



PATIENT PRESENTING CLINICAL SIGNS

Shiloh Ruetten History: Increased panting, heavy breathing going on for several months, getting worse. No known source of pain. Hypothyroid, on Levothyroxine. NO heart murmur noted.

SPECIES Abnormal PE/Chem/CBC/UA Results: Mild increase in ALT and alk phos. Rads read by Dr Monica Jenson - mild cardiomegaly, no other abnormalities

Canine

BREED ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Shepherd X

Urinary System

SEX

Neutered male

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 mild sediment primarily in the mid to caudal lumen and in the urinary bladder neck. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes were noted.

AGE

10 years

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 6.9 cm in length. The right kidney measured 6.9 cm in length.

WEIGHT

38.7 kg

The area of the aortic trifurcation was free of pathology.

No overt pathology associated with the residual prostate.

INTERPRETED BY

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

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.64 cm width at the caudal pole and 0.56 cm width at the cranial pole. The right adrenal gland was indistinctly visualized owing to patient size and confirmation without evidence of overt pathology subjectively measuring 0.62 cm width at the caudal pole.

IMAGING PERFORMED BY

Crystall Hill

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.

HOSPITAL NAME

Preston Animal Clinic

REFERRING VET

Dr. Coghlan

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. The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.

INVOICE

10322ag

Gastrointestinal

DATE

04/08/2022

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.



PATIENT

Shiloh Ruetten

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.

SPECIES

Canine

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.

BREED

Shepherd X

Free Abdomen

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

SEX

Neutered male

ULTRASONOGRAPHIC FINDINGS

- Mild UB sediment.
- Low grade hepatopathy.

AGE

10 years

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

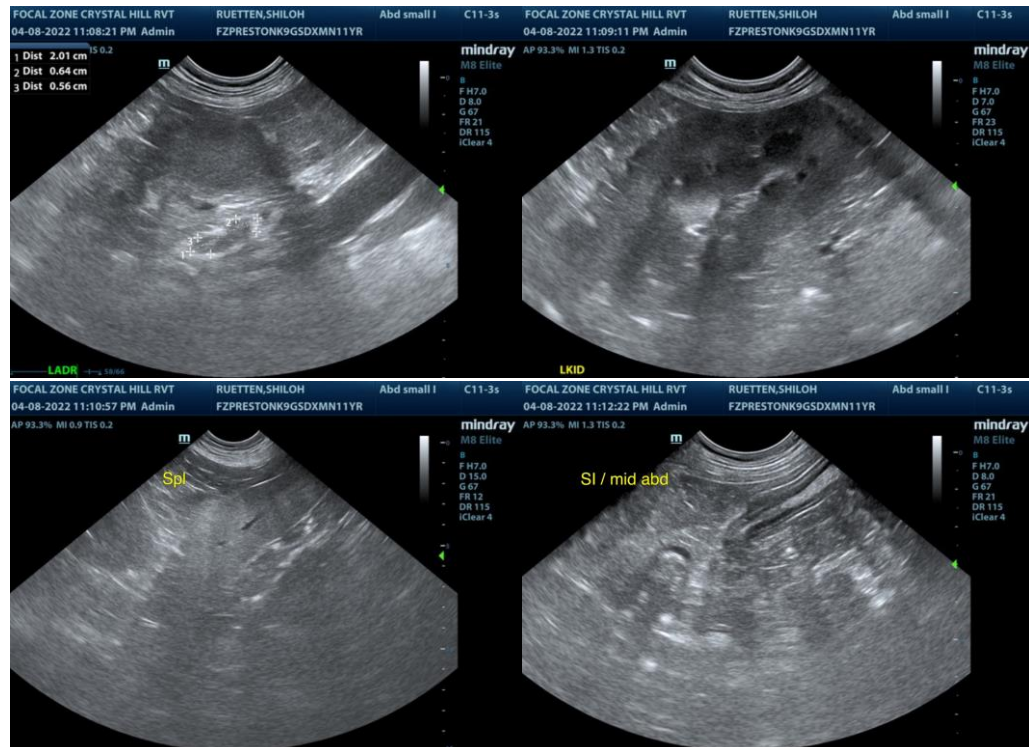
Overall, an overtly normal abdomen without evidence of significant visceral pathology. The urinary bladder sediment may suggest cellular / crystalline debris or mucus. Cystocentesis for UA +/- C/S if evidence of inflammatory cells is recommended. The hepatic presentation is consistent with low grade benign hepatopathy with considerations including mild idiopathic vacuolar hepatopathy, nonspecific inflammatory hepatopathy or other without evidence of neoplastic criteria. Monitoring of liver enzyme levels with potential hepatosupportive medications including Denamarin and Ursodiol are recommended if persistent/progressive elevated hepatic enzymes.

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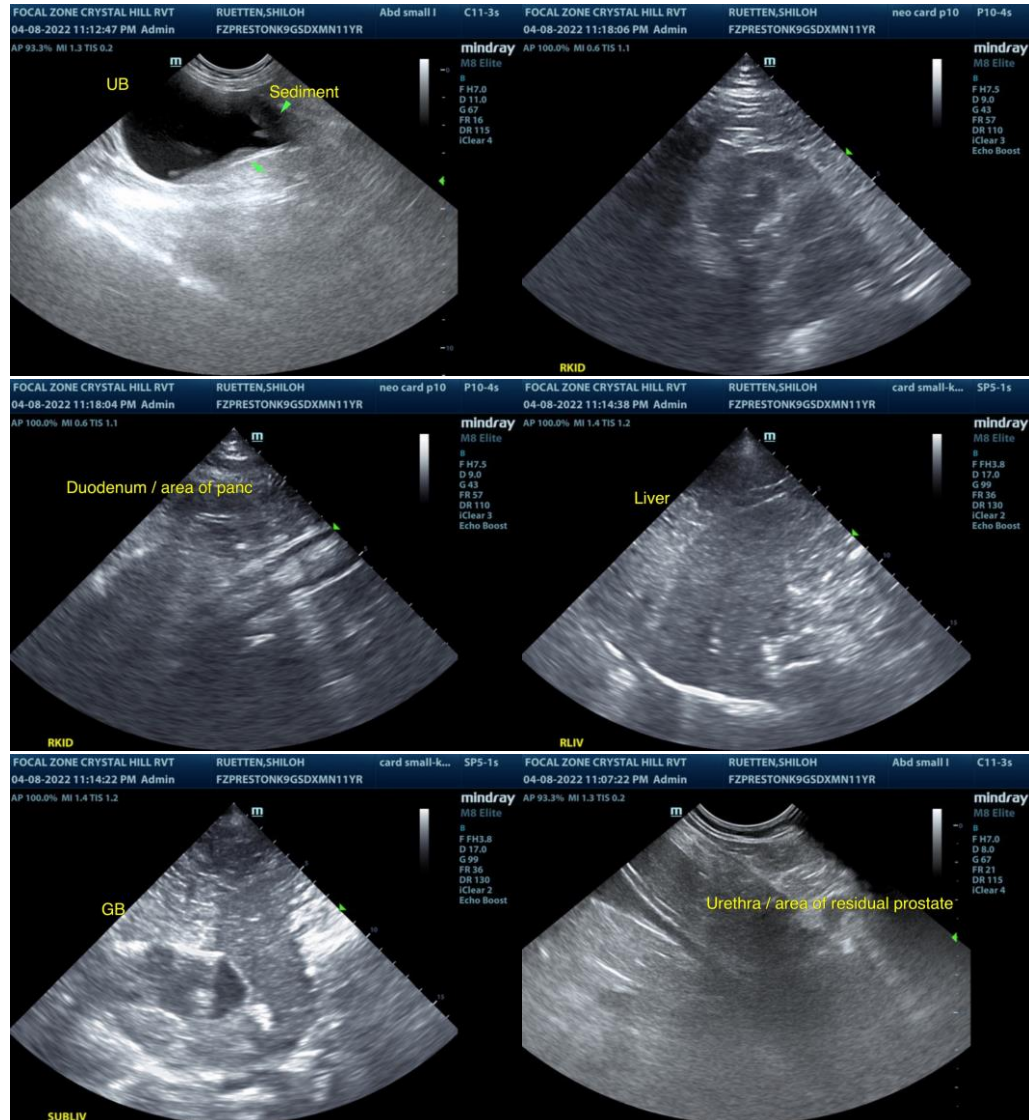
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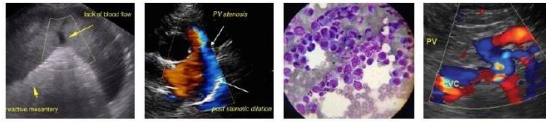


The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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



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