

PATIENT PRESENTING CLINICAL SIGNS

Jango Dugan

History * 7 days ago Pet/O went and visited family. The other family has a 3 year old puppy. The puppy was trying to play with this dog the whole time, but this dog didnt want to play. Not seeming to drink as much water lately exc last night. Seems uncomfortable at night and gets up a lot, abnormal for pet. Seems to be labored breathing when laying down. But when pet is up during the day seems better. Grunting and making a lot of noise at night. O thinks pet has fluid in the abdomen. Pet has a wart of the front right leg that has been there for a while, but is growing and seems irritated. O has been putting neosporin and vitmain E on it. Does tear up fleece toys but has not been vomiting. Working diagnosis grunting, uncomfortable r/o GI (FB, gastritis)/pancreatitis vs. splenic or liver tumor, vs. OA/other bit heavy Medication - Acepromazine 25mg: 2 PO PRN / Trazodone 100mg: 1 SID PRN (vet visits/ stressful events) also Gave dex/torb prior to Scan. Any additional information Grain Free Diet

SPECIES

Canine

BREED

Catahoula

SEX

MN

Abnormal PE/Chem/CBC/UA Results: Summary of Abnormal LABs B/W looks perfect, including liver, kidneys, pancreas, no anemia or systemic infection/inflammation.

AGE

11 years

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

WEIGHT

32.7 kg

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 3.0 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 was noted.

INTERPRETED BY

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

The residual prostate was free of pathology.

No evidence of medial Iliac or sublumbar lymphadenopathy/masses.

IMAGING PERFORMED BY

Loetitia Saint-Jacques, RVT

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 mild loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. Intermittent, discrete, thinly walled intraparenchymal cysts were present. Pinpoint medullary mineral was noted. The left kidney measured 6.2 cm in length. The right kidney measured 6.7 cm in length.

HOSPITAL NAME

Grass Valley VH

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.76 cm width at the caudal pole and 0.61 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 0.93 cm width at the caudal pole.

REFERRING VET

Dr. Kristi Cortright

INVOICE

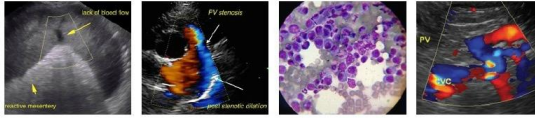
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Spleen

DATE

3/23/23

The spleen exhibited primarily finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. A nondisruptive, well-demarcated hyperechoic nodule were present in the cranial to caudal parenchyma measuring 0.93 cm diameter. The capsule was smooth



PATIENT

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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 or neoplastic changes were not noted. The hypoechoic nodules tend to trend benign and are most consistent with benign hyperplasia or myelolipomas.

SPECIES

Canine

Liver/ Gallbladder

The liver was subjectively normal in size, structure, and contour. The liver parenchyma was mildly nonuniform and hypoechoic to the spleen with a moderate coarse echotexture and subjective mild to benign parenchymal remodeling. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.

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Gastrointestinal

MN

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. No evidence of gastric distension with retained ingesta or fluid.

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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 mechanical / metabolic ileus, obstruction, or foreign material.

WEIGHT

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

Pancreas

INTERPRETED BY

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

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

Free Abdomen

IMAGING PERFORMED BY

No omental masses, lymphadenopathy, or evidence of peritoneal effusion were noted.

ULTRASONOGRAPHIC FINDINGS

Loetitia Saint-Jacques, RVT

HOSPITAL NAME

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- Mild chronic renal changes
- Benign splenic nodule - consistent with benign myelolipoma
- Sonographically unremarkable gastrointestinal tract
- Mild heterogeneous pancreas - suspect age-related changes and incidental

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

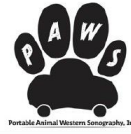
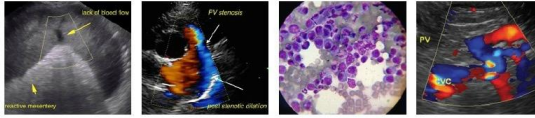
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Largely mild geriatric abdomen with expected age-related changes. No evidence of significant abdominal visceral pathology as an obvious cause of the patient's presentation. Thorough muscular / skeletal and neurological examination is suggested to assess for evidence of pain or discomfort as a primary contributing factor. No evidence of intraabdominal neoplastic criteria was noted.

DATE

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Portable Animal Veterinary Sonography, Inc.

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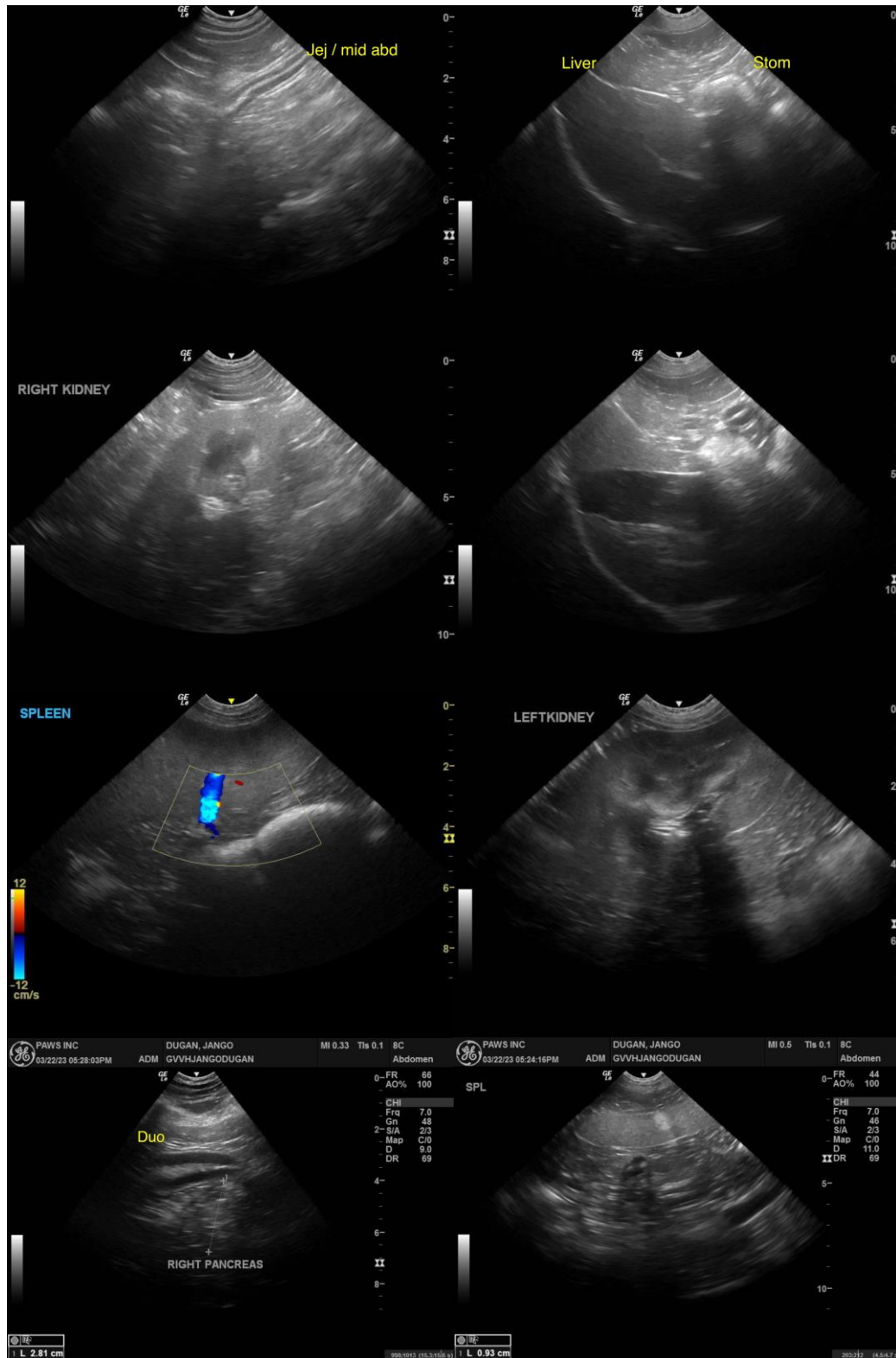
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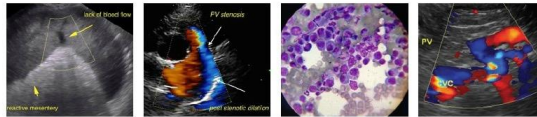
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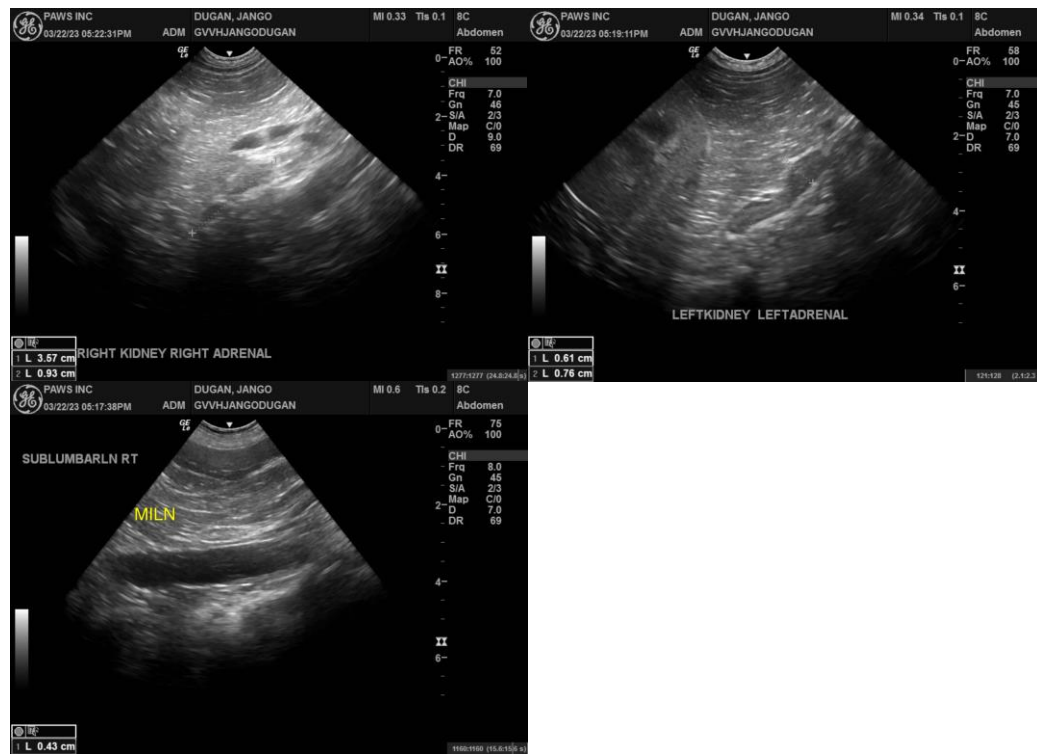
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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