



PATIENT PRESENTING CLINICAL SIGNS

Mia Hahn ER visit for intermittent, excessive panting, mild pancreatitis, FUO, eats raw diet (Blue Ridge)
GLU 129, Na:K 43, HCT 50, TS 5.4

SPECIES ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Canine

Urinary System

BREED

German Shepherd Mix

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

FS

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 6.5 cm in length. The right kidney measured 6.5 cm in length.

AGE

2018

The area of the aortic trifurcation was free of pathology.

The area of the iliac trifurcation was free of pathology including no evidence of medial, iliac or sublumbar lymphadenopathy.

WEIGHT

77.4

The area of the uterine remnant appeared normal and free of pathology.

Adrenal Glands

INTERPRETED BY

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

The left adrenal gland was indistinctly visualized potentially secondary to borderline subnormal size and isoechoic echogenicity compared to adjacent tissue. The left adrenal gland measured 0.4 cm width at the caudal pole.

The right adrenal gland was normal to potentially subnormal in size with normal contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.43 cm width at the caudal pole and 2.1 cm width at the cranial pole.

IMAGING PERFORMED BY

Rebekah Jakum, CVT
ARDMS/RVT

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.

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Liver/Gallbladder

The liver was potentially subnormal in size with normal 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.

INVOICE

13335ag

Gastrointestinal

DATE

03/30/2023



PATIENT

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.

Mia Hahn

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.

SPECIES

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

Canine

Pancreas

BREED

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.

German Shepherd Mix

SEX

Free Abdomen

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

FS

ULTRASONOGRAPHIC FINDINGS

AGE

- Overall sonographically unremarkable abdomen.
- Subjective borderline subnormal liver and bilateral adrenal glands-nonspecific, suspect patient variant.

2018

WEIGHT

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

77.4

Overall, there is no overt evidence of significant abdominal visceral pathology as a definitive cause of the patient's clinical signs. No evidence of active pancreatitis although low grade to mild pancreatitis may present sonographically normal. No evidence of intra-abdominal neoplastic criteria or GI mural pathology. Correlation with pending diagnostics is suggested. Although adequate Na:K, a resting cortisol level to rule out occult Addison's disease could be considered given patient's vague clinical signs. As needed GI support is suggested if clinically indicated.

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For an additional charge, internal medicine consult can be utilized through SonoPath.com. You can select the internal medicine drop down at <http://spa.sonopath.com/>.

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One of the world's top internists & SonoPath associate Dr. Remo Lobetti BVSc, MMedVet, PhD, DECVIM can evaluate your case through SonoPath. <https://sonopath.com/resources/sonopath-services/internal-medicine-teleconsultation-services>

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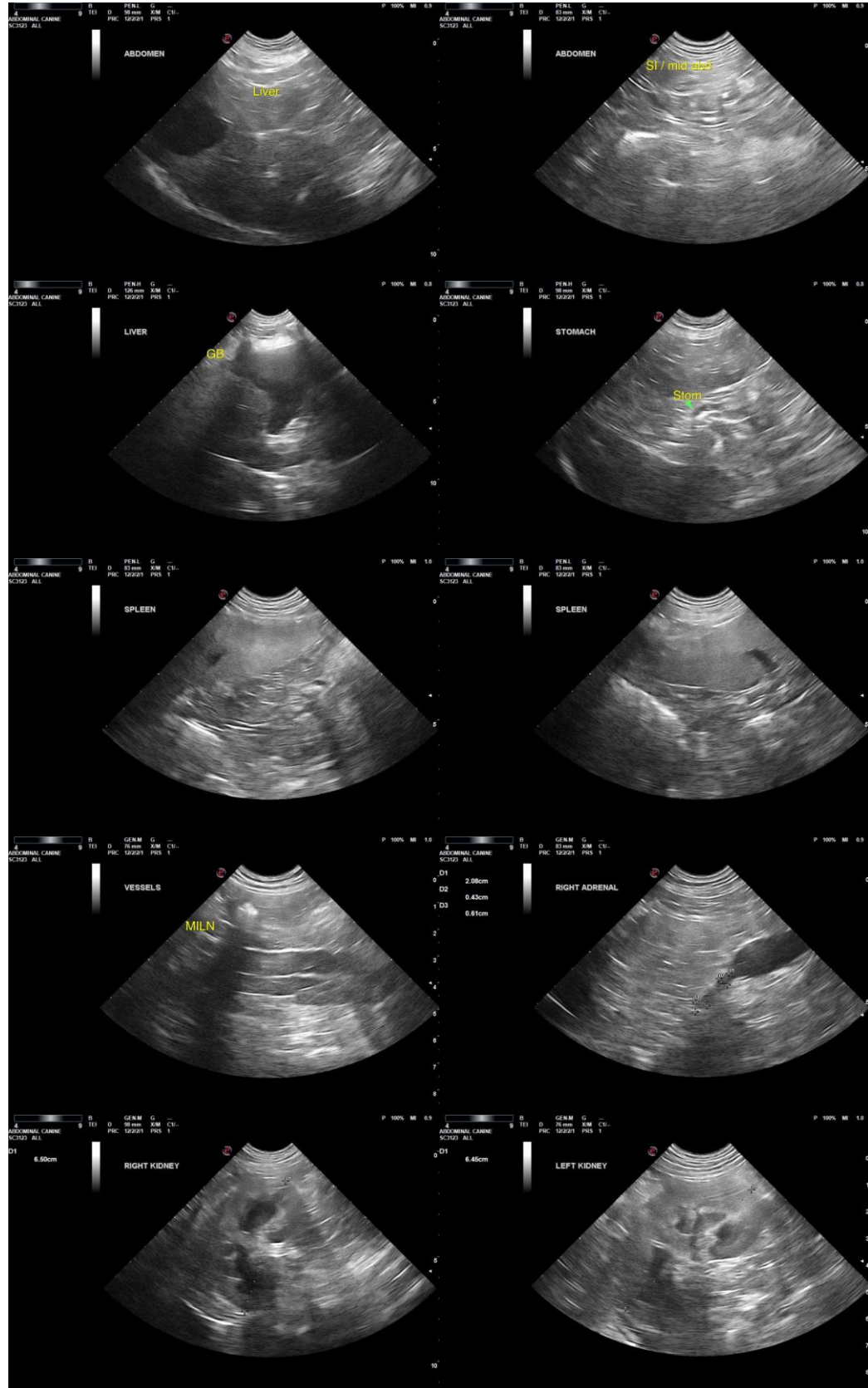
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PATIENT

Mia Hahn

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.

SPECIES

Canine

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.

BREED

German Shepherd Mix

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mac.daniel@sonopath.com

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