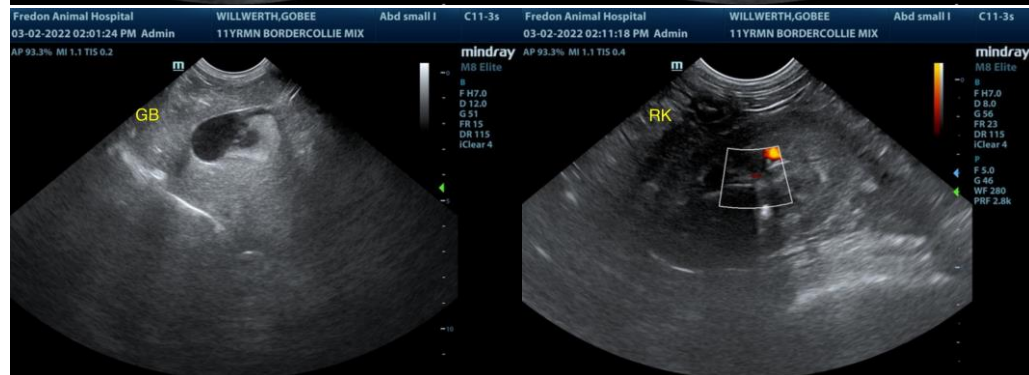
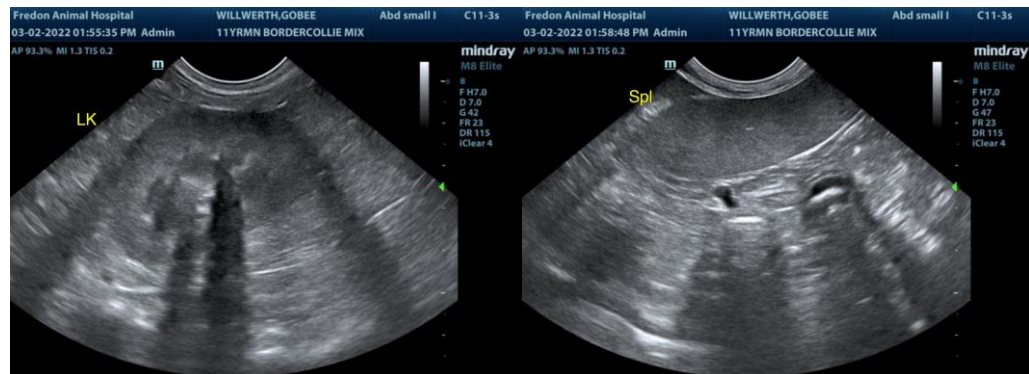
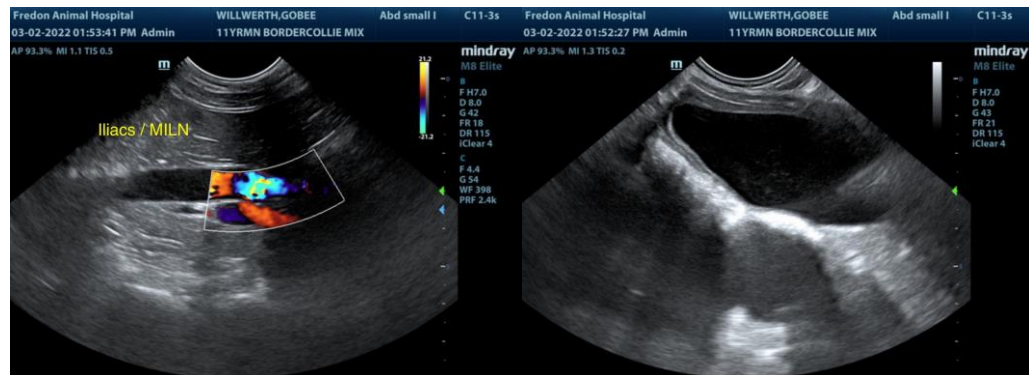
Dr. Michelle Roche

INVOICE

10103ag

DATE

03/02/2022





PATIENT

Gobee Willwerth

SPECIES

Canine

BREED

Border Collie X

SEX

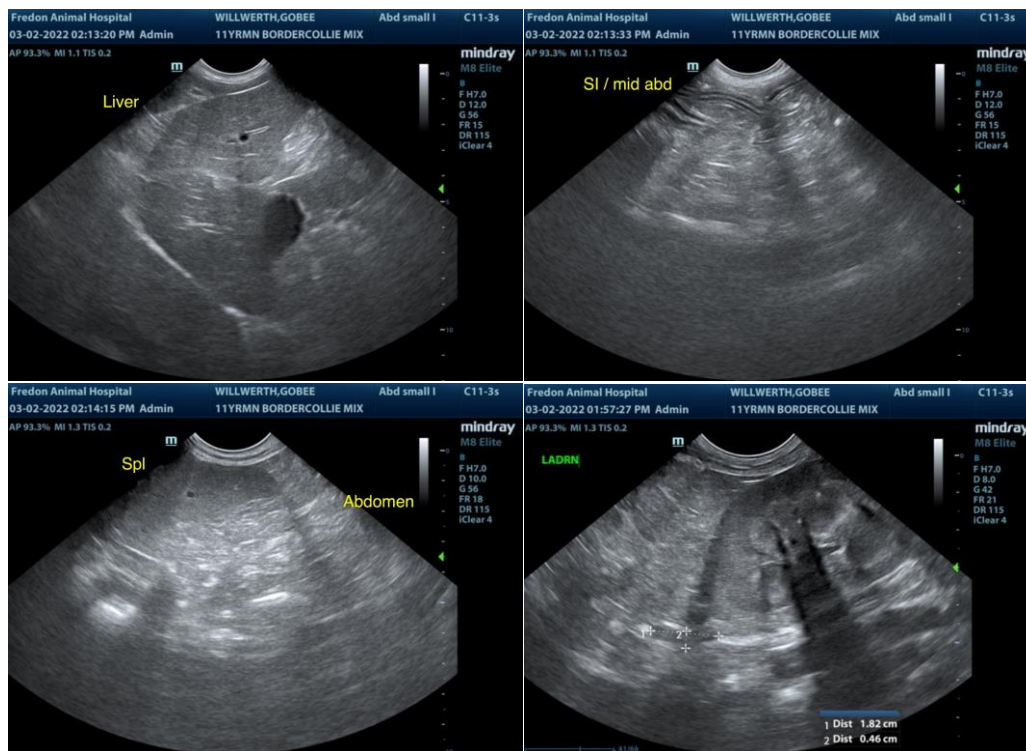
Neutered male

AGE

11 years

WEIGHT

42 pounds



INTERPRETED BY

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

IMAGING PERFORMED BY
Chelsea Pastor

HOSPITAL NAME

Fredon Animal
Hospital

REFERRING VET

Dr. Michelle Roche

INVOICE

10103ag

DATE

03/02/2022

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