



PATIENT PRESENTING CLINICAL SIGNS

Georgia Miur 1 week duration lethargy, decreased appetite, Lyme + Doxycycline
4DX Lyme positive, Chemistry Panel- BUN 34, Creatinine 1.7, Globulin 5.8

SPECIES ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Canine **Urinary System**

BREED 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 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.

Lab Mix

SEX 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 minor loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The left kidney measured 6.1 cm in length. The right kidney measured 6.9 cm in length.

FS

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Adrenal Glands

WEIGHT The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.57 cm width at the caudal pole and 0.44 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 0.63 cm width at the caudal pole and 0.46 cm width at the cranial pole.

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INTERPRETED BY

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

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.

IMAGING PERFORMED BY
Rebekah Jakum, CVT
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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 containing primarily anechoic content with mild gallbladder debris. The gallbladder was otherwise normal. The cystic and common bile ducts were normal.

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Gastrointestinal

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The stomach presented intact yet mild prominent wall layering. The stomach contained a mild to moderate amount of retained chyme and fluid without evidence of ingesta or foreign material. No evidence of mechanical pyloric outflow obstruction was noted. The ventral gastric body wall width measured 0.55 cm.

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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. The duodenum wall width measured 0.62 cm. The jejunum wall width measured 0.39 cm.

SPECIES

Canine

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

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.

BREED

Lab Mix

Free Abdomen

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Intermittent mesenteric and focal medial iliac lymph nodes were present. These lymph nodes were homogenous, mildly hypoechoic and smoothly marginated. A normal width: length ratio was maintained (<0.5). Evidence of perilymphatic inflammation was evident. An example of a medial iliac lymph node size was 2.1 cm x 0.95 cm. An example of a mesenteric lymph node measured 2.7 cm x 1.0 cm. No free fluid or omental masses were noted.

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ULTRASONOGRAPHIC FINDINGS

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- Minor age-related kidneys
- Sonographic mild gastritis pattern with suspect associated gastric hypomotility
- Overtly normal small bowel

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- Intermittent subjectively benign / reactive mesenteric and focal medial iliac lymph nodes - hyperplasia, potential for low-grade lymphadenitis secondary to intestinal inflammation possible
- Mild gallbladder debris - incidental (non-mucocele)

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Rebekah Jakum, CVT
 ARDMS/RVT

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Overall, no overt evidence of significant abdominal visceral pathology was evident.

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Baseline renal staging to include UPC, given the positive Lyme 4DX, is suggested.

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Dietary indiscretion / food intolerance, nonspecific gastritis / gastroenteritis or other Inflammatory enteropathy, occult parasitism, potential low-grade to chronic pancreatitis which may present sonographically normal, are possible. Further assessment may include a GI panel to include PLI/TLI/Cobalamin/Folate and resting cortisol levels to rule out occult Addison's Disease, (considered unlikely, given overtly normal bilateral adrenal glands.) Empirically, supportive care for gastritis / gastroenteritis would be reasonable.

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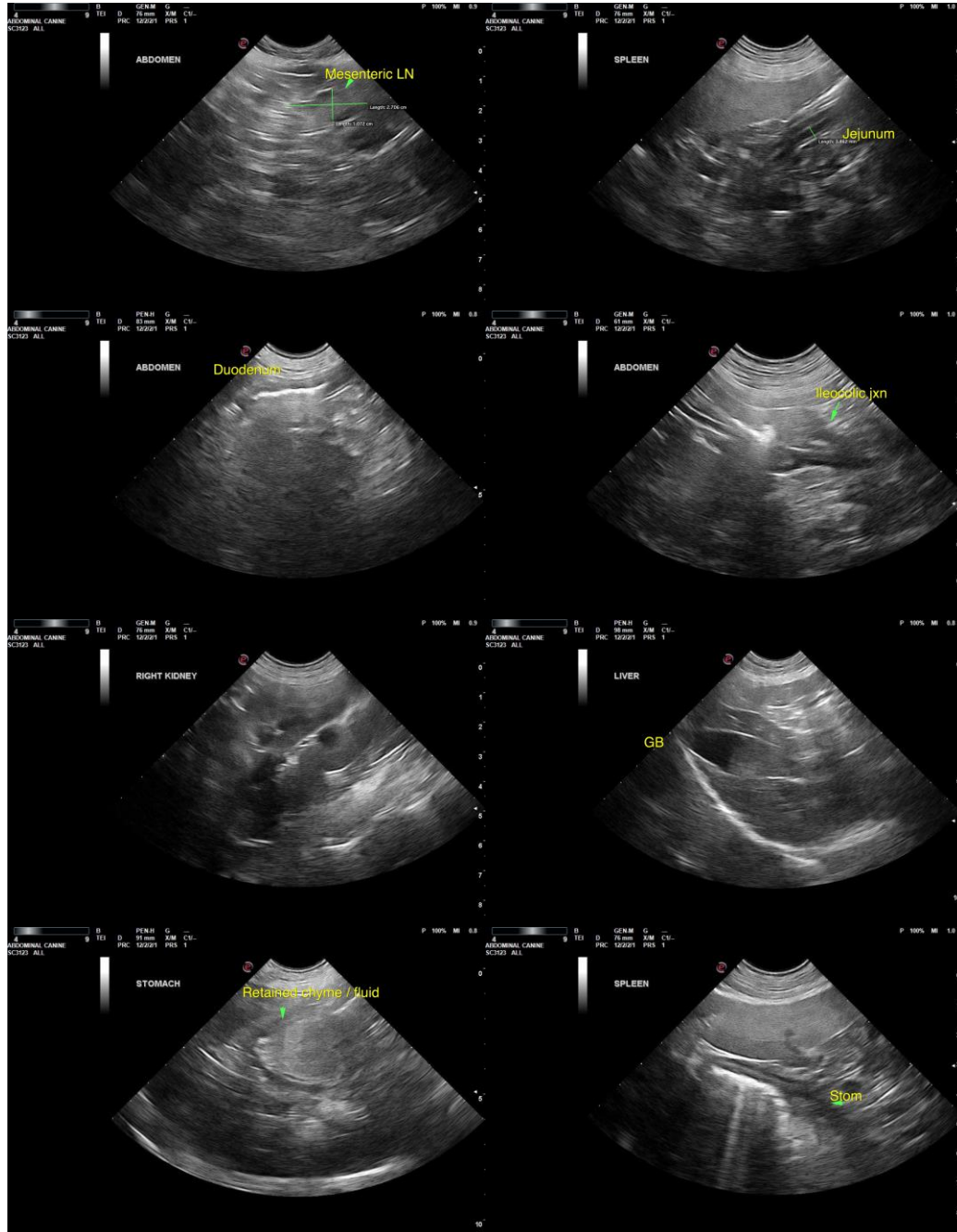
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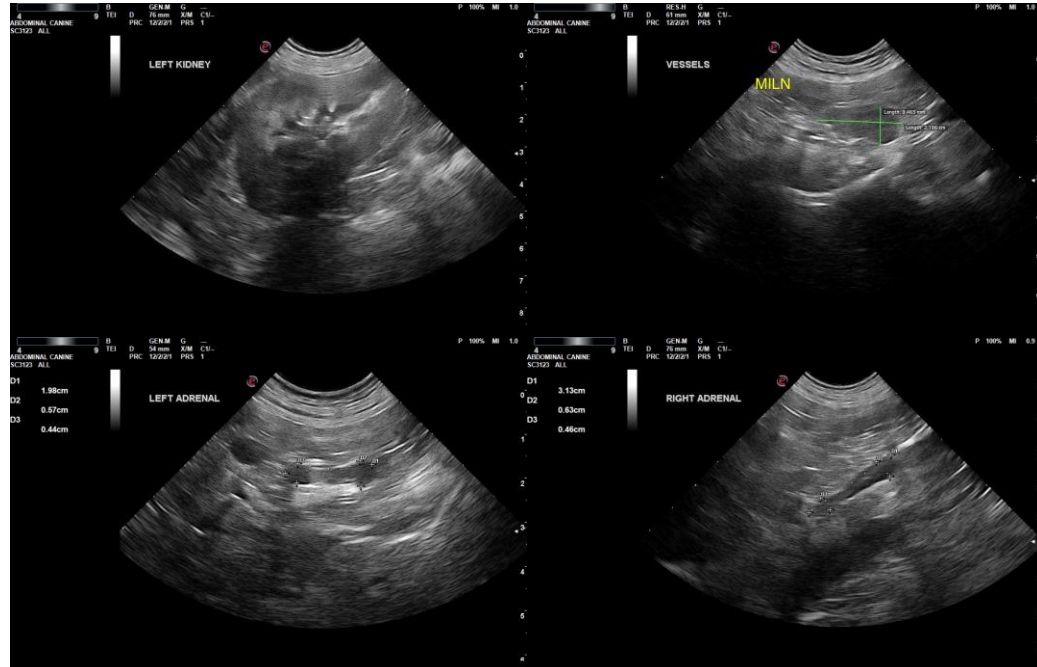
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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