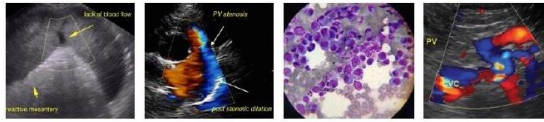




PATIENT	PRESENTING CLINICAL SIGNS
Woodruff Dorris	arrhythmia, pancreatitis meds: gabapentin, torbugesic for scan Abnormal PE/Chem/CBC/UA Results: spec cPL 653(0-200)
SPECIES	ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN
Canine	Urinary System
BREED	The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 4.0 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.
Bernese Mtn Dog	
SEX	The area of the aortic trifurcation was free of pathology.
MN	
AGE	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 6.7 cm in length. The right kidney measured 6.5 cm in length.
8 years	
WEIGHT	Adrenal Glands
143 lbs.	The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 2.8 cm length x 0.64 cm width at the caudal pole. The right adrenal gland was without overt pathology. The right adrenal gland subjectively measured 3.1 cm length x 0.69 cm width at the caudal pole.
INTERPRETED BY	Spleen
R. McKenzie Daniel, DVM, DABVP	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. Potential mild volume contraction was present.
IMAGING PERFORMED BY	Liver/ Gallbladder
Kelly Reschny	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 mild to moderate, nondependent yet nonorganized gallbladder debris. The gallbladder was otherwise normal. The cystic and common bile ducts were normal.
HOSPITAL NAME	Gastrointestinal
Halton Peel AH	The visualized gastric walls were sonographically unremarkable. The lumen of the stomach contained moderate ingesta exhibiting progressive to strong distal acoustic shadowing.
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. Walters	
INVOICE	
13543	
DATE	
3/24/22	



PATIENT

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

Woodruff Dorris

Pancreas

SPECIES

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

Canine

Free Abdomen

BREED

No omental masses, lymphadenopathy or peritoneal effusion were present.

Bernese Mtn Dog

ULTRASONOGRAPHIC FINDINGS

Primary Findings

SEX

- Progressive to strongly shadowing gastric ingesta

MN

- Mild to moderate, nonorganized gallbladder debris (non-mucocele)

AGE

- Heterogeneous pancreas

8 years

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Overall, no overt evidence of significant abdominal visceral pathology was noted.

WEIGHT

The pancreatic presentation was not overtly consistent with active or significant pancreatitis, although low-grade to chronic pancreatitis could be present and essentially sonographically normal.

143 lbs.

INTERPRETED BY

The progressive to strongly shadowing ingesta is likely consistent with post prandial presentation, although technically the possibility of gastric foreign material cannot be excluded. Correlation with most recent meal ingestion and clinical history is suggested.

R. McKenzie Daniel,
DVM, DABVP

IMAGING PERFORMED BY

Empirically, low-grade to chronic pancreatitis therapy protocol, if clinical signs consistent with pancreatitis are present, and ursodiol if clinical evidence of cholestasis would be reasonable.

Kelly Reschny

HOSPITAL NAME

Halton Peel AH

REFERRING VET

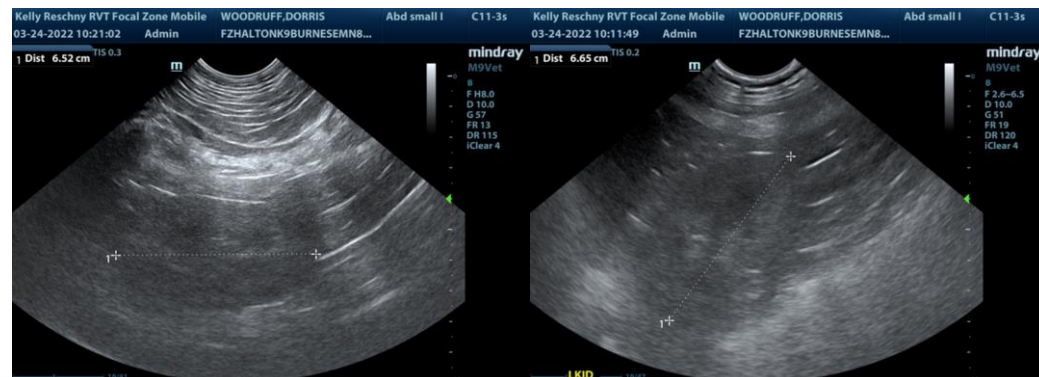
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PATIENT

Woodruff Dorris

SPECIES

Canine

BREED

Bernese Mtn Dog

SEX

MN

AGE

8 years

WEIGHT

143 lbs.

INTERPRETED BY

R. McKenzie Daniel,
DVM, DABVP

IMAGING PERFORMED BY

Kelly Reschny

HOSPITAL NAME

Halton Peel AH

REFERRING VET

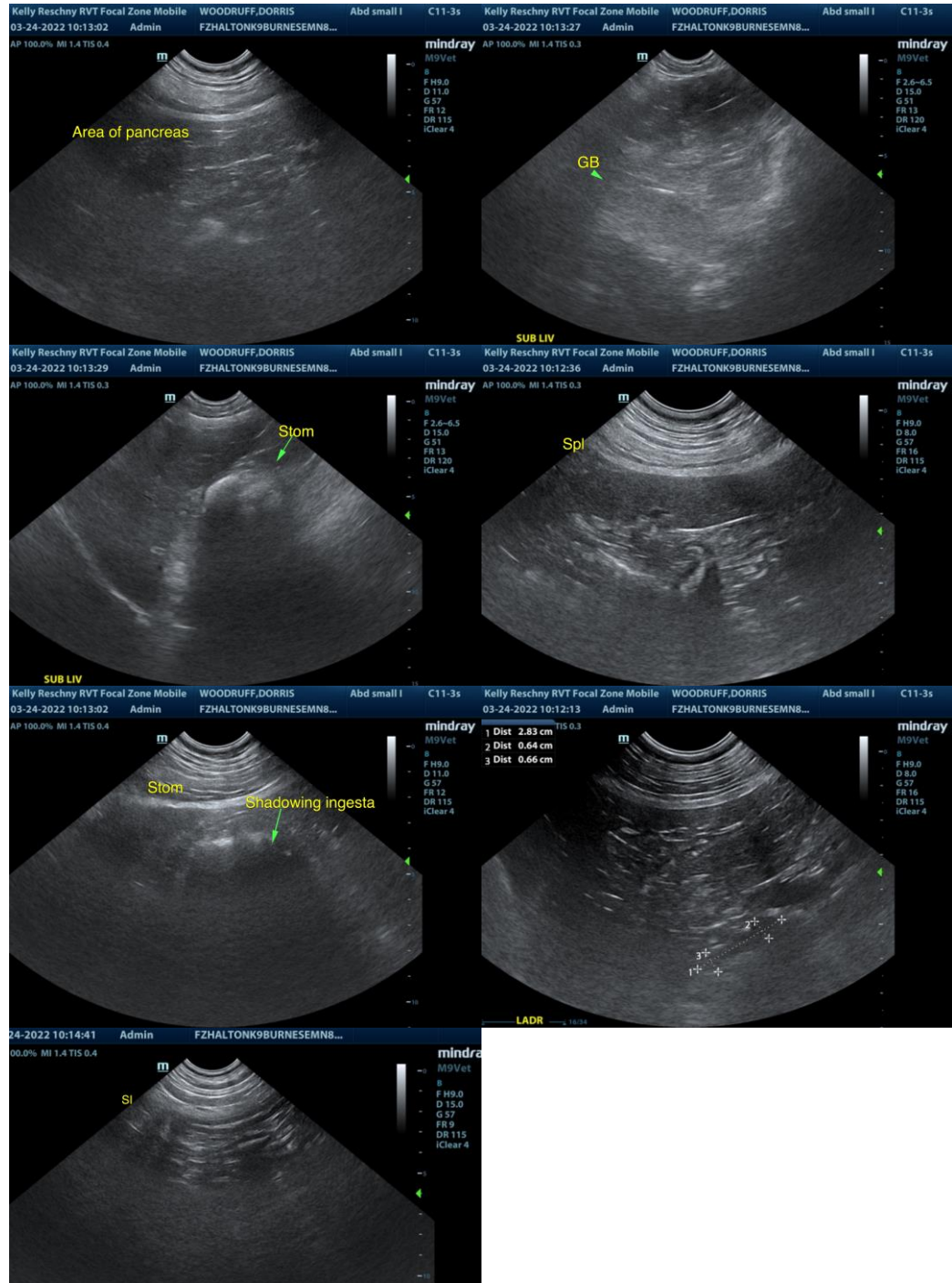
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3/24/22



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.



PATIENT

Woodruff Dorris

R. McKenzie Daniel, DVM, DABVP (Canine / Feline Practice)
info@SonoPath.com

SPECIES

Canine

BREED

Bernese Mtn Dog

SEX

MN

AGE

8 years

WEIGHT

143 lbs.

INTERPRETED BY

R. McKenzie Daniel,
DVM, DABVP

**IMAGING
PERFORMED BY**

Kelly Reschny

HOSPITAL NAME

Halton Peel AH

REFERRING VET

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