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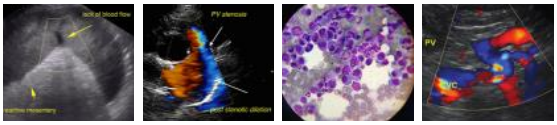

ANIMAL SOUNDS NW
MOBILE VETERINARY ULTRASOUND
IMAGING PERFORMED BY
AnimalSoundsNW.com 541-357-9423

PATIENT

Roxy Diens

SPECIES

Canine

BREED

Labrador Retriever

SEX

Spayed female

AGE

7 years

WEIGHT

65 pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Jenna Walsh CVT

HOSPITAL NAME

Willakenzie Animal Clinic

REFERRING VET

Dr. Duncan

INVOICE

10111ag

DATE

03/02/2022

PRESENTING CLINICAL SIGNS

History: Cranial abdominal pain - nausea with abd palpation, inappetence, hiding, strange behavior no V/D of fever - duration of 2 days
Abnormal PE/Chem/CBC/UA Results: Eos high - all other CBC/Chem WNL, Normal cpL

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 3 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.

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 6.0 cm in length. The right kidney measured 6.2 cm in length.

The area of the aortic trifurcation was free of pathology.

No overt pathology in the area of the uterine remnant.

Adrenal Glands

The left adrenal gland was mildly subnormal in size with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.42 cm width at the caudal pole and 2.1 cm width at the cranial pole. The right adrenal gland was indistinctly visualized, subjectively measuring 0.29 cm width at the caudal pole.

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 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 mild to moderate congealed yet nonorganized and non-mineralized gallbladder debris. No evidence of peripheral gallbladder inflammation was observed. The cystic and common bile ducts were normal.

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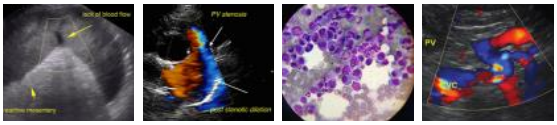

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Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach was empty with no signs of retained fluid, 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 was evident

Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

- Overtly normal abdomen.
- Potential mild subnormal bilateral adrenal glands-nonspecific.
- Mild to moderate inspissated gallbladder debris (non-mucocele).

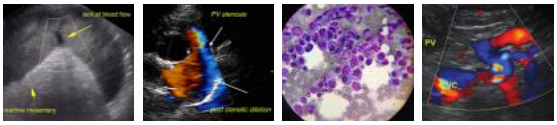
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No overt evidence of significant visceral pathology as an obvious cause for the patient's clinical signs or abdominal pain. Given the lack of inflammation changes associated with the gallbladder, discomfort associated with gallbladder palpation is considered unlikely. Likewise, no evidence of active pancreatitis or upper gastrointestinal pathology.

Given the patient's vague clinical signs and eosinophilia, broad spectrum deworming +/- adrenal screening with resting cortisol to assess for possible atypical Addison's disease could be considered.

Three view chest radiographs and musculoskeletal exam to assess for evidence of occult thoracic pathology or an area of referred abdominal pain may be considered for further assessment.

Periodic monitoring for evidence of increasing cholestasis is recommended.



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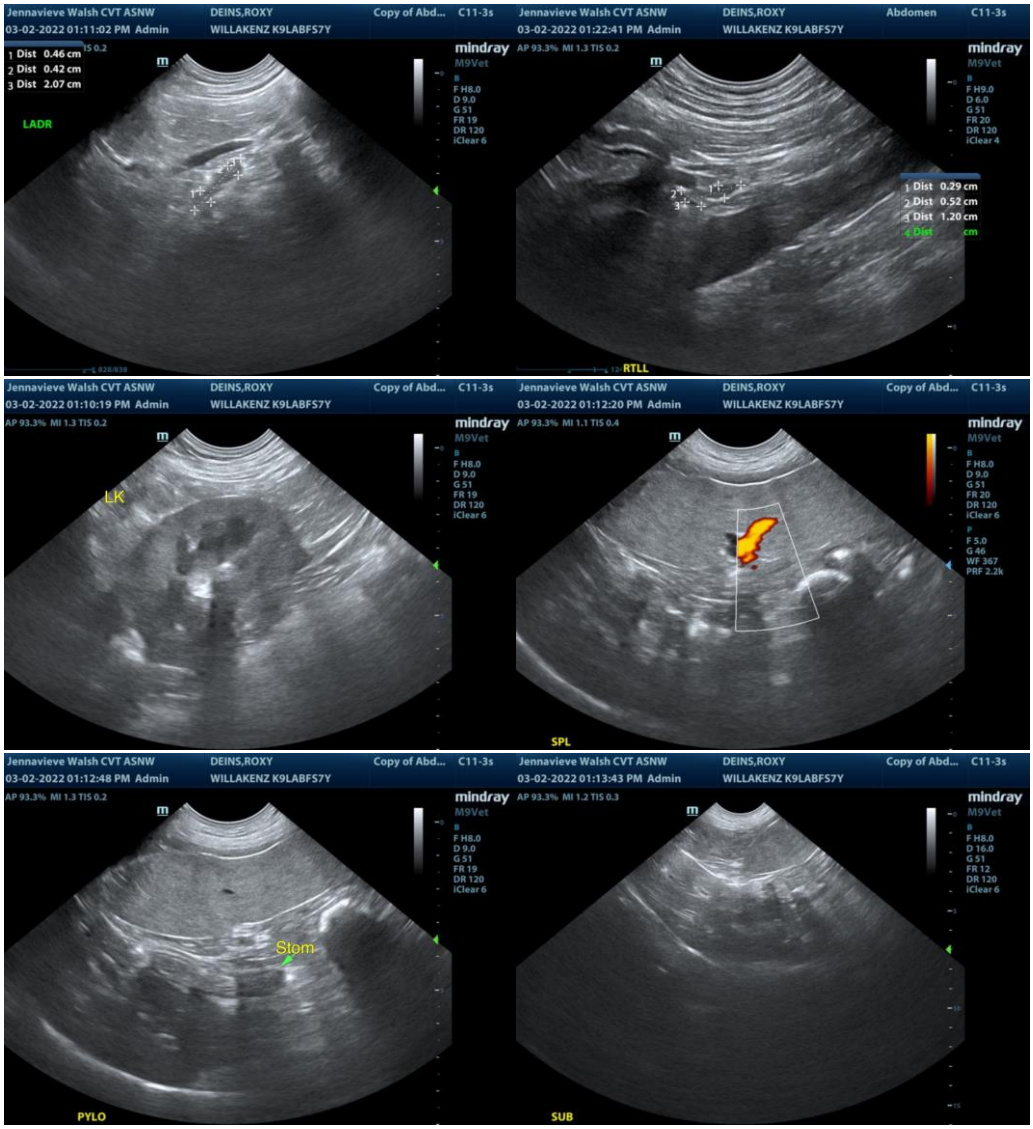

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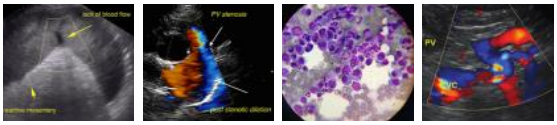

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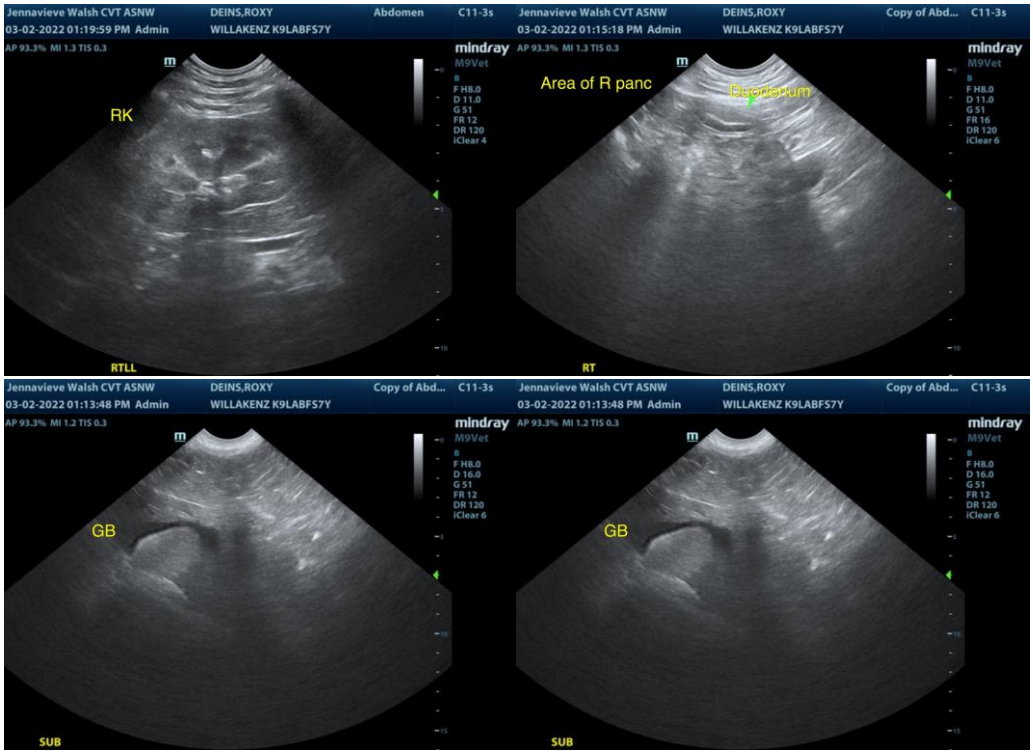

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)

info@SonoPath.com