



PATIENT	PRESENTING CLINICAL SIGNS
Sport Osler	Weight loss but good appetite history of allergic skin disease.
SPECIES	Abnormal PE/Chem/CBC/UA Results: Blood work non diagnostic
Canine	ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN
BREED	<i>Urinary System</i>
Golden Retriever	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.
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 minor loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. Bilateral pinpoint medullary mineral was present. The left kidney measured 6.9 cm in length. The right kidney measured 6.5 cm in length.
MN	
AGE	The area of the aortic trifurcation was free of pathology.
9	The area of the residual prostate appeared normal and free of pathology.
WEIGHT	<i>Adrenal Glands</i>
22.3kg	The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.58 cm width at the caudal pole and 0.58 cm width at the cranial pole. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma.
INTERPRETED BY	<i>Spleen</i>
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	The spleen exhibited potential borderline enlargement with 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.
IMAGING PERFORMED BY	<i>Liver/Gallbladder</i>
Dr. Belan	The liver exhibited borderline to mild generalized enlargement with symmetrical capsule contour and non-homogenous diffuse hypoechoic nodular parenchyma. The hepatic and portal vasculature were normal in appearance without signs of congestion. No visualized hepatic masses. The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content with mild congealed debris in the gallbladder neck. The cystic and common bile ducts were normal.
HOSPITAL NAME	<i>Gastrointestinal</i>
Cranston Vet Clinic	The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained mild gastric ingesta and luminal gas with no signs of ileus, obstruction or foreign material.
REFERRING VET	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.
Dr. Nielsen	Normal visible colon wall layers were present with apparent formed feces in lumen.
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PATIENT

Pancreas

Sport Osler

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 omental masses or peritoneal effusion was present.

BREED

Golden Retriever

A solitary benign mildly prominent to enlarged colic lymph node was present. The lymph node was essentially isoechoic to adjacent omentum without evidence of peripheral inflammation and maintaining a normal width: length ratio (<0.5).

SEX

MN

AGE

9

ULTRASONOGRAPHIC FINDINGS

- Sonographically unremarkable GI tract with minor gastric ingesta/gas.
- Normal pancreas.
- Non-homogenous to nodular liver-vacuolar hepatopathy, hematopoiesis, hyperplasia, fibrosis or other hepatopathy possible. Less likely chronic inflammatory hepatopathy or infiltrative neoplasia.
- Gallbladder debris-not consistent with mucocele criteria.
- Mild age related renal changes with pinpoint medullary mineral.

WEIGHT

22.3kg

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Correlation with pending hepatic FNA cytology is suggested. Assuming no evidence of significant hepatic pathology, a definite cause of the patient's weight loss was not obvious.

INTERPRETED BY

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

A GI panel to include PLI/TLI/Cobalamin/Folate as well as three view chest radiographs and neurological / musculoskeletal examination are recommended to assess for or rule out occult disease which may cause weight loss. Pending hepatic cytology, hepatosupportive medications such as Denamarin and Ursodiol may be considered.

IMAGING PERFORMED BY

Dr. Belan

HOSPITAL NAME

Cranston Vet Clinic

REFERRING VET

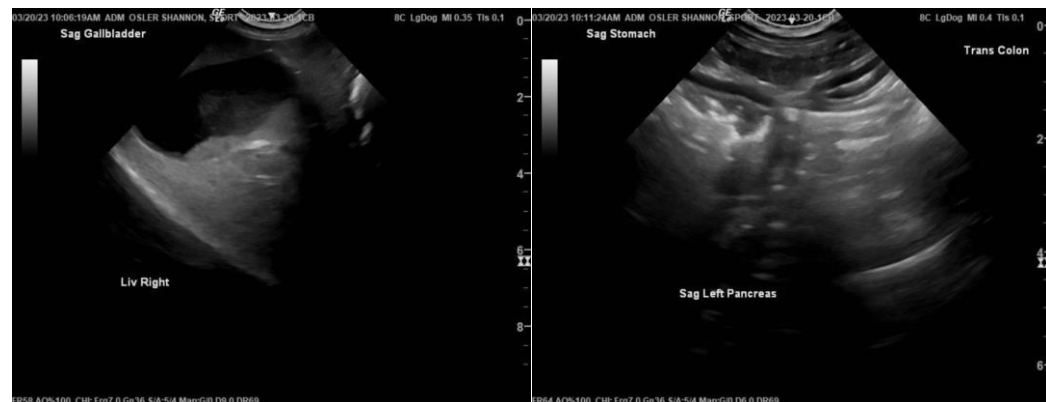
Dr. Nielsen

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Sport Osler

SPECIES

Canine

BREED

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WEIGHT

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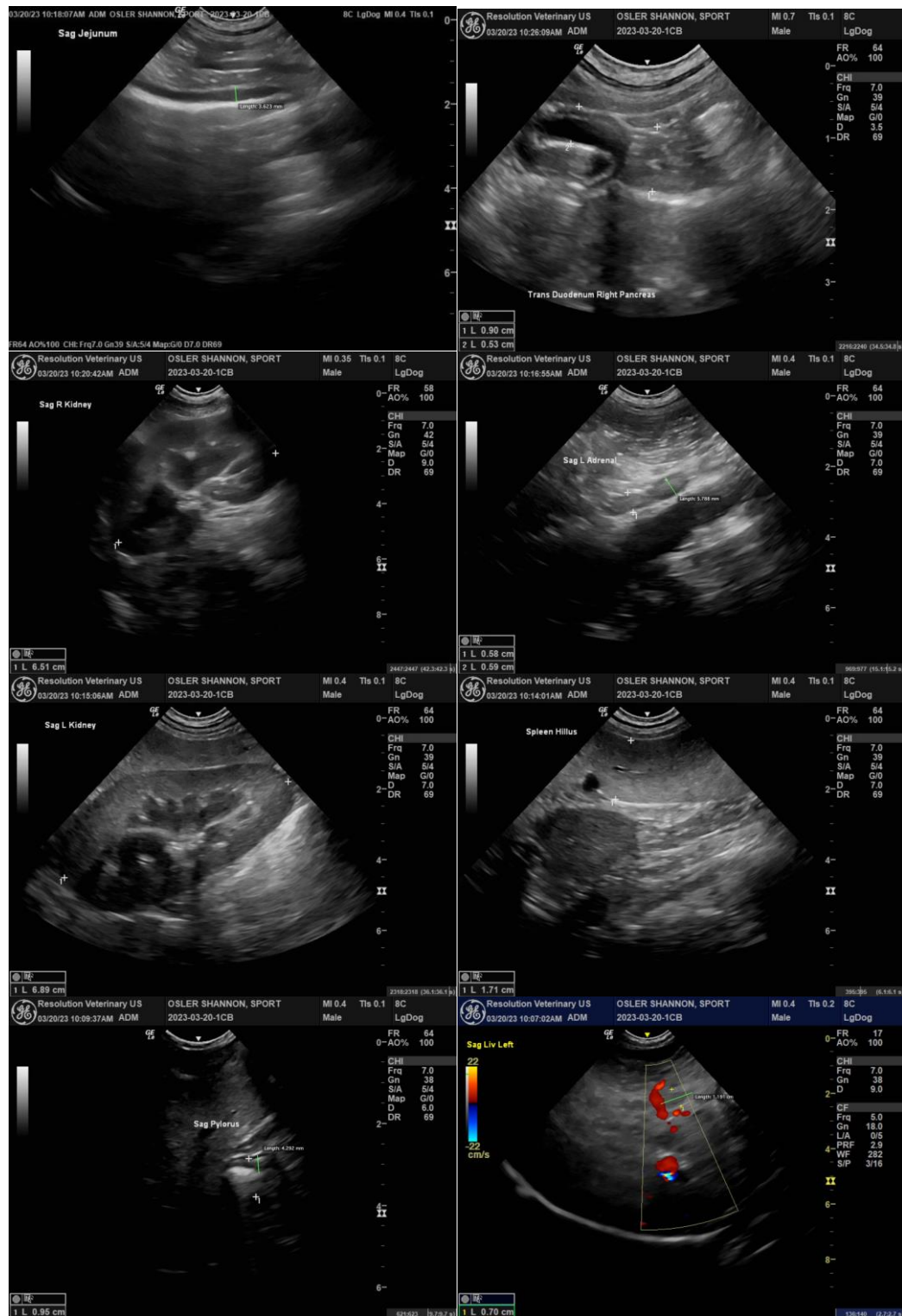
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.



PATIENT

Sport Osler

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.

SPECIES

Canine

R. McKenzie Daniel, DVM, DABVP (Canine/Feline Practice)
mac.daniel@sonopath.com

BREED

Golden Retriever

SEX

MN

AGE

9

WEIGHT

22.3kg

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DVM, DABVP
(Canine and Feline)

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