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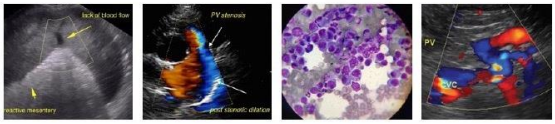

THE FOCAL ZONE
IMAGING PERFORMED BY
289-808-2608 info@thefocalzone.com

PATIENT
Daimond Remler

SPECIES
Canine

BREED
Labrador Retriever

SEX
Sapyed female

AGE
11 years

WEIGHT
66 pounds

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

IMAGING PERFORMED BY
Kelly Reschny

HOSPITAL NAME
Tillsonburg Veterinary Center

REFERRING VET
Dr. Reed

INVOICE
10326ag

DATE
04/08/2022

PRESENTING CLINICAL SIGNS

History: weight loss, low albumin, elevated glucose, suspicious of mass

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder presented mildly distended in size yet with subjective normal tone. The 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.

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 increased echogenicity and 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 7.2 cm in length.

The area of the aortic trifurcation was free of pathology.

Adrenal Glands

The left adrenal gland was mildly subnormal in size yet with symmetrical contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.49 cm width at the caudal pole and 0.49 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 0.76 cm width at the caudal pole and 0.74 cm width at the cranial pole.

Spleen

The spleen exhibited mildly subnormal size with mild generalized parenchymal heterogeneity with intermittent nonexpansive to disruptive hyperechoic nodules. The capsule was primarily smooth and regular without apparent expansion. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis.

Liver

The liver was mildly enlarged in size with generalized mild nonuniform hyperechoic parenchyma. The hepatic and portal vasculature were normal in appearance without signs of congestion. No hepatic masses of nodules were visualized. The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content with minor nondependent yet nonorganized luminal debris. No evidence of peripheral gallbladder inflammation. 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 contained a mild to moderate amount of retained anechoic to echogenic fluid and chyme with no signs of ileus, obstruction or foreign material. The ventral gastric body wall measured 0.51 cm in length.

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. Small intestinal wall width measured 0.31 cm.

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

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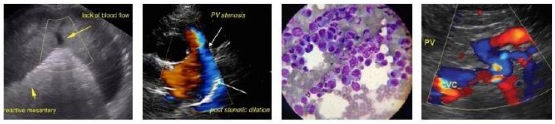

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Pancreas

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 was evident.

Free Abdomen

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

ULTRASONOGRAPHIC FINDINGS

- Mild age related kidneys.
- Hyperechoic liver.
- Mild GB debris (non-mucocele).
- Overtly normal GI tract with mild to moderate retained gastric fluid/chyme-possible metabolic gastric hypomotility.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No sonographic evidence of intra-abdominal masses was evident. Given the lack of reported hepatic enzyme elevation, the liver presentation is nonspecific with considerations including metabolic, reactive or vacuolar hepatopathy, chronic hepatitis/cholangiohepatitis, lipidosis, fibrosis with hepatic neoplasia possible yet thought less likely. Depending on the degree of GLU elevation, fructosamine level may be considered. Assuming normal clotting status a screening hepatic FNA for cytology could be considered if clinically indicated. A GI panel to include PLI/TLI/Cobalamin/Folate as well as three view chest radiographs and neurological / musculoskeletal examination are recommended to assess for or rule out occult disease which may cause weight loss.

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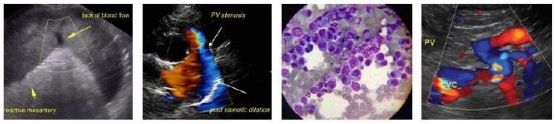

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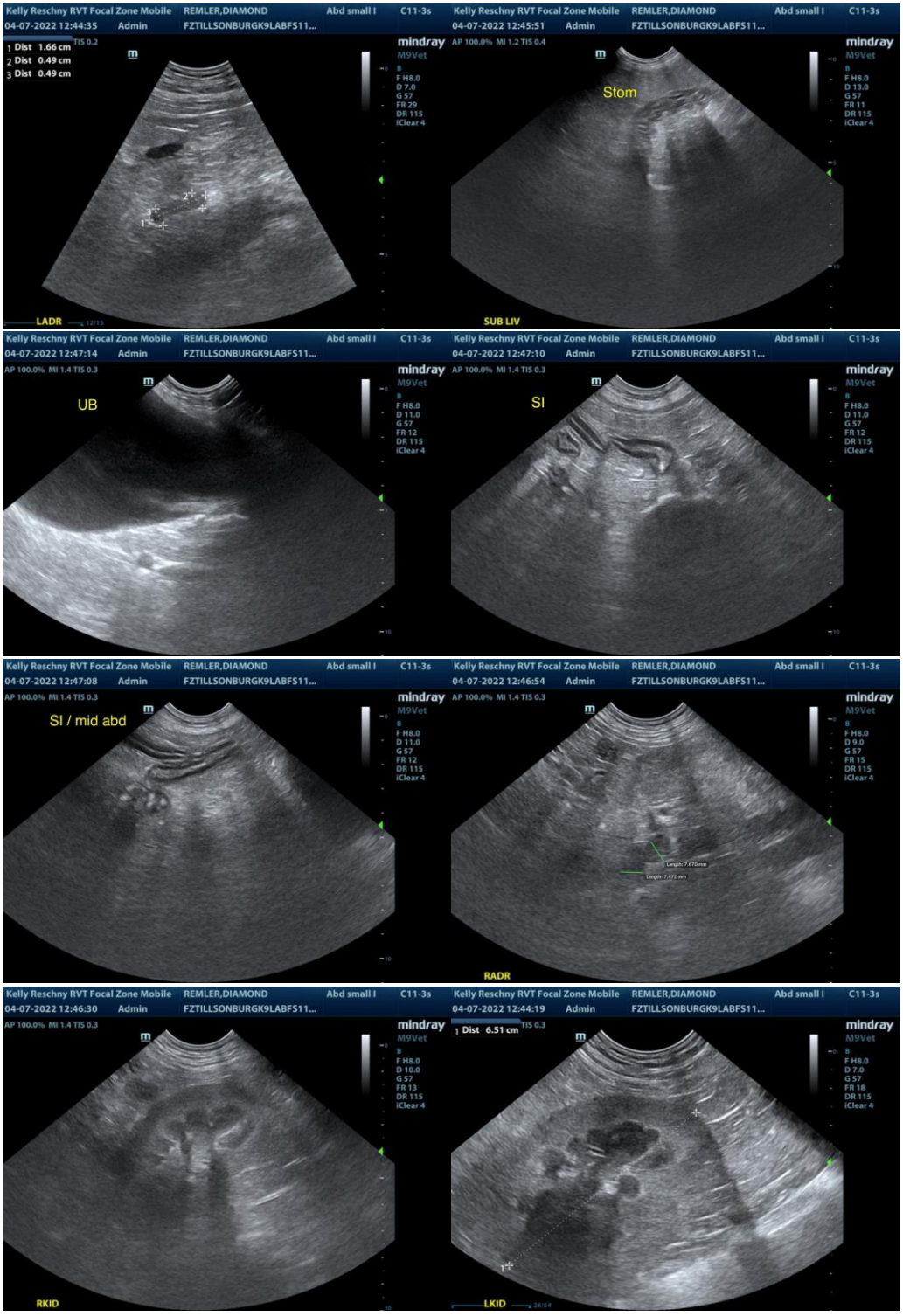

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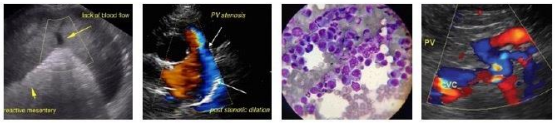

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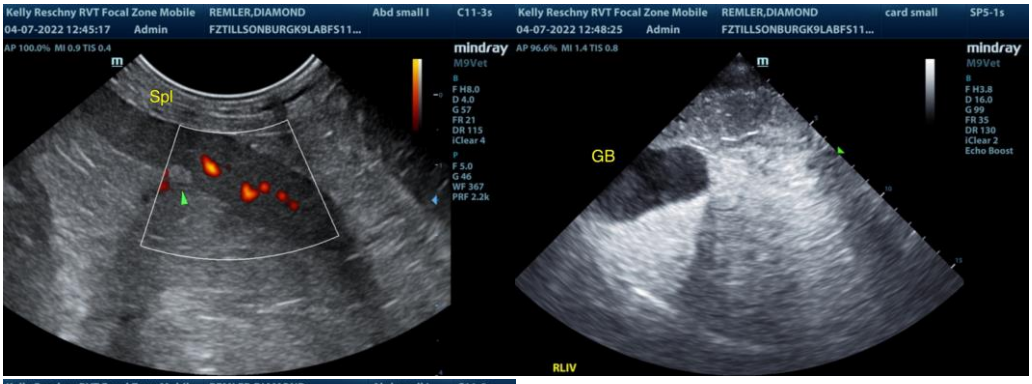

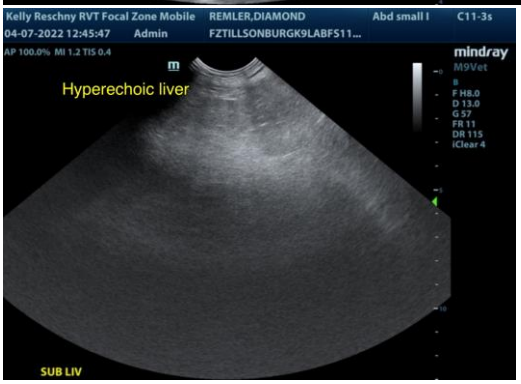

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)

info@SonoPath.com