



PATIENT PRESENTING CLINICAL SIGNS

Ryo Choy Temp today at ultrasound 39.6. Yesterday temp was 39.8. Brought in for being very quiet and lethargic, drooling more, no bowel movement. Abdomen seemed tender and some soft stool in rectum on exam. Full bladder, catheterized and ran U/A. Fever. History of eating foreign material in past but no known toxin or FB ingestion at this time. No real appetite. Reluctance to stand. Eats Origen dog food normally.

Canine

Abnormal PE/Chem/CBC/UA Results: Please see attached most recent(from today) CBC results .Urine - Collection Technique.....cathetrized Colour.....dark, slightly cloudy, amber Specific Gravity.....1.052 Nitrite..... pH.....7.5 Protein.....+ Glucose.....+ Ketones..... Urobilinogen..... Bilirubin..... Blood/Hb..... Leukocytes.....+ Micro; RBC..... WBC.....4+ Epith cells....transitional/urethral Bacteria.....cocci-moderate-severe Casts..... Crystals.....struvite 4+

BREED

Bernese X

SEX

MN

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

AGE Urinary System

16 months 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 was noted.

WEIGHT

40 kg The area of the residual prostate was free of pathology.

INTERPRETED BY

R. McKenzie Daniel, DVM, DABVP

The area of the aortic trifurcation was free of pathology without evidence of medial iliac or sublumbar lymphadenopathy.

IMAGING PERFORMED BY

Crystal Hill

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 pyelectasia. The left kidney measured 7.3 cm in length. The right kidney measured 7.5 cm in length.

HOSPITAL NAME

Chippawa AH

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.44 cm width at the caudal pole and 0.48 cm width at the cranial pole. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.50 cm width at the caudal pole and 0.42 cm width at the cranial pole.

REFERRING VET

Dr. Dowell

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Spleen

The spleen exhibited a finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. Mild focal perihilar hyperechoic non-expansive splenic parenchyma to hyperechoic nodule was present measuring 0.97 cm in diameter. The nodule did not distort the splenic capsule. 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.

DATE

4/21/22



PATIENT

Liver/ Gallbladder

Ryo Choy

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.

SPECIES

Canine

Gastrointestinal

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The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach was empty. No evidence of retained ingesta, fluid or foreign material with mild luminal gas was present.

SEX

MN

The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. The lumen of the small intestine was empty without evidence of mechanical / metabolic obstructive pattern or overt foreign material with potential for mild increased segmental gas pattern.

AGE

16 months

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

Pancreas

WEIGHT

40 kg

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

INTERPRETED BY

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DVM, DABVP

No omental masses, lymphadenopathy or peritoneal effusion were present.

ULTRASONOGRAPHIC FINDINGS

- Sonographically unremarkable abdomen
- Probable small splenic perihilar myelolipoma - incidental

IMAGING PERFORMED BY

Crystal Hill

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

HOSPITAL NAME

Chippawa AH

No overt evidence of overt or significant visceral pathology as an obvious cause of the patient's clinical signs.

Urine culture and sensitivity is recommended on a sterile urine sample.

REFERRING VET

Dr. Dowell

Potential for mild acute gastroenteritis, enterotoxin insult, or dietary indiscretion could be considered.

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Three view chest radiographs are suggested to rule out occult thoracic pathology as a potential contributing factor to the patient's clinical signs. Although fever is not typically associated with adrenal hypofunction, resting cortisol could be considered to rule out occult Addison's Disease, given the vague clinical signs in this patient.

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Empirically, hospitalization with therapy for fever of unknown origin and as-needed gastrointestinal support with assessment of clinical response would be reasonable.



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**IMAGING
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HOSPITAL NAME

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REFERRING VET

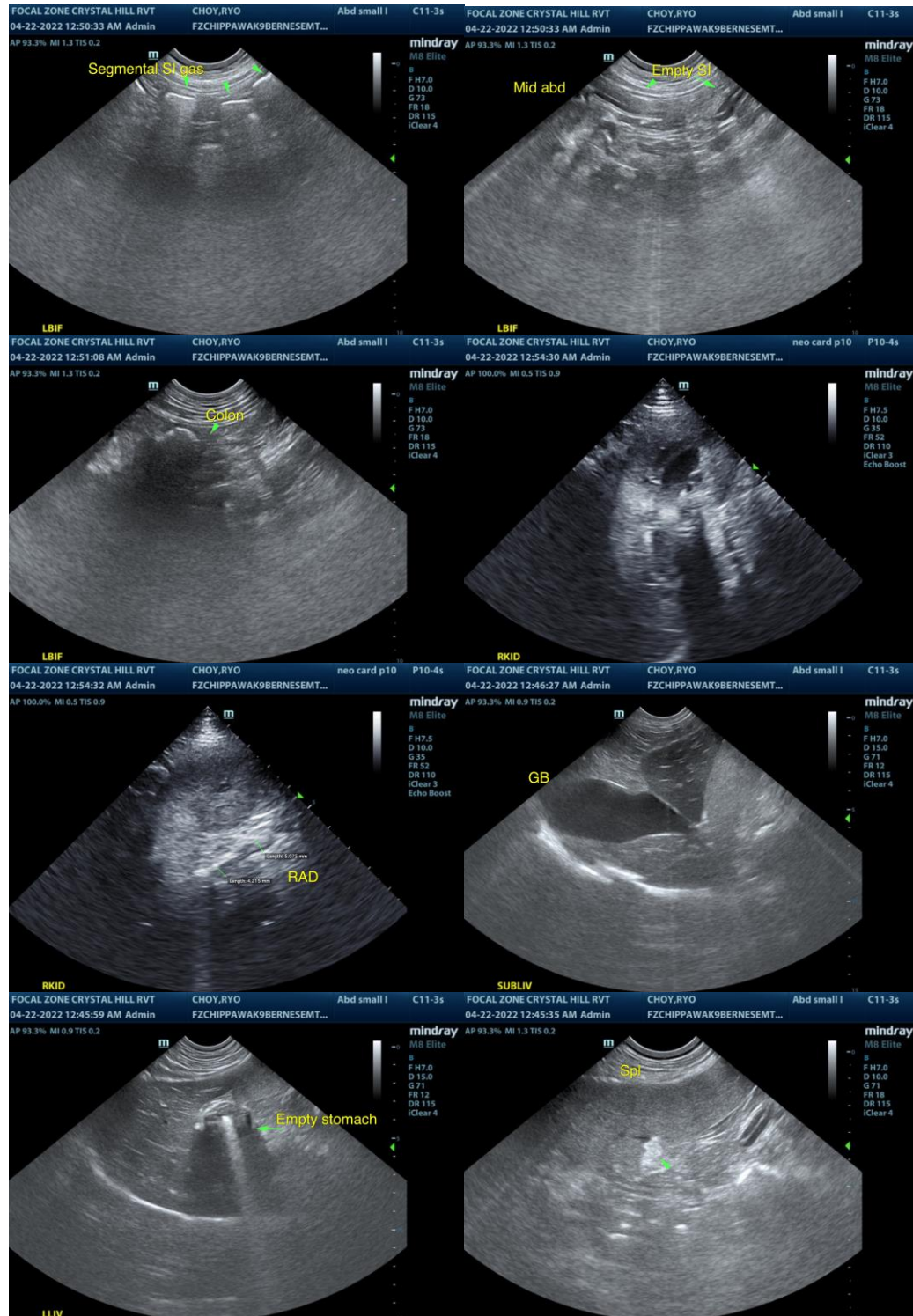
Dr. Dowell

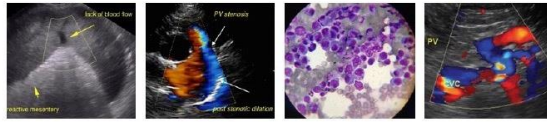
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PATIENT

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SPECIES

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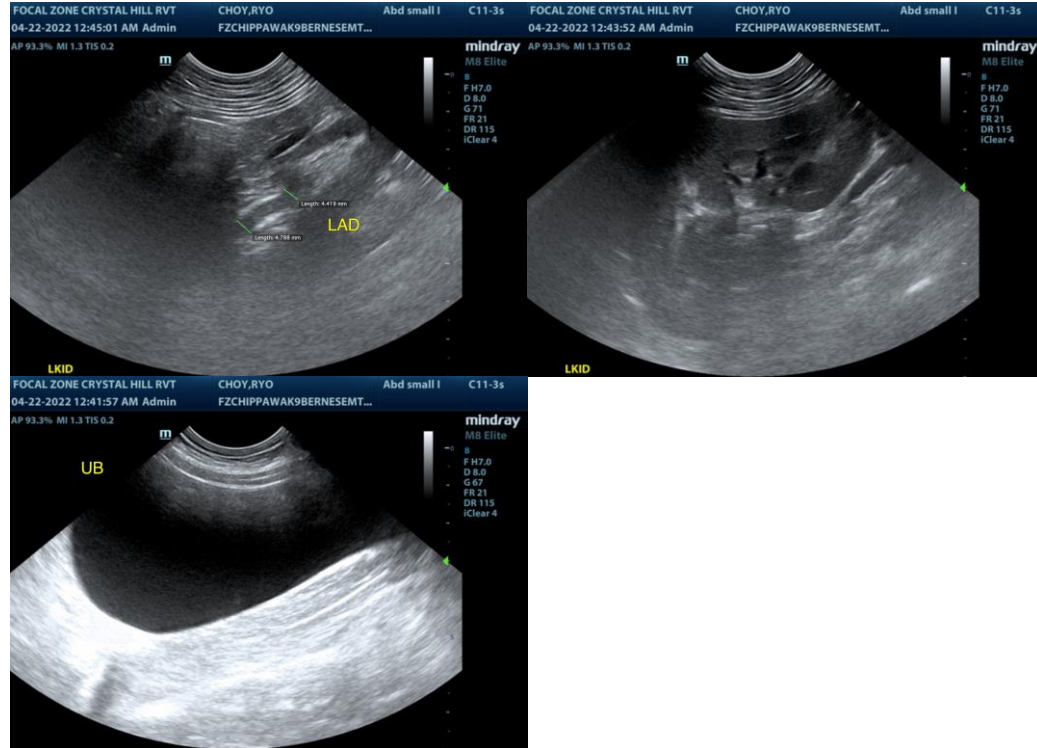
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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