



PATIENT

Chief Meyers

SPECIES

Canine

BREED

Golden Retriever

SEX

Male

AGE

8 years

WEIGHT

31 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Belan

HOSPITAL NAME

Healing Traditions
Animal Hospital

REFERRING VET

Dr. Vockeroth

INVOICE

10216ag

DATE

03/22/2022

PRESENTING CLINICAL SIGNS

History: Moderate weight loss since X mas some lethargy was B&A on date of scan

Abnormal PE/Chem/CBC/UA Results: Mod elevation ALT and GGT also low Thyroid.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2 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 6.9 cm in length. The right kidney measured 6.0 cm in width.

The prostate was enlarged in size with intact, symmetrical capsule contour. The margins of the gland were intact and able to be differentiated from the surrounding tissue. The prostatic parenchyma was mildly echogenic to heteroechoic without parenchymal mineralization. The prostate measured 3.0 cm in diameter.

The area of the aortic trifurcation was free of pathology.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.59 cm width at the caudal pole and 0.43 cm width at the cranial pole. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.37 cm width at the caudal pole and 0.78 cm width at the cranial 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 presented mildly 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. Potential mild dilation of the cranial abdominal vena cava at the level of the liver and the diaphragm with no evidence of thrombosis. The gallbladder was non-distended in size with moderate nondependent to inspissated yet mobile gallbladder debris. No evidence of peripheral gallbladder inflammation was noted. The cystic and common bile ducts were normal.



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The stomach presented intact to potentially prominent wall layering including focal nonspecific hyperechoic nonshadowing mural foci. The lumen of the stomach contained a mild amount of retained anechoic fluid without evidence of retained ingesta with no signs of 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. The jejunum wall measured 0.32 cm.

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

Pancreas

The pancreas was normal in size and contour with isoechoic to heterogeneous parenchyma compared to adjacent omentum. No signs of active inflammation or neoplasia.

Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

Still images of the bilateral testicles were overtly normal.

ULTRASONOGRAPHIC FINDINGS

- Probable benign prostatic hyperplasia, potential for prostatitis.
- Possibly mild hypomotile gastritis, sonographically unremarkable small bowel.
- Nonspecific yet subjectively benign hepatopathy-suspect mild to moderate inflammatory hepatopathy given the ALT elevation with some degree of non-obstructive cholestasis given the presence of gallbladder debris. Cholangiohepatitis is considered the primary differential diagnosis.
- Moderate inspissated yet mobile gallbladder debris (non-mucocele).
- Mild heterogeneous pancreas-potential for low grade to chronic inflammation is possible.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Assuming normal clotting status an ultrasound guided FNA of the liver using a 25g needle could be considered for screening cytology primarily to assess for and identify inflammatory cell type if present. No overt hepatic or hepatobiliary neoplastic criteria was observed. Hepatosupportive supportive medications and Ursodiol may prove beneficial.

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 and assess cardiopulmonary status which may be contributing factors to the patient's weight loss.



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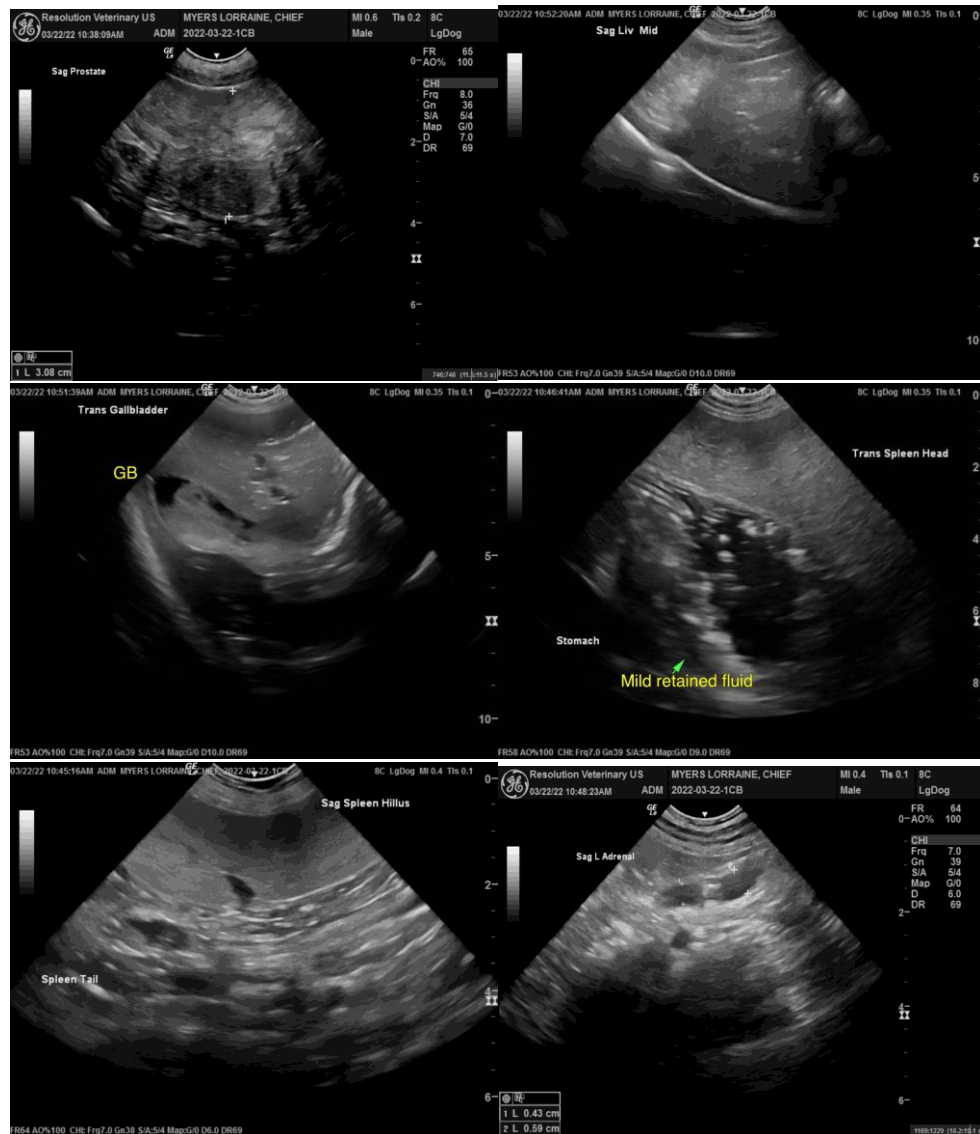
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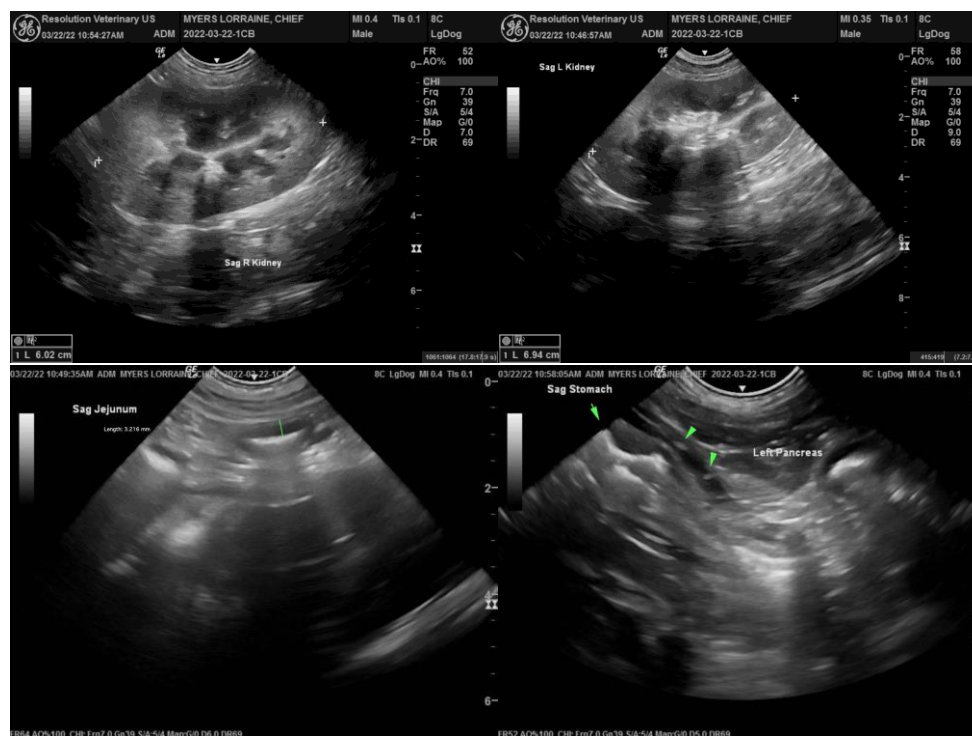
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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