



PATIENT

Otis Caudill

SPECIES

Canine

BREED

Shepherd Mix

SEX

MN

AGE

9 years

WEIGHT

81.8 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Sara Hansen

HOSPITAL NAME

Santa Clara AH

REFERRING VET

Dr. Elsbree

INVOICE

13744

DATE

4/27/22

PRESENTING CLINICAL SIGNS

Presented 4/15 for annual exam. O reported pet is doing well, but did mention drinking and urinating was increased. Also pet has soft stools which has been ongoing. On PE, the abdomen appeared larger than normal and pet has somewhat of a pot belly appearance.

Abnormal PE/Chem/CBC/UA Results: wbc 10.9 K/uL; HCT 40% - wnl reticulocyte hemoglobin 24.4 Eosinophils 1.7 K/uL ALP- 214 Creatine kinase 327 SG- 1.023, trace protein, trace ketones, non-crystalline debris, lipid droplets t.4- 2.5 wnl Current Medications fortiflora prn

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 5.0 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.

The residual prostate was symmetrically normal in size with uniform parenchyma and slight coarse echotexture measuring 0.65 cm in diameter.

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. The left kidney measured 7.1 cm in length. The right kidney measured 7.1 cm in length.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 2.8 cm length x 0.79 cm width at the caudal pole. The right adrenal gland was indistinctly visualized without overt evidence of pathology, subjectively measuring 3.3 cm length x 0.68 cm width at the caudal pole.

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 presented mild to moderately enlarged in size. The parenchyma of the liver was subjectively normal in echogenicity compared to the spleen and renal cortices. The liver parenchyma was uniform



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with a mildly coarse echotexture. The capsule of the liver was symmetrically rounded to mildly swollen in margination. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended in size with 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.

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

No omental masses, lymphadenopathy or effusion were present.

ULTRASONOGRAPHIC FINDINGS

- Overall sonographically unremarkable abdomen
- Mild vacuolar hepatopathy pattern - subjectively benign

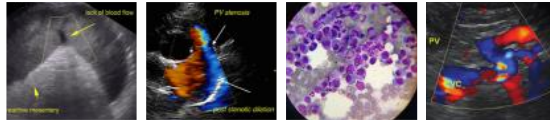
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Overall, no overt evidence of significant visceral pathology as an obvious cause of the patient's potential PU/PD.

The reported pot-belly appearance in this patient may potentially be secondary to hepatomegaly given the lack of omental pathology or effusion.

Adrenal testing could be considered if strong clinical suspicion of adrenal hyper functionality. However, the bilateral adrenal glands are not overtly suggestive of adrenal hyperplasia and without evidence of neoplastic criteria, while the urine specific gravity (>1.020) although subjective, is not overtly consistent with significant PU/PD. Further renal staging to include urine C/S and protein:creatinine ratio on sterile urine sample may be considered.

Leptospirosis titers and PCR may be considered if endemic to the area or potential exposure. In addition to current probiotic, novel protein or hydrolyzed diet and prophylactic deworming, i.e., Panacur 50 mg/kg PO SID for 5 consecutive days is suggested.



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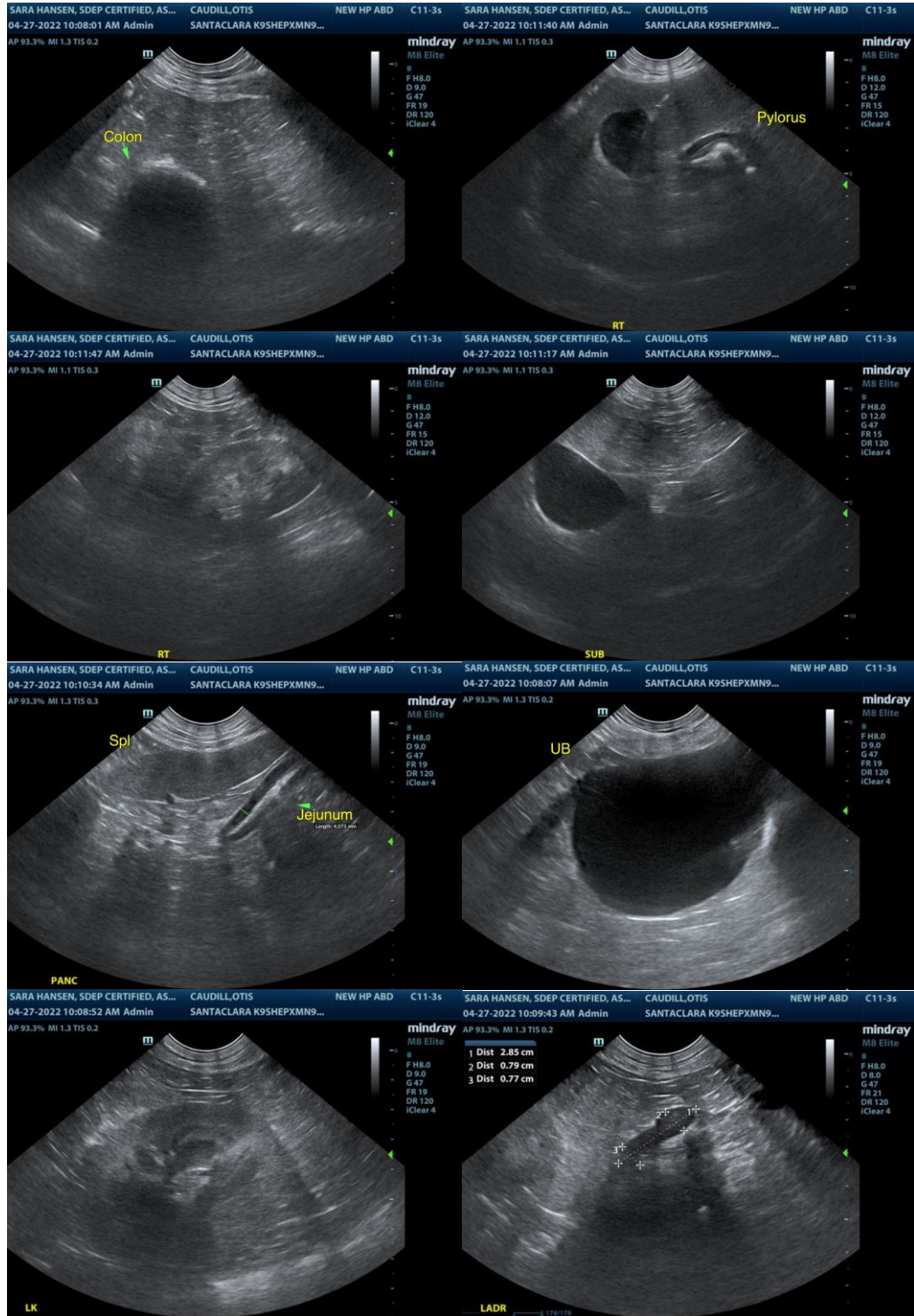
Dr. Elsbree

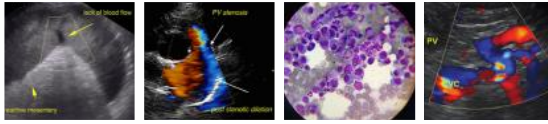
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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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