



PATIENT

Tootsie Donahue

SPECIES

Canine

BREED

Mastiff Mix

SEX

FS

AGE

6

WEIGHT

146

INTERPRETED BY

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

IMAGING PERFORMED BY

Jenn

HOSPITAL NAME

Rockaway AH

REFERRING VET

Dr. Maniar

INVOICE

16465

DATE

3/29/23

PRESENTING CLINICAL SIGNS

bloody stool lethargic , increased ALP ALT
Abnormal PE/Chem/CBC/UA Results: ALP 1,185

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

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.

The area of the aortic trifurcation was free of pathology.

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 8.9 cm in length. The right kidney measured 8.0 cm in length.

Adrenal Glands

The left adrenal gland was overtly normal in size, position, and shape. The left adrenal gland subjectively measured 0.79 cm width at the caudal pole. The right adrenal gland was not definitively visualized owing to patient size and conformation.

Spleen

The spleen exhibited potential mild subnormal size suggestive of possible splenic volume contraction. The spleen maintained a symmetrical capsule contour and a finely textured and homogenous parenchyma. Normal splenic vascularity was noted.

Liver/ Gallbladder

The liver was subjectively normal in size and maintained symmetrical capsule contour. Uniform mild increased hepatic parenchyma echogenicity compared to the falciform fat and spleen was noted.

Normal hepatic vascular volume was present. No hepatic masses or nodules were visualized. The gallbladder was non-distended in size containing primarily anechoic content with moderate, nonorganized, mildly hyperechoic gallbladder debris. No evidence of gallbladder or peripheral gallbladder inflammatory criteria was noted. The cystic and common bile ducts were normal.

Gastrointestinal

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.

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 formed to semi-formed fecal matter.



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Pancreas

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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 were evident.

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No overt lymphadenopathy or peritoneal effusion was present.

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- Hepatopathy exhibiting mild uniform parenchyma hyperechogenicity - vacuolar hepatopathy, hepatitis / cholangiohepatitis, and lipidosis are possible, infiltrative neoplasia considered a less likely differential diagnosis

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- Moderate gallbladder debris - not consistent with mucocele criteria

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- Overtly normal gastrointestinal tract / colon

- Mild splenic volume contraction

ULTRASONOGRAPHIC FINDINGS

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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If accessible and assuming normal clotting status, screening hepatic FNA cytology could be considered for further clarification. A core surgical biopsy is likely required for a definitive diagnosis. Hepatosupportive medications including Denamarin and Ursodiol may prove beneficial.

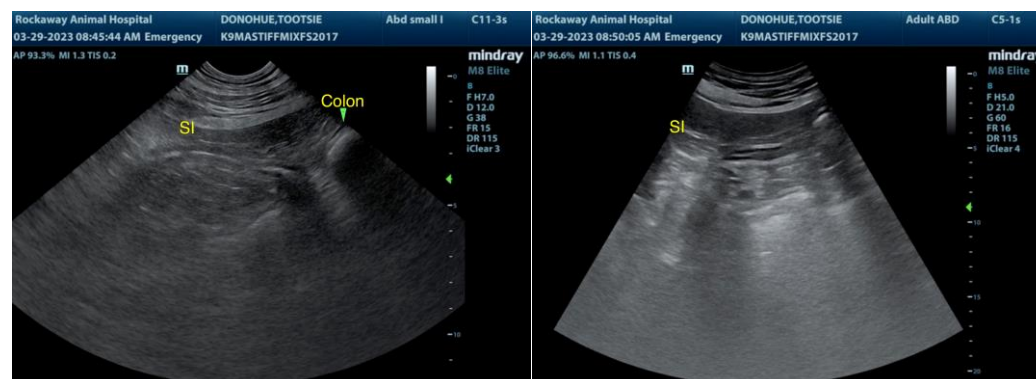
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Although no evidence of gastroenterocolic mural pathology or obstructive pattern, the hematochezia is suggestive of large bowel diarrhea. As-needed gastrointestinal supportive care with an assessment of gastrointestinal and clinical response is recommended. A resting cortisol level to rule out occult Addison's Disease may be considered.

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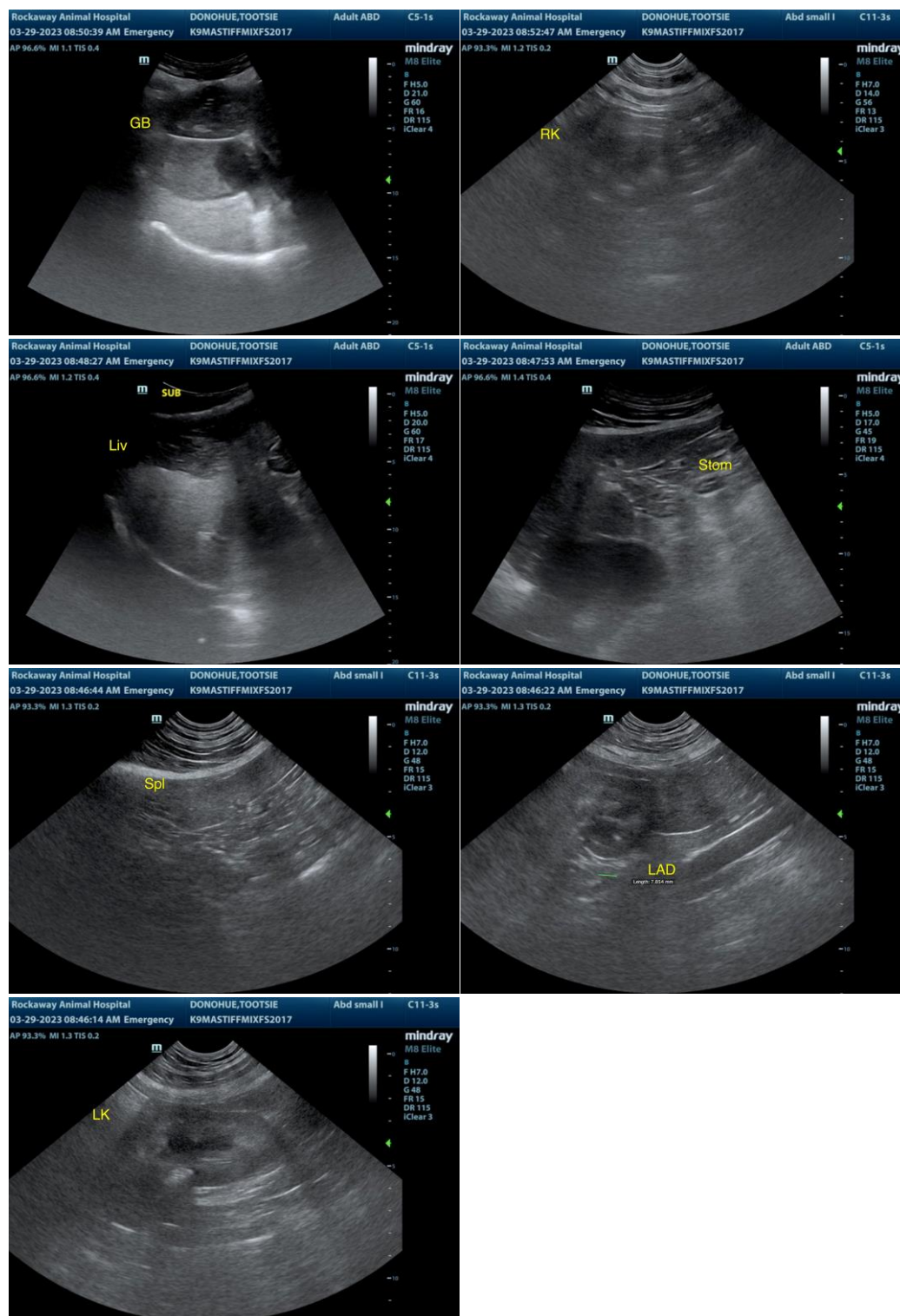
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.



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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.

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