

**PATIENT PRESENTING CLINICAL SIGNS**

Duncan Lankester Was previously diagnosed with heartworm disease and treated elsewhere about 2 years ago. Has recently noted acid reflux and tender abdomen on palpation.

**SPECIES** Abnormal PE/Chem/CBC/UA Results: N/A

Canine **ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**BREED**

**Urinary System**

Bernese Mountain Dog

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**

MI

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.

**AGE**

7yr

The area of the aortic trifurcation was free of pathology.

**WEIGHT**

104lb

The prostate was moderately 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 5.5 cm in diameter.

**INTERPRETED BY**

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

The bilateral testicles were sonographically unremarkable.

**Adrenal Glands**

The left adrenal gland was indistinctly visualized owing to patient size. The left adrenal gland measured 0.65 cm width at the caudal pole and 3.0 cm length. The right adrenal gland was not definitively visualized.

**IMAGING PERFORMED BY**

Crystal Hill

**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.

**HOSPITAL NAME**

The Maples AH

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**Liver/Gallbladder**

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 thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.

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**Gastrointestinal**

**DATE**

03/30/2023

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained mild hyperechoic non-shadowing ingesta with no signs of ileus, obstruction or foreign material. The pylorus wall measured 0.5-0.6 cm in width.



**PATIENT**

Duncan Lankester

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 apparent formed feces in lumen.

**SPECIES**

Canine

***Pancreas***

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.

**BREED**

Bernese Mountain Dog

***Free Abdomen***

No omental masses, overt lymphadenopathy or peritoneal effusion was present.

**SEX**

MI

**ULTRASONOGRAPHIC FINDINGS**

- Benign prostatic hyperplasia.
- Sonographically unremarkable GI tract.
- Sonographically unremarkable pancreas.

**AGE**

7yr

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Overall, there is no overt evidence of significant abdominal visceral specifically GI or pancreatic pathology as a definitive cause of the patient's clinical signs. Low grade to chronic pancreatitis may present sonographically normal. A spec cPL could be considered for further clarification. Potential for low-grade gastritis/esophagitis could be possible.

**WEIGHT**

104lb

Gastroprotectant protocol, canned hydrolyzed diet +/- empirical coverage for helicobacter and assessment of clinical response would be considered.

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Three view chest radiographs are recommended if not done to assess for occult thoracic or esophageal pathology.

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Full CBC/chemistry panel/UA and T4 suggested if not done.

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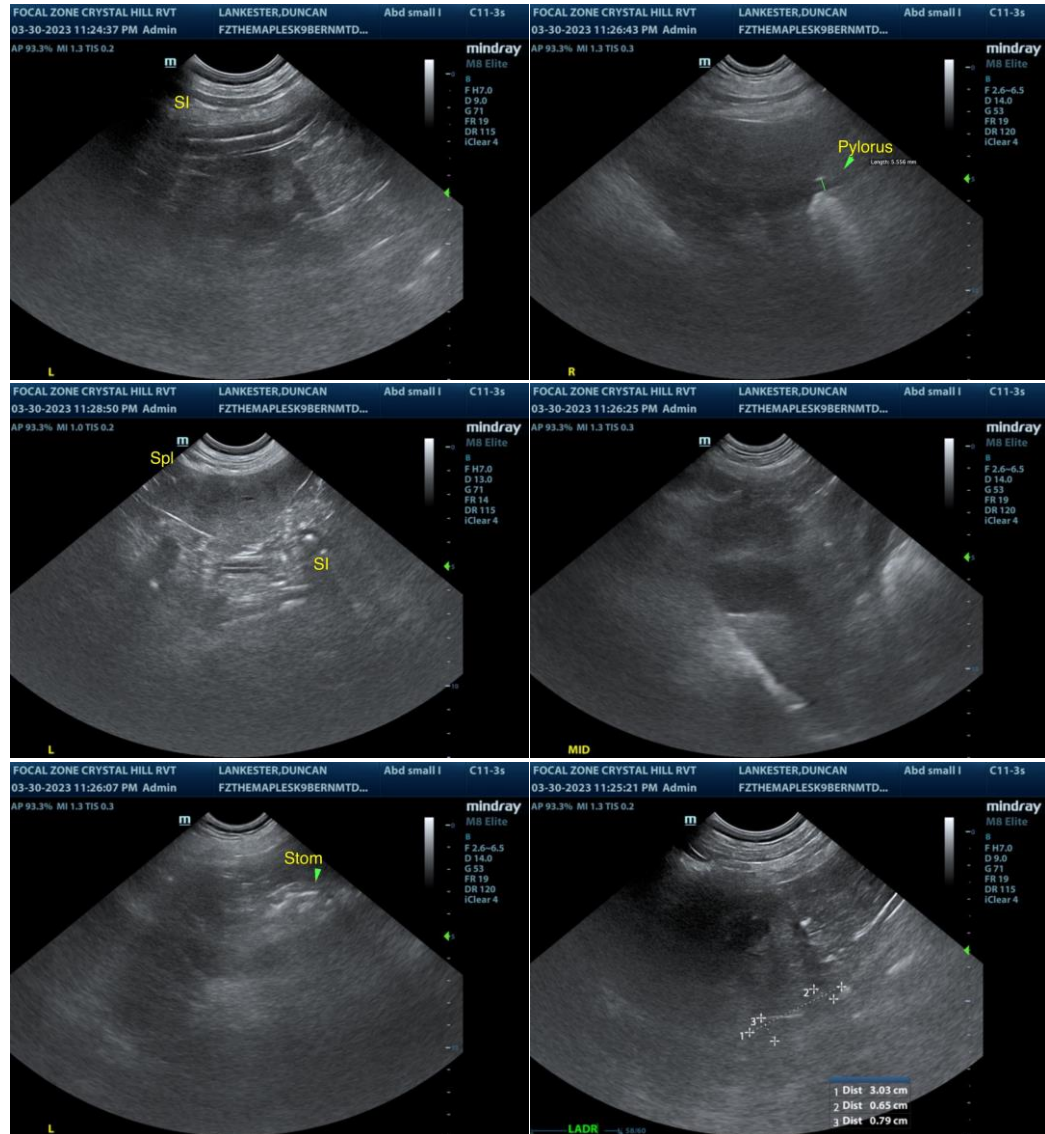
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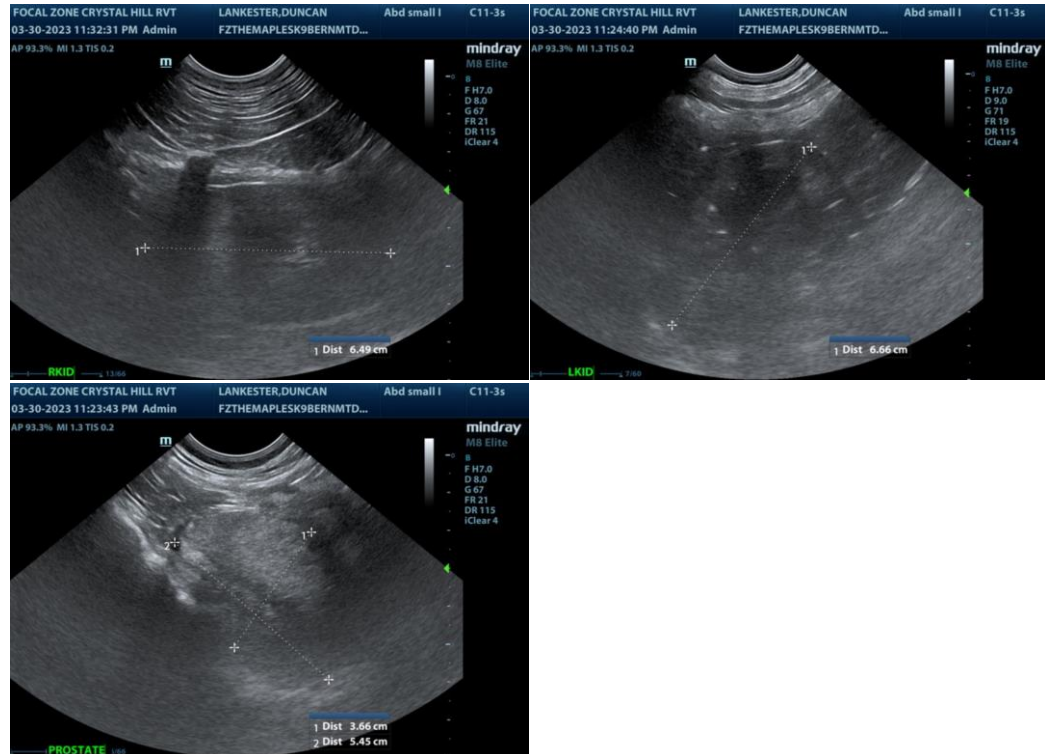
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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