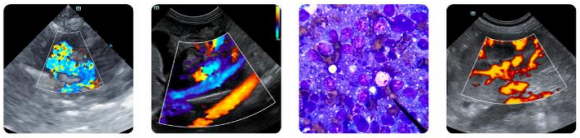



SonoPath FOSTERING THE ART OF VETERINARY MEDICINE™ www.animalsoundsnw.com info@animalsoundsnw.com 541.357.9423

**PATIENT**

Zoey Pliskin

**SPECIES**

Canine

**BREED**

Boxer

**SEX**

FS

**AGE**

9Y

**WEIGHT**

71.6

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Sara Hansen

**HOSPITAL NAME**

Alpine Animal Hospital

**REFERRING VET**

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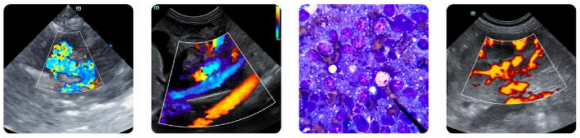
## PRESENTING CLINICAL SIGNS

- CHEM 25 w/ SDMA
- GLUCOSE 114 63 - 114 mg/dL
- SDMA 10 0 - 14 ug/dL SDMA and creatinine are within the reference interval: impairment of GFR is unlikely. Recommended next step: evaluate complete urinalysis.
- CREATININE 0.6 0.5 - 1.5 mg/dL
- BUN 10 9 - 31 mg/dL
- BUN/CREATININE RATIO 16.7
- PHOSPHORUS 3.1 2.5 - 6.1 mg/dL
- CALCIUM 9.9 8.4 - 11.8 mg/dL
- SODIUM 148 142 - 152 mmol/L
- POTASSIUM 5.1 4.0 - 5.4 mmol/L
- CHLORIDE 110 108 - 119 mmol/L
- NA/K RATIO 29 28 - 37
- TCO2 (BICARBONATE) 24 13 - 27 mmol/L
- ANION GAP 19 11 - 26 mmol/L
- TOTAL PROTEIN 6.9 5.5 - 7.5 g/dL
- ALBUMIN 3.1 2.7 - 3.9 g/dL
- GLOBULIN 3.8 2.4 - 4.0 g/dL
- ALB/GLOB RATIO 0.8 0.7 - 1.5
- ALT 59 18 - 121 U/L- T4
- T4 1.6 1.0 - 4.0 ug/dL
- Dogs with no clinical signs of hypothyroidism and results within the reference interval are likely euthyroid. Occasionally, hypothyroid dogs can have a low normal T4 (1-2 ug/dL). Hypothyroidism may be further assessed in these dogs by adding a free T4 and canine TSH.
- WBC 7.7 5.8 - 16.2 K/uL
- RBC 7.08 5.84 - 8.95 M/uL
- HGB 17.8 14.6 - 21.7 g/dL
- HCT 51.4 41.0 - 60.0 %
- MCV 73 62 - 76 fL
- MCH 25.1 22.1 - 26.7 pg
- MCHC 34.6 32.3 - 38.0 g/dL
- % RETICULOCYTE 0.9 %
- RETICULOCYTE 64 21 - 140 K/uL
- RETIC HGB 24.8 23.8 - 28.3 pg
- % NEUTROPHIL 67.6 %
- % LYMPHOCYTE 19.8 %
- % MONOCYTE 5.9 %
- % EOSINOPHIL 6.6 %
- % BASOPHIL 0.1 %
- PLATELET 414 120 - 412 K/uL HIGH
- NEUTROPHIL 5205 3004 - 9741 /uL
- LYMPHOCYTE 1525 980 -
- Current Medications
- none





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History of cutaneous mast cell tumors.

## ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

### *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 evidence of urine or lumen sediment, mineral, or calculi. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes was noted.

No evidence of pathology in the area of the aortic trifurcation.

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 6.9 cm in length. The right kidney measured 7.1 cm in length.

### *Adrenal Glands*

The left adrenal gland was indistinctly visualized. Overtly normal in size, position, and subjective 0.51 cm caudal pole width.

The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.68 cm width at the caudal pole.

### *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.

### *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.

### *Gastrointestinal*

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach was empty without evidence of retained ingesta, fluid, 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 apparent formed feces in lumen.

### *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.

### *Free Abdomen*

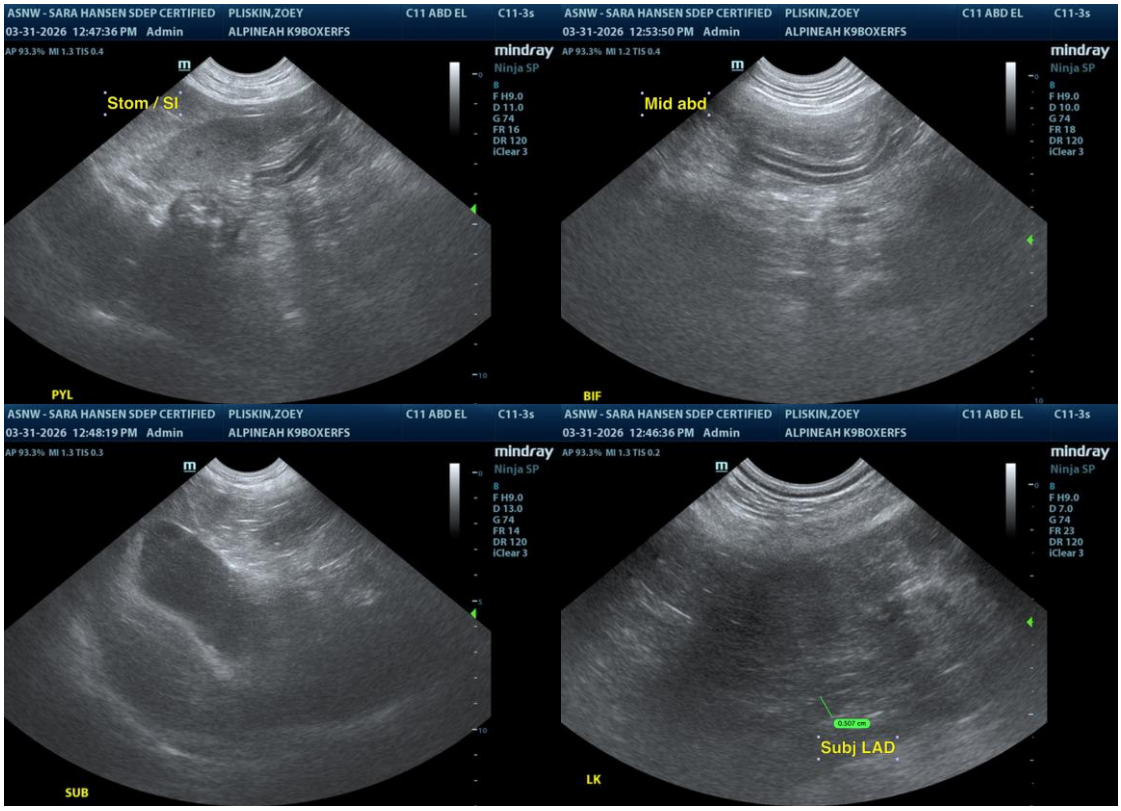
No overt lymphadenopathy or peritoneal effusion was present.

## ULTRASONOGRAPHIC FINDINGS

- Sonographically normal abdomen.

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No evidence of visceral pathology including no evidence of abdominal primary or metastatic neoplastic criteria.



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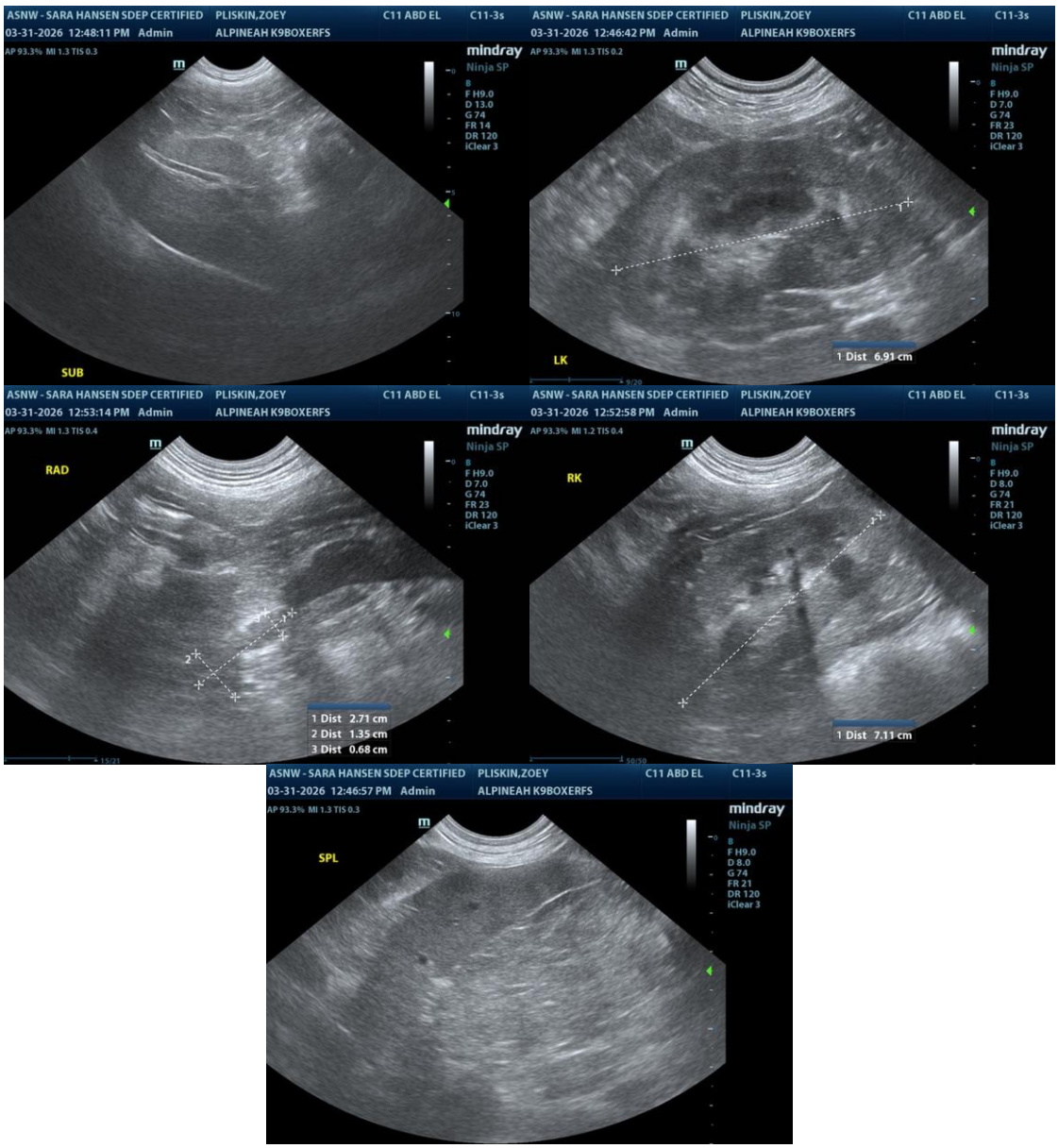


**The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.**

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)**
info@sonopath.com