



**PATIENT PRESENTING CLINICAL SIGNS**

**Kongo Hayes**  
History: Presented on ER for 1 day history lethargy, decreased appetite, shaking. No known traumas or wayward ingestions. Long history hypoadrenocorticism and seizures, has been stable, last seizure a year ago. Meds: Keppra 1125mg p.o. q8h, Pred 1.5 mg p.o. q24h

**SPECIES**

**Canine**  
Abnormal PE/Chem/CBC/UA Results: Really nervous dog, nothing overtly amiss on his PE, did have mild elev temp 103.4; -Full CBC/Chem is normal; UA is dilute 1.018 with quiet sediment (C/S is pending, with Urine prot:Cr if negative culture) -Thoracoabd radiographs no obvious masses though there was concern about a possible splenic mass with admitting dr's rapid scan ultrasound (-pt was not on IV fluids prior to scan but last night had 600 mL SC fluids)

**BREED**

Labrador Retriever

**SEX ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Neutered male**  
**Urinary System**

**AGE**  
9 years  
The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 3 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 were noted.

**WEIGHT**  
35 kg  
Normal size and margination was present in the kidneys. A normal 1:3 cortex / medulla ratio was maintained. The medulla and cortices were uniform in texture with some minor 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 6.5 cm in length. The right kidney measured 6.6 cm in length.

**INTERPRETED BY**  
The area of the aortic trifurcation was free of pathology.

R. McKenzie Daniel,  
DVM, DABVP  
(Canine and Feline)  
**ADRENAL GLANDS**  
The bilateral adrenal glands exhibited mild subjective subnormal size consistent with the history of hypoadrenocorticism. The left adrenal gland measured 0.48 cm width at the caudal pole and 0.68 cm width at the cranial pole. The right adrenal gland was indistinctly visualized, measuring 0.52 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**

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. No overt pathology in the area of the gallbladder or common bile duct.

**HOSPITAL NAME**

Animal Emergency Care

**REFERRING VET**

Dr. Bailey

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**DATE**

04/03/2022



**PATIENT** *Gastrointestinal*

Kongo Hayes 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.

**SPECIES** 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.

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

**BREED** *Pancreas*

Labrador Retriever 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 was evident.

**SEX** *Free Abdomen*

Neutered male No omental masses, overt lymphadenopathy or peritoneal effusion was present.

**AGE**

9 years

**ULTRASONOGRAPHIC FINDINGS**

**WEIGHT**

35 kg

- Sonographically unremarkable abdomen.
- Subjective mild subnormal adrenals, consistent with history of hypoadrenocorticism.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

**INTERPRETED BY**

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

No evidence of abdominal visceral pathology was observed, including no evidence of splenic neoplastic criteria as an obvious cause of the patient's clinical signs or mild fever. Thorough neurological / musculoskeletal exam if not done is suggested to assess for occult disease. Empirical GI support would be reasonable.

**IMAGING PERFORMED BY**

Dr. Callihan

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Animal Emergency Care

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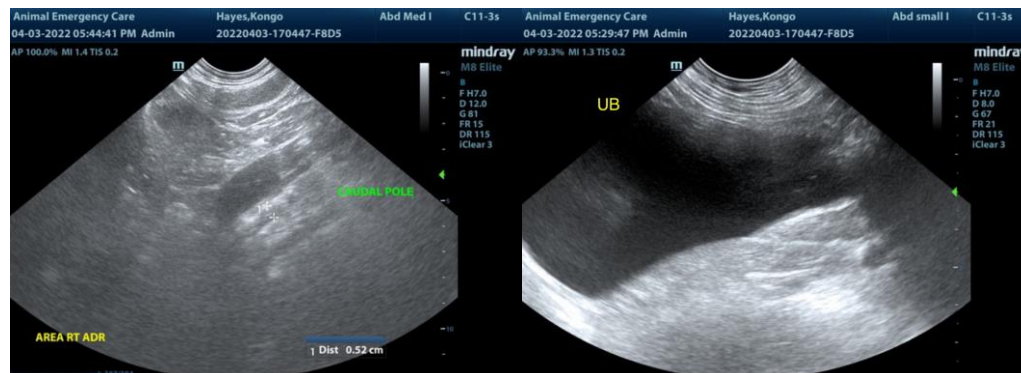
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**PATIENT**

Kongo Hayes

**SPECIES**

Canine

**BREED**

Labrador Retriever

**SEX**

Neutered male

**AGE**

9 years

**WEIGHT**

35 kg

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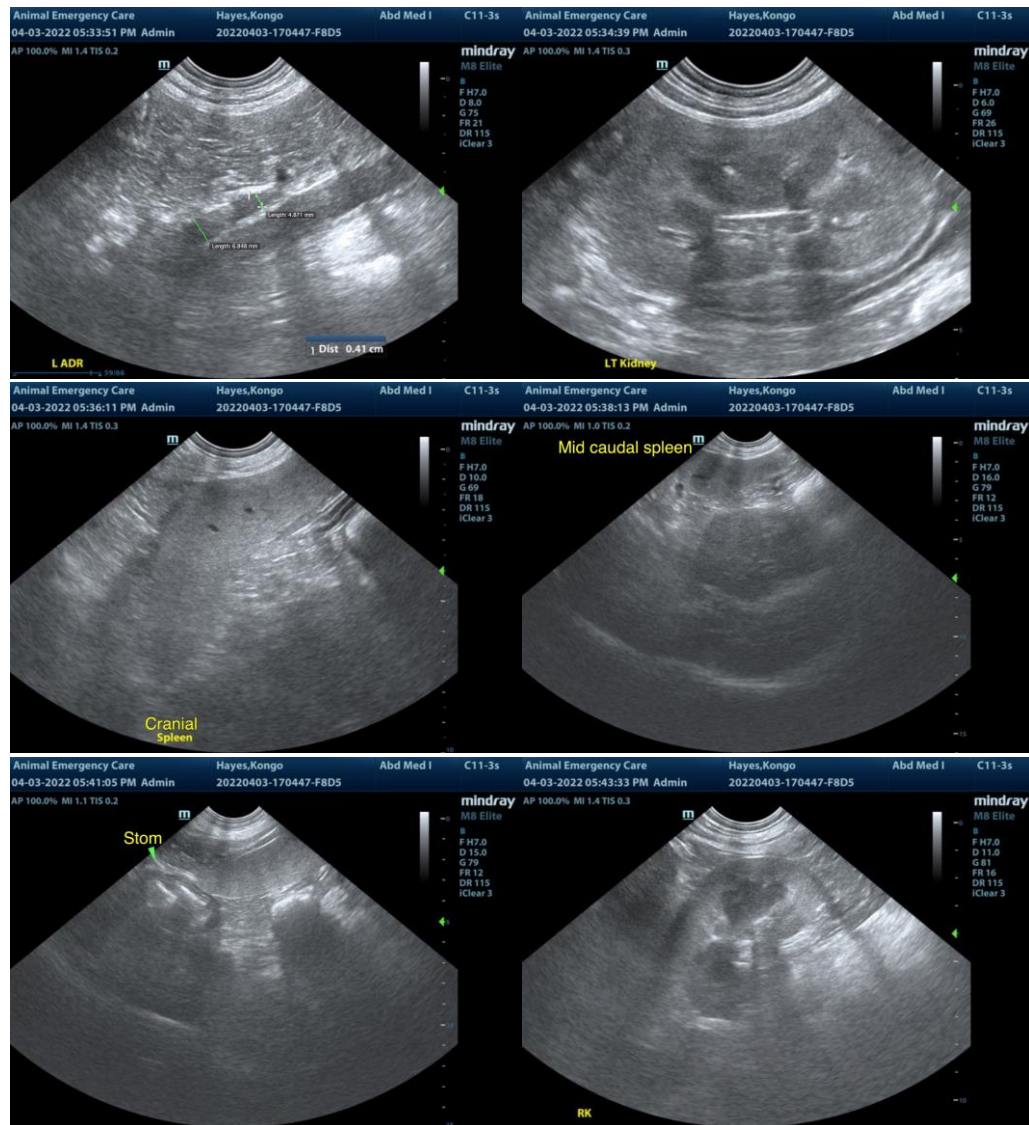
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**PATIENT**

Kongo Hayes

**SPECIES**

Canine

**BREED**

Labrador Retriever

**SEX**

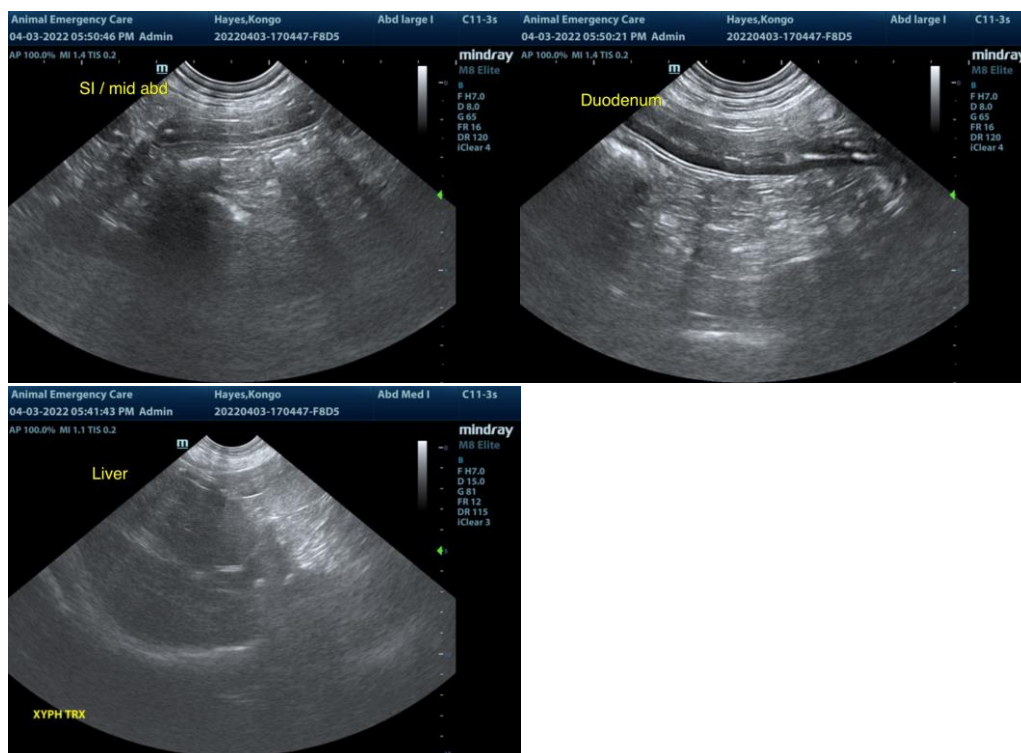
Neutered male

**AGE**

9 years

**WEIGHT**

35 kg



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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.

R. McKenzie Daniel, DVM, DABVP (Canine / Feline Practice)

info@SonoPath.com