

PATIENT PRESENTING CLINICAL SIGNS

Ozzie Evinou Presented for diarrhea and vomiting, lethargy, some increased thirst for past 48 hours. Free catch urine sample noted that patient is urinating frank blood. Dark staining at prepuce. Ataxia in hind end. Gave Hydro IV, owner gave expired Metacam at home bout 36 hours ago.

SPECIES

Canine Abnormal PE/Chem/CBC/UA Results: Regenerative anemia, stress leukogram, kidney values WNL, Increased amylase and lipase, marked hyperproteinemia. No stones on rads, severe hip dysplasia and possible prostate enlargement.

BREED

Bulldog

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

SEX

The urinary bladder exhibited normal size and tone. Anechoic urine was present in the lumen with mild, non-dependent, particulate sediment, which although nonspecific, is suggestive of cellular debris / protein and potential for mucus. No overt evidence of a formed blood clot or mineral / calculi was visualized. No evidence of urinary bladder tumors. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes was noted.

MN

AGE

7 yr

The residual prostate was overtly normal in size and appearance, measuring 0.73 cm diameter.

WEIGHT

28.2 kg

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 or pyelectasia. The left kidney measured 6.7 cm in length. The right kidney measured 7.2 cm in length.

INTERPRETED BY

R. McKenzie Daniel,
DVM, DABVP

Adrenal Glands

IMAGING

PERFORMED BY

Crystal Hill

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 2.6 cm length x 0.73 cm width at the caudal pole. The right adrenal gland was not definitively visualized.

HOSPITAL NAME

Nelson AH

Spleen

The spleen exhibited subjective mild enlargement yet maintained symmetrical capsule contour and primarily finely textured homogeneous parenchyma.

REFERRING VET

Dr. Freederick

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.

INVOICE

16603

DATE

4/13/23



PATIENT

Gastrointestinal

Ozzie Evinou

The stomach presented wall thickening secondary to echogenic mucosa hypertrophy. Intact wall layering was maintained and distinct. Mild retained anechoic fluid was present. No evidence of mechanical pyloric outflow obstruction was noted. The gastric body wall width measured 0.55 cm.

SPECIES

Canine

The small intestine presented intact wall layering and primarily maintained a 1:3 muscularis/mucosa ratio with subjective mildly prominent duodenum walls with segmental propensity for mildly prominent to hyperechoic intestinal submucosa layer. No evidence of mechanical obstruction, loss of intestinal wall layering, or intestinal masses.

BREED

Bulldog

The colon walls presented intact yet prominent wall layering with mild thickened to echogenic submucosa. Generalized non-formed fecal matter was present in the colon lumen with lumen dilation.

SEX

MN

Pancreas

The pancreas was normal in size and contour with isoechoic to heterogeneous parenchyma compared to adjacent omentum. No signs of active inflammation or neoplasia.

AGE

7 yr

Free Abdomen

No overt or significant omental lymphadenopathy or omental masses were present. A small pocket of scant free fluid was noted between the cranial lateral spleen and caudal left liver.

WEIGHT

28.2 kg

ULTRASONOGRAPHIC FINDINGS

- Normal urinary bladder with mild sediment
- Mild age-related renal changes
- Sonographically unremarkable prostate
- Gastroenterocolitis pattern with mild gastric hypomotility and non-formed fecal matter - possible inflammatory bowel
- Heterogeneous pancreas - not sonographically consistent with significant / active pancreatitis. Patient variant, benign remodeling, low-grade to chronic pancreatitis are possible.
- Subjective mild splenomegaly - nonspecific yet subjectively benign, suspect incidental hyperplasia, hematopoiesis potentially secondary to anemia
- Scant pocket of free fluid between liver and spleen

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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A definitive cause of the patient's hematuria was not obvious. Urine C/S on a sterile urine sample is suggested if not done. Assuming normal clotting status and using a 25-gauge needle, yet possibly dependent upon the degree of anemia, screening splenic FNA cytology could be considered especially if marked hyperglobulinemia.

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A GI panel to include PLI/TLI/Cobalamin/Folate, free fecal analysis, and resting cortisol level to rule out occult Addison's Disease may be considered. Empirical gastrointestinal support with potential



PATIENT

sonographic reassessment of the gastrointestinal tract, if persistent / progressive gastrointestinal signs, would be reasonable.

Ozzie Evinou

SPECIES

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/>.

Canine

BREED

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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HOSPITAL NAME

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REFERRING VET

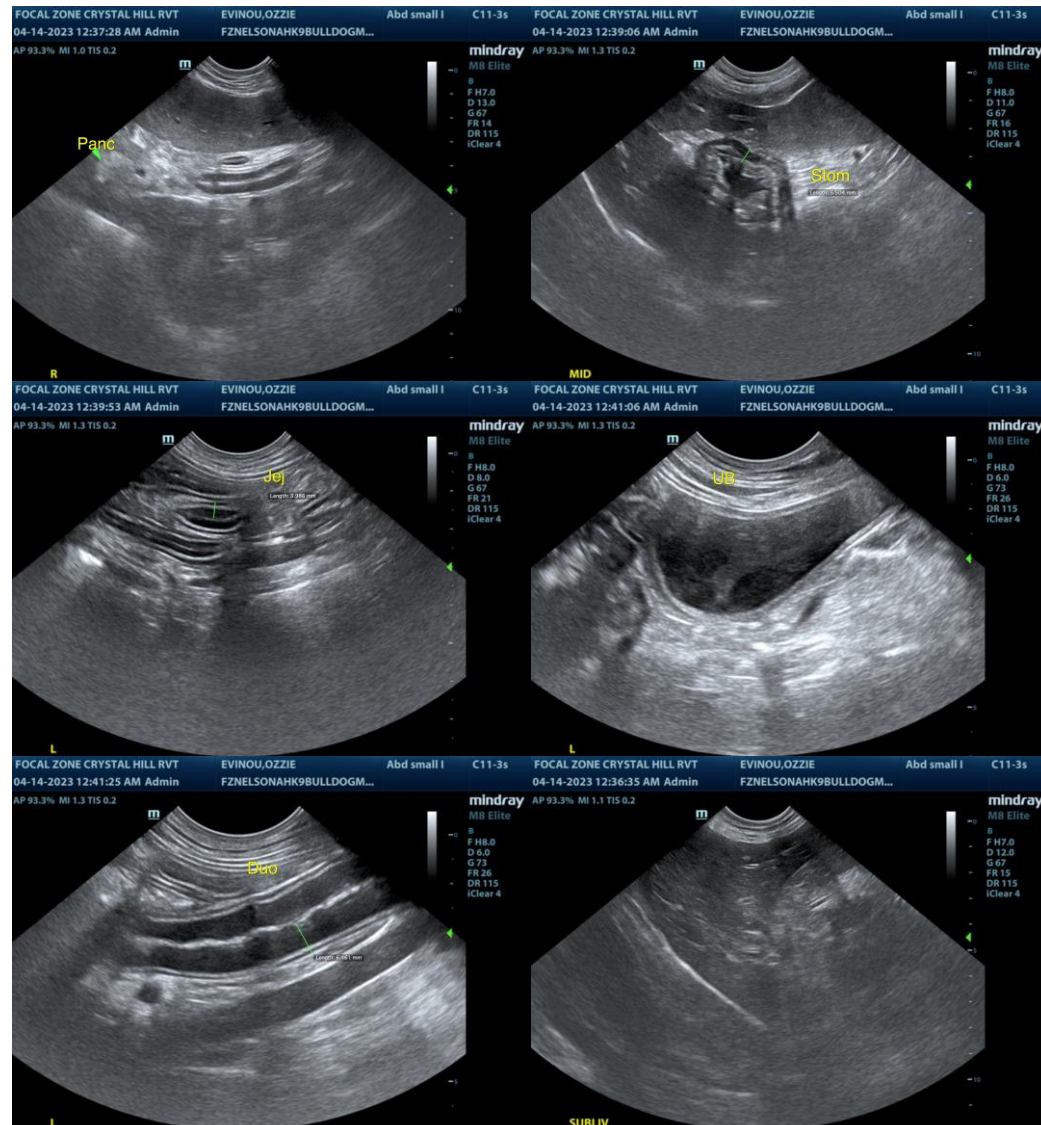
Dr. Freederick

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PATIENT

Ozzie Evinou

SPECIES

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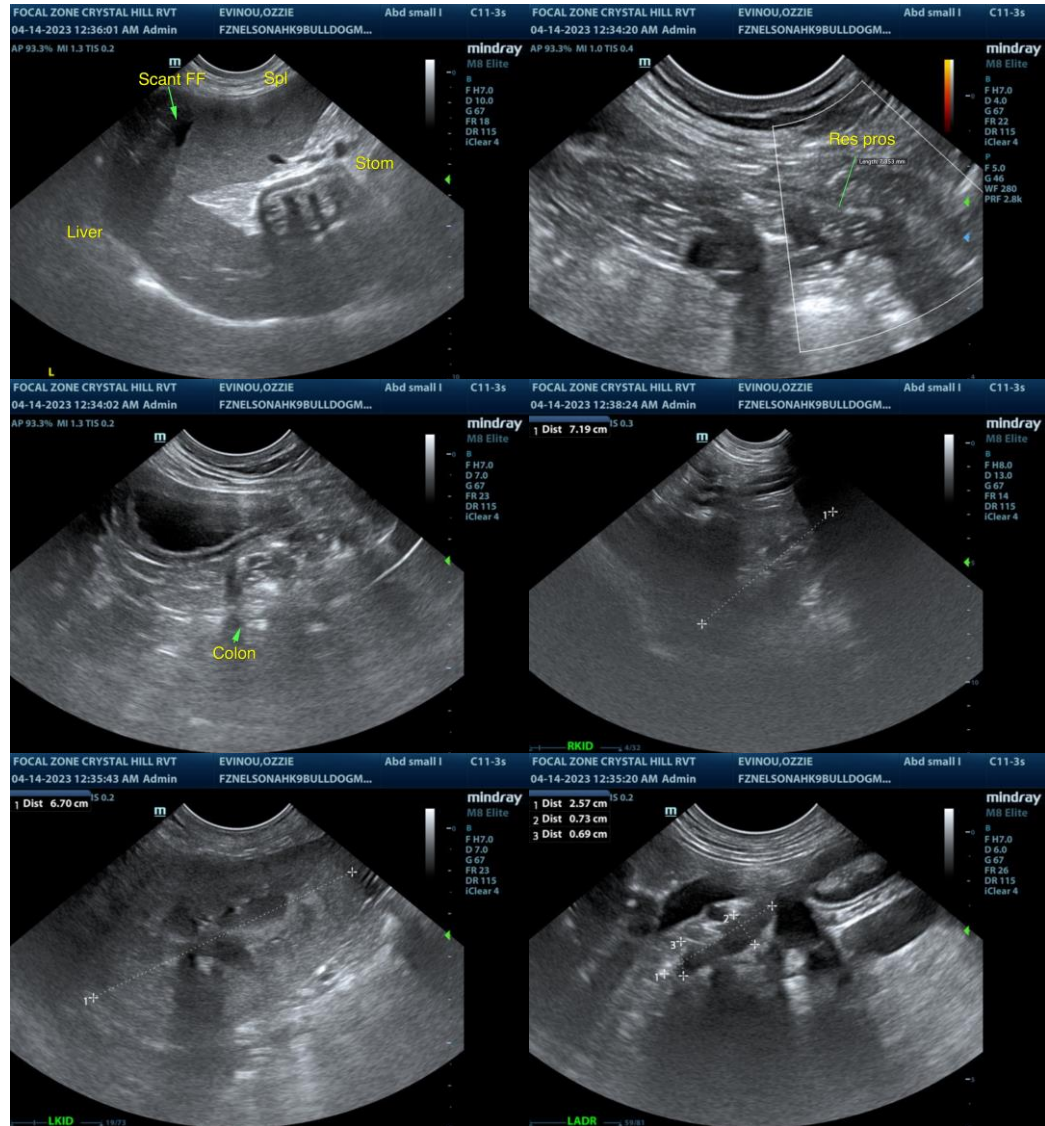
Dr. Frederick

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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.

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