



PATIENT

Moose Lindsey

SPECIES

Canine

BREED

Labrador Retriever

SEX

MI

AGE

2 years 8 months

WEIGHT

77 lbs.

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

Amanda Crook SDEP
Certified Clinical
Sonographer

HOSPITAL NAME

Rivers Edge PMC

REFERRING VET

Dr. David Gray

INVOICE

16641

DATE

4/20/23

PRESENTING CLINICAL SIGNS

HBC about 4pm today , very painful, mm appear adequate and CRT adequate

Abnormal PE/Chem/CBC/UA Results: Radiographs show ill-defined abdominal detail with pelvic fractures Labwork: CBC wnl, CHEM stress glucose, glob 2.4, ALT 164, K 3.4 rest WNL

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder was normal in size and tone. Mild anechoic urine was present with no evidence of sediment or calculi. Overtly normal visualized urinary bladder wall was noted without evidence of overt urinary bladder mural pathology. The ventral apical urinary bladder wall measured 0.31 cm width. The area of the cystourethral junction, as well as the prostate and proximal urethra, were not definitively visualized.

There is no evidence of medial Iliac or sublumbar lymphadenopathy/masses.

Normal size and margination were present in the left kidney. 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 7.0 cm in length. The right kidney was not definitively visualized owing to patient discomfort.

Adrenal Glands

The left and right adrenal glands were not definitively visualized.

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 with no signs of ileus, obstruction, 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.



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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 were evident.

Free Abdomen

Caudal abdominal mild hyperechoic omentum was noted primarily around the urinary bladder and within the area of the iliac trifurcation. Mild caudal abdominal peritoneal to possible retroperitoneal free fluid was noted. The free fluid exhibited mild echogenic changes. No overt omental lymphadenopathy was present.

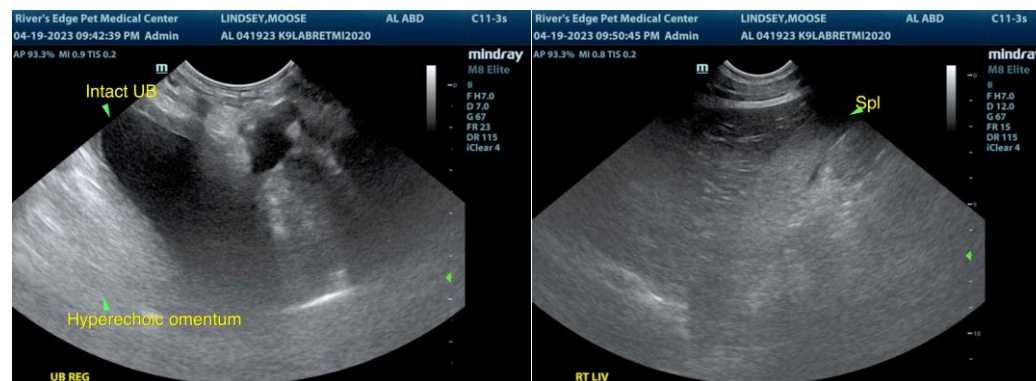
ULTRASONOGRAPHIC FINDINGS

- Intact urinary bladder
- Sonographically unremarkable liver / spleen
- Normal left kidney
- Caudal abdominal mild hyperechoic omentum and mild peritoneal / retroperitoneal free fluid

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The mild hyperechoic caudal abdominal omentum and minor peritoneal to possible retroperitoneal free fluid are likely trauma related with possible minor intraabdominal or retroperitoneal bleeding, given patient history and evidence of pelvic trauma. No obvious evidence of urinary bladder rupture, although some degree of concurrent urinary bladder trauma is possible.

Monitoring of urination pattern, as well as urinalysis for evidence of hematuria going forward, is suggested. Likewise, sonographic monitoring of the caudal abdomen and retroperitoneal space for evidence of increasing effusion is suggested. As-needed sonographic monitoring and recheck ultrasound are suggested.





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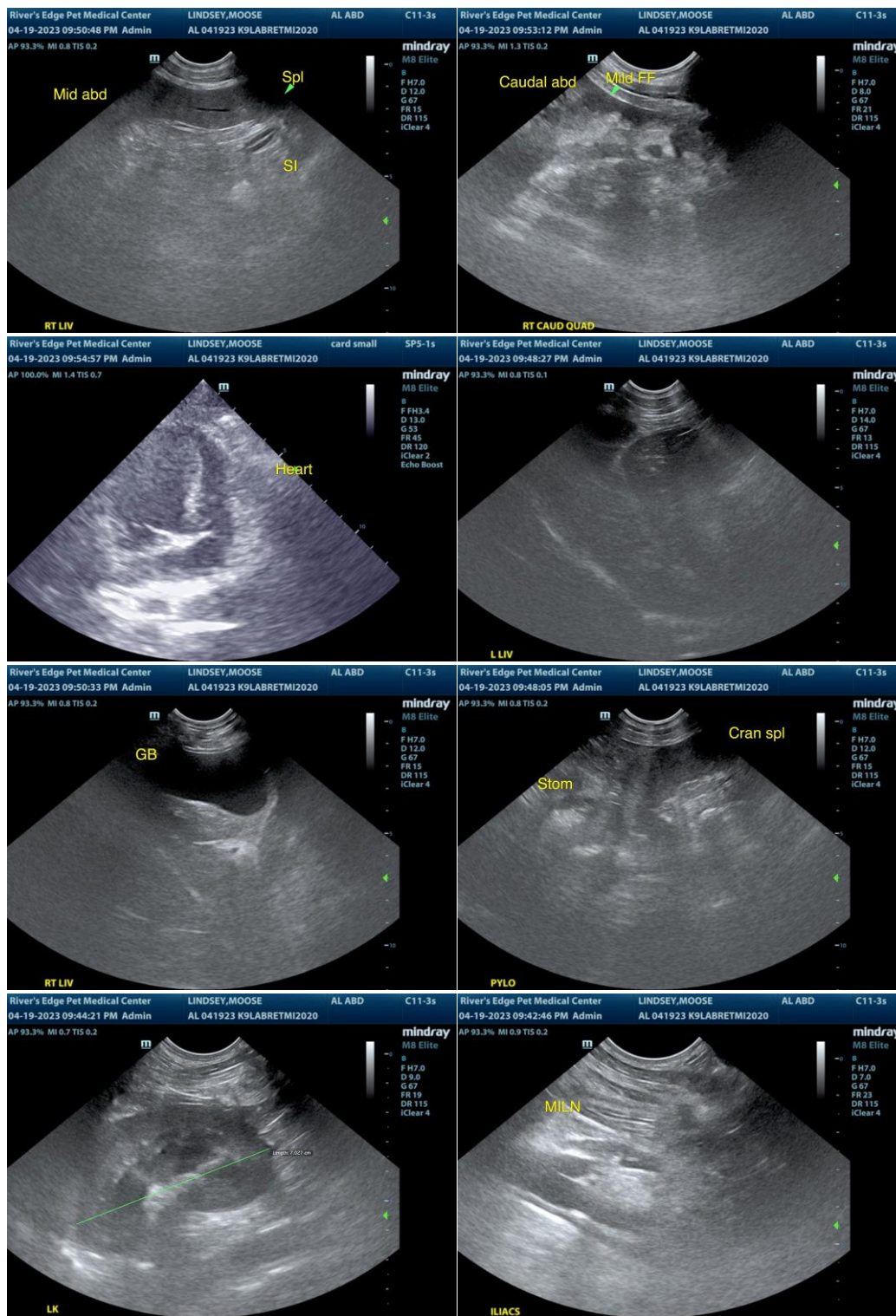
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.



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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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info@SonoPath.com

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