



PATIENT

Oreo Yeun

SPECIES

Canine

BREED

French Bulldog

SEX

FS

AGE

14 years

WEIGHT

23 lbs.

PRESENTING CLINICAL SIGNS

History of splenectomy last year. Patient presents today for pre-anesthesia work up in preparation for dental.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 1.0 cm exhibited normal thickness and tone. Anechoic urine was present in the lumen with no uroliths or sediment. No evidence of mineral or calculi was noted. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes was noted.

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 was maintained. The medulla and cortices were uniform in texture with some increased echogenicity and moderate loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The left kidney measured 4.1 cm in length. The right kidney measured 3.8 cm in length.

INTERPRETED BY

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

Adrenal Glands

The bilateral adrenal glands were normal in size. Mild parenchyma heterogeneity and mild capsule asymmetry was present without suspicion for overt neoplasia. The left adrenal gland measured 2.2 cm length x 0.70 cm width at the caudal pole. The right adrenal gland measured 1.8 cm length x 0.62 cm width at the caudal pole. No evidence of adrenal tumors was noted.

IMAGING PERFORMED BY

Kelly Vazquez

Spleen

The spleen was not present owing to previous splenectomy. No evidence of pathology was noted in the area of the previous spleen.

HOSPITAL NAME

Animal General on
Hudson

Liver/ Gallbladder

The liver exhibited subjective subnormal size. The liver parenchyma was mildly nonuniform and hypoechoic to the spleen with a moderate coarse echotexture and subjective mild to benign parenchymal remodeling. 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.

REFERRING VET

Dr. Karen Zelinski

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Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. Minor progressively shadowing ingesta was present, sonographically consistent with food.

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

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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.

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Free Abdomen

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No omental masses, lymphadenopathy, or peritoneal effusion was present.

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ULTRASONOGRAPHIC FINDINGS

- Moderate chronic renal changes
- Hepatic parenchymal remodeling, subjective subnormal liver size
- Sonographically unremarkable gallbladder

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Sonographically, no evidence of significant visceral pathology with a largely geriatric abdomen was noted. No overt anesthetic contraindications were evident, assuming no evidence of hepatic dysfunction i.e., normal BUN, glucose, albumin, and cholesterol levels, given previous history of hepatic enzyme elevations. No evidence of intraabdominal neoplastic criteria was noted.

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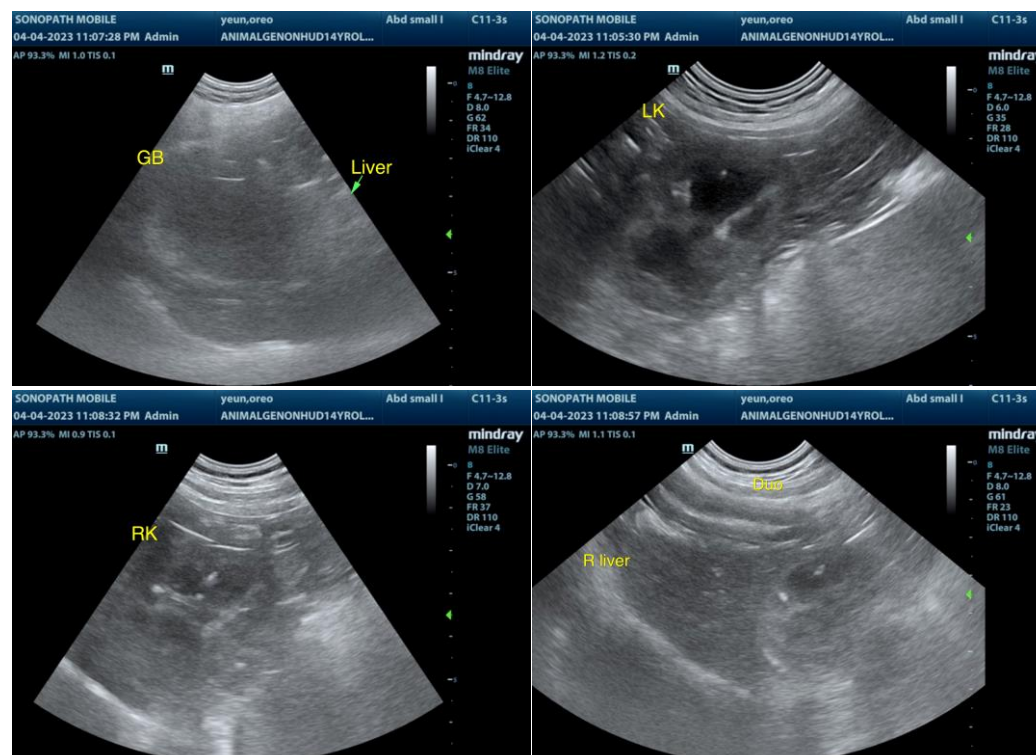
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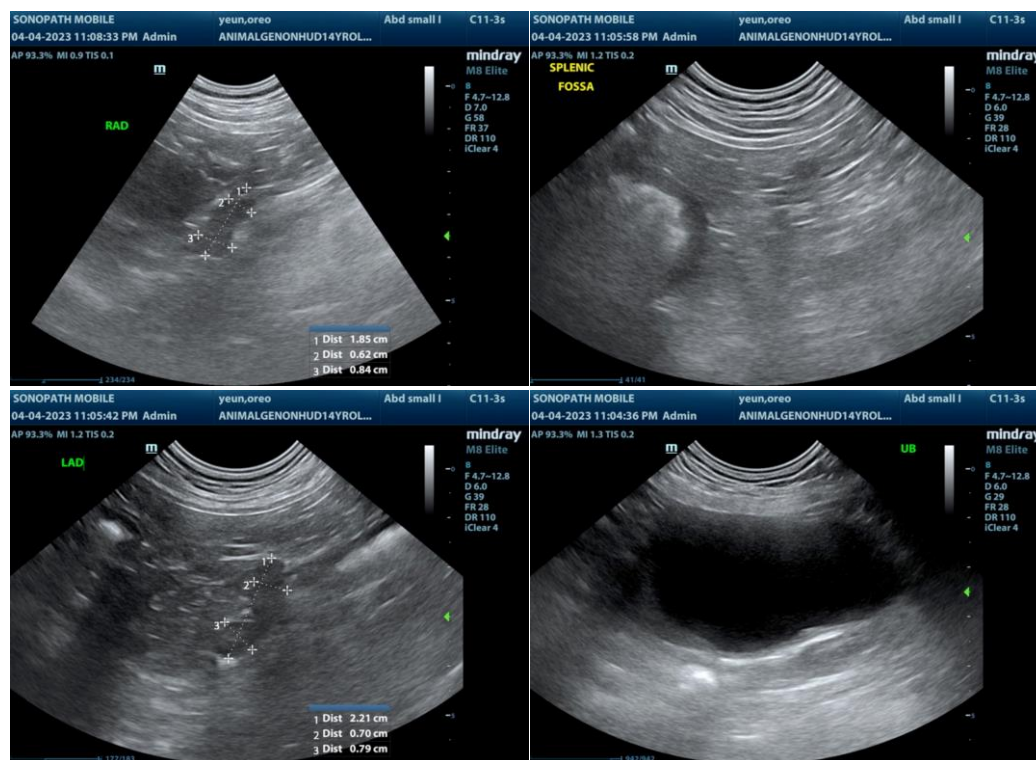
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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

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