



PATIENT PRESENTING CLINICAL SIGNS

Tucker Needham

History: Initially vomiting last few days, lethargic and "off". Vomiting has resolved, but pt is still lethargic and not acting like himself. No abdominal pain, mild dehydration. Mildly depressed. cPL normal, electrolytes normal. Current Medications Cerenia 60mg SID

SPECIES

Canine

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

BREED

Urinary System

Labrador

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 were noted.

SEX

Neutered Male

The residual prostate was symmetrically normal in size with uniform parenchyma and slight coarse echotexture measuring 0.94 cm in diameter.

AGE

10 Years

The area of the aortic trifurcation was normal without evidence of sublumbar medial iliac lymphadenopathy.

WEIGHT

67.5 Pounds

Normal size and margination were present in the kidneys. A normal 1:3 cortex / medulla ratio was maintained. The medulla and cortices were uniform in texture with some increased echogenicity and mild loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The left kidney measured 6.0 cm in length. The right kidney measured 7.0 cm in length.

INTERPRETED BY

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

Adrenal Glands

The bilateral adrenal glands were normal in size. Mild parenchyma heterogeneity and mild capsule asymmetry was present without suspicion for overt neoplasia. The left adrenal gland measured 2.9 cm in length x 0.67 cm width in the caudal pole. The right adrenal gland measured 3.0 cm in length x 0.79 cm width in the caudal pole.

IMAGING PERFORMED BY

Jenna Walsh, CVT

Spleen

HOSPITAL NAME

Cottage Grove VC

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.

REFERRING VET

Dr. Damewood

Liver

The liver was subjectively normal in size, structure, and contour. The liver parenchyma was mildly nonuniform and hypoechoic to the spleen with a moderate coarse echotexture and subjective mild to benign parenchymal remodeling. The hepatic and portal vasculature were normal in appearance without signs of congestion.

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DATE

3/7/22

The gallbladder was non distended in size with mild, primarily dependent to mildly inspissated yet nonorganized gallbladder debris. The cystic duct and common bile ducts were normal without evidence of dilation.



PATIENT

Gastrointestinal

Tucker Needham

The visualized gastric walls were sonographically normal. The lumen of the stomach contained moderate ingesta, exhibiting mild progressive distal acoustic shadowing. No overt evidence of mechanical pyloric outflow obstruction.

SPECIES

Canine

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.

BREED

Labrador

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

SEX

Neutered Male

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.

AGE

10 Years

Free Abdomen

No omental masses, lymphadenopathy or peritoneal effusion was present.

WEIGHT

67.5 Pounds

ULTRASONOGRAPHIC FINDINGS

- Moderate gastric ingesta, overtly normal small bowel
- Mild hepatic parenchymal remodeling
- Mild gallbladder debris (non-mucocele)
- Age-related renal changes

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Overall mild geriatric abdomen without evidence of significant visceral pathology as an obvious cause of the patients clinical signs.

IMAGING PERFORMED BY

Jenna Walsh, CVT

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The presence of gastric ingesta is nonspecific and likely indicates post-prandial presentation. Correlation with most recent meal ingestion is recommended. If documented NPO prior to the ultrasound, the presence of gastric ingesta may indicate some degree some of gastric hypomotility or metabolic stasis. The sonographic presentation of the ingesta was most consistent with food, without evidence of foreign material. Further renal staging to include urine C/S and protein: creatinine ratio on sterile urine sample may be considered. Potential for low-grade to possibly resolving gastroenteropathy or low-grade to chronic pancreatitis, both of which may present as sonographically unremarkable, may be possible. Evidence of active pancreatitis was not noted in conjunction with normal CPL.

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Although considered unlikely, given normal electrolytes, resting cortisol to rule out occult atypical Addisons disease could be considered. Monitoring of normal gastric emptying is recommended. Continued supportive care for possible mild to resolving gastroenteritis would be reasonable. Three-view chest radiographs suggested to rule out occult thoracic pathology.

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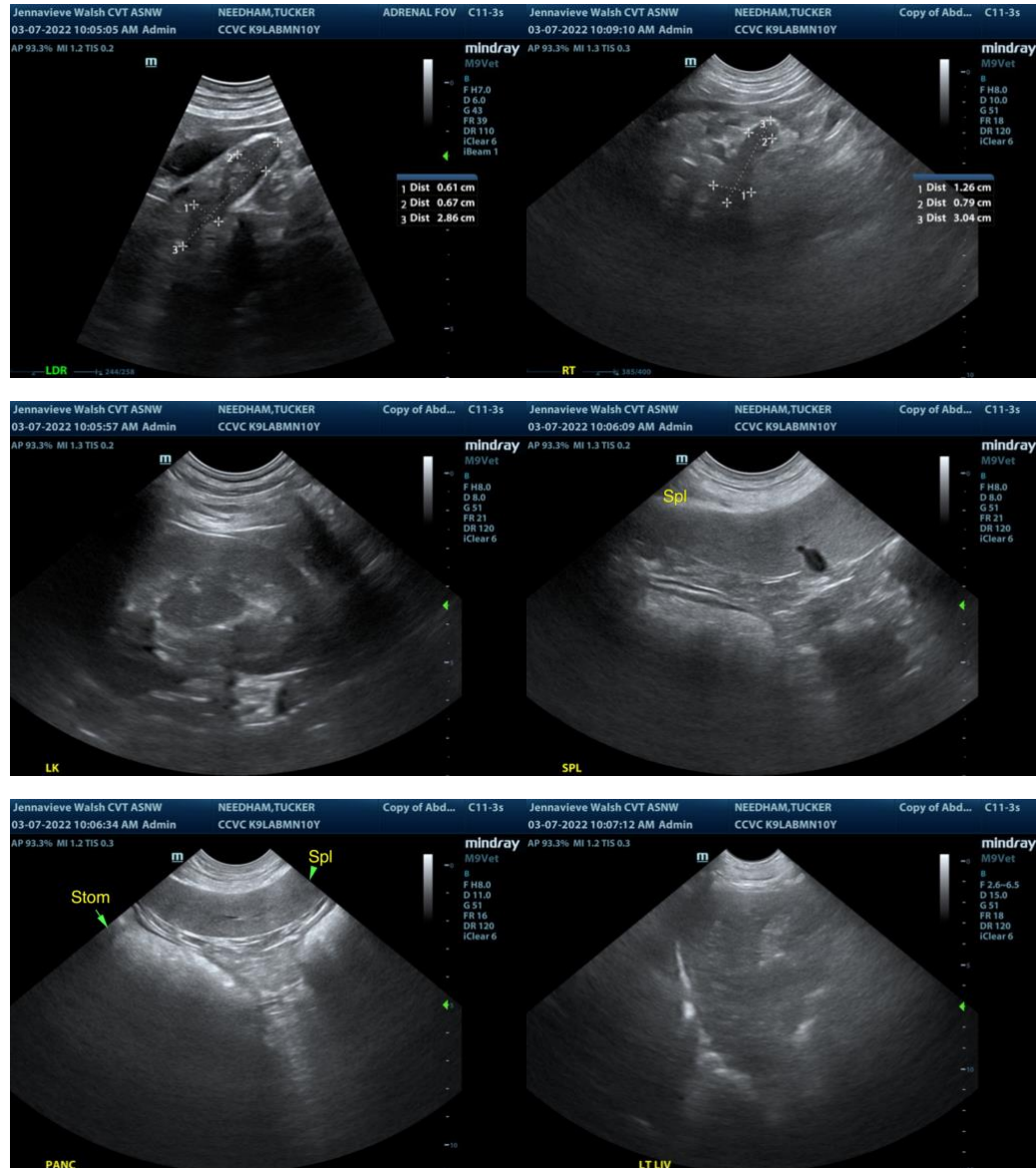
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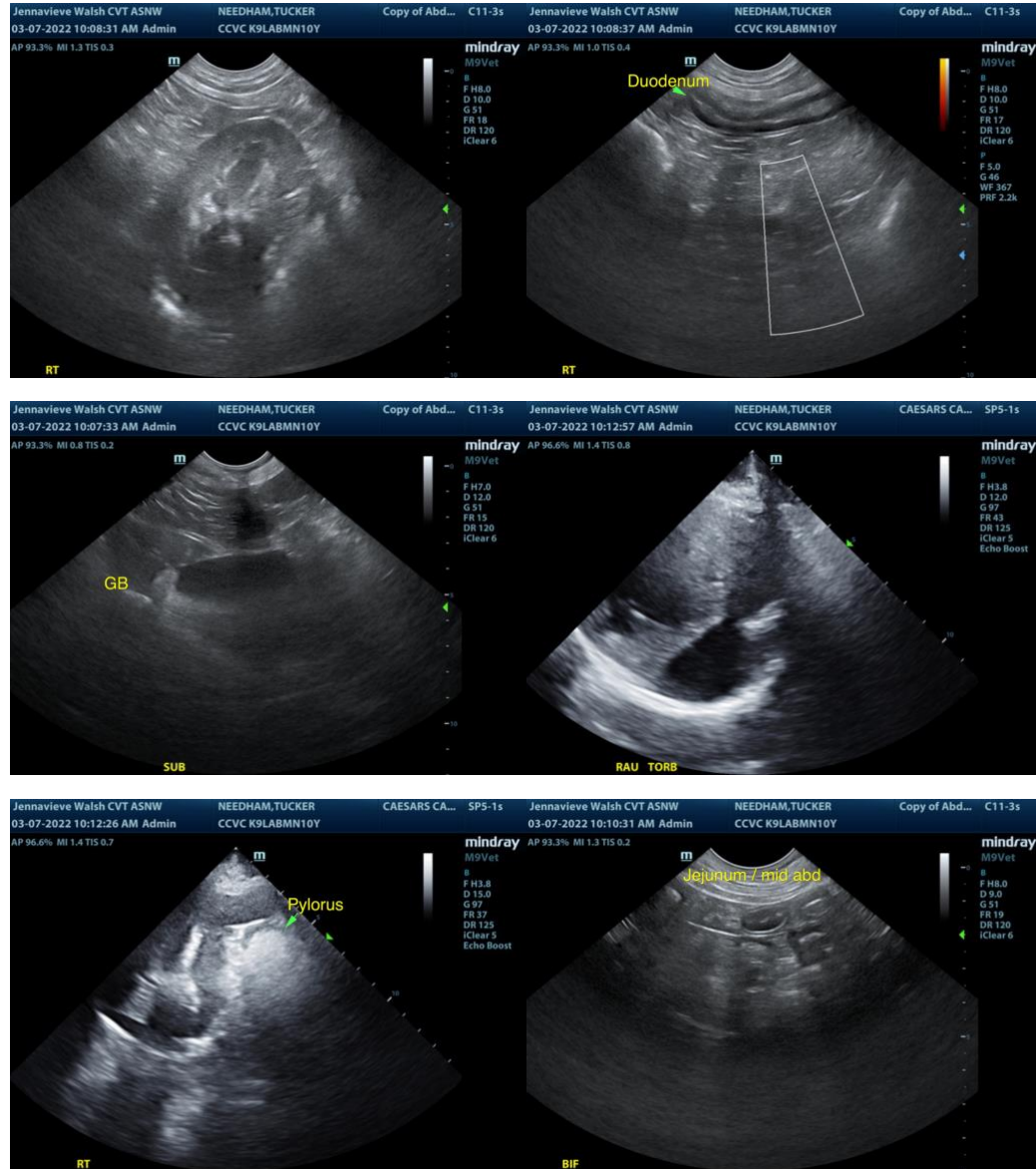
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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