



PATIENT PRESENTING CLINICAL SIGNS

Leroy Kennedy having episodes of syncope, echo and holter monitor came back inconclusive, looking for abdominal causes

SPECIES Abnormal PE/Chem/CBC/UA Results: Blood work: Slightly elevated WBC,s
Neutrophils/monocytes Slightly elevated ALT: rest fine

Canine

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

BREED *Urinary System*

French Bulldog The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra 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.

SEX

MN

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 mild loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The left kidney measured 4.5 cm in length. The right kidney measured 4.4 cm in length.

AGE

13yr

The area of the aortic trifurcation was free of pathology.

WEIGHT

8.4kg

The area of the residual prostate appeared normal and free of pathology.

Adrenal Glands

INTERPRETED BY

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

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.59 cm width at the caudal pole and 1.9 cm length. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.55 cm width at the caudal pole and 2.0 cm length. No adrenal nodules or tumors present.

IMAGING PERFORMED BY

Kelly Reschny

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

Governors Road AH

Liver/Gallbladder

REFERRING VET

Dr. Farooq

The liver presented 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 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.

INVOICE

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Gastrointestinal

DATE

05/01/2023



PATIENT

Leroy Kennedy

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach was moderately distended with mild echogenic fluid /chyme with no signs of ileus, obstruction or foreign material.

SPECIES

Canine

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.

BREED

French Bulldog

Pancreas

The pancreas was normal in size and contour with isoechoic to heterogeneous parenchyma compared to adjacent omentum, likely consistent with age related changes and considered incidental. No signs of active inflammation or neoplasia.

SEX

MN

Free Abdomen

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

AGE

13yr

ULTRASONOGRAPHIC FINDINGS

- Expected bilateral mild chronic renal changes.
- Sonographically unremarkable bilateral adrenal glands.
- Low grade hepatopathy with mild parenchymal remodeling- benign.

WEIGHT

8.4kg

Secondary

- Moderate retained gastric fluid/chyme.

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(Canine and Feline)

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Largely a geriatric abdomen with no overt evidence of significant abdominal visceral pathology as a definitive cause of the patient's syncopal episodes. A screening BP is advised to assess for evidence of hypertension may be considered.

IMAGING PERFORMED BY

Kelly Reschny

The retained gastric fluid is of unclear clinical significance given lack or reported GI signs. Some degree of gastric hypomotility or metabolic stasis could be present if documented NPO or if non-reported GI signs are present or arise.

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REFERRING VET

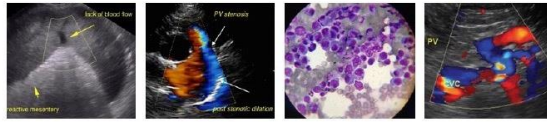
Dr. Farooq

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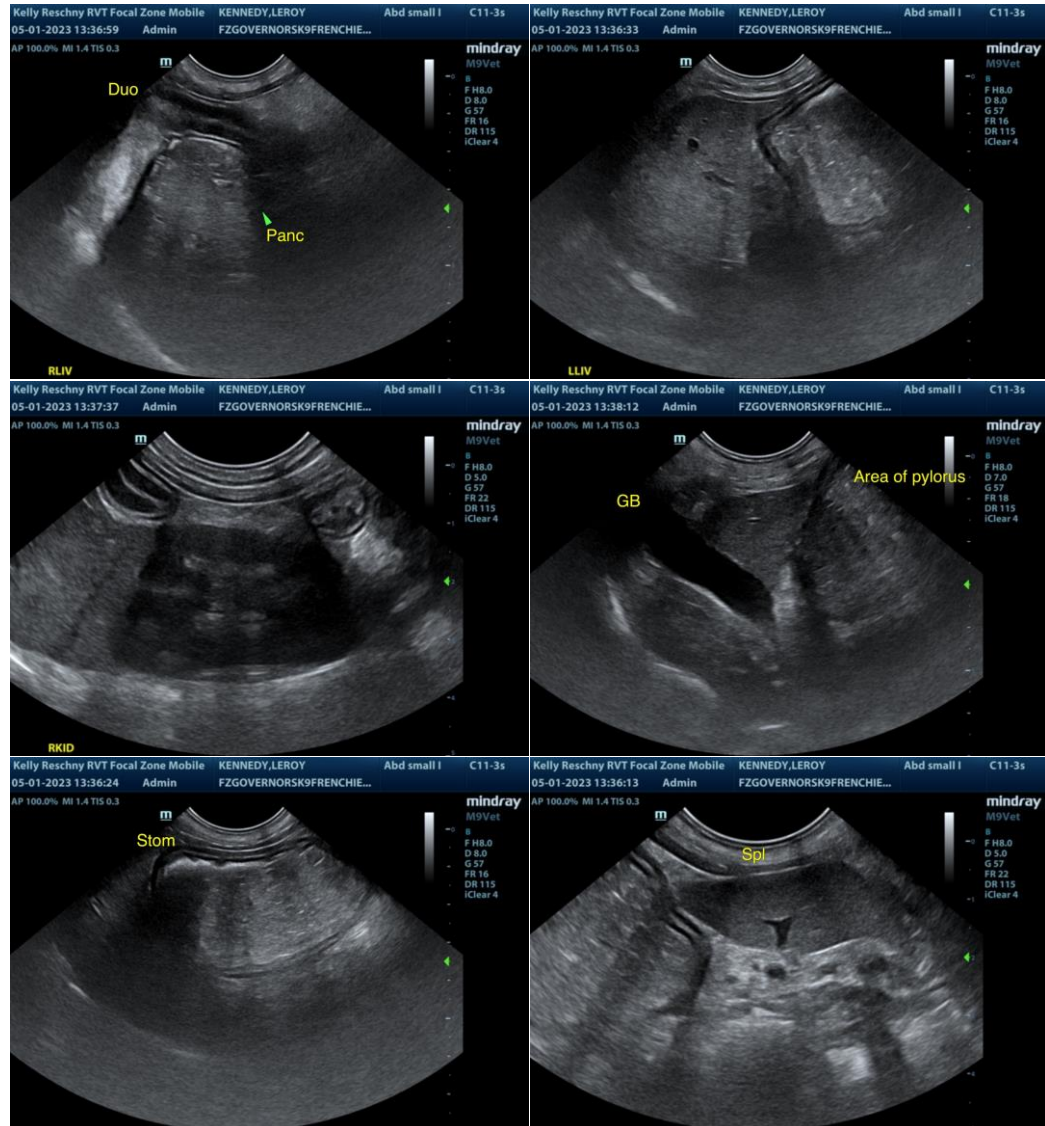
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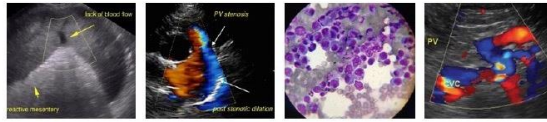
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PATIENT

Leroy Kennedy

SPECIES

Canine

BREED

French Bulldog

SEX

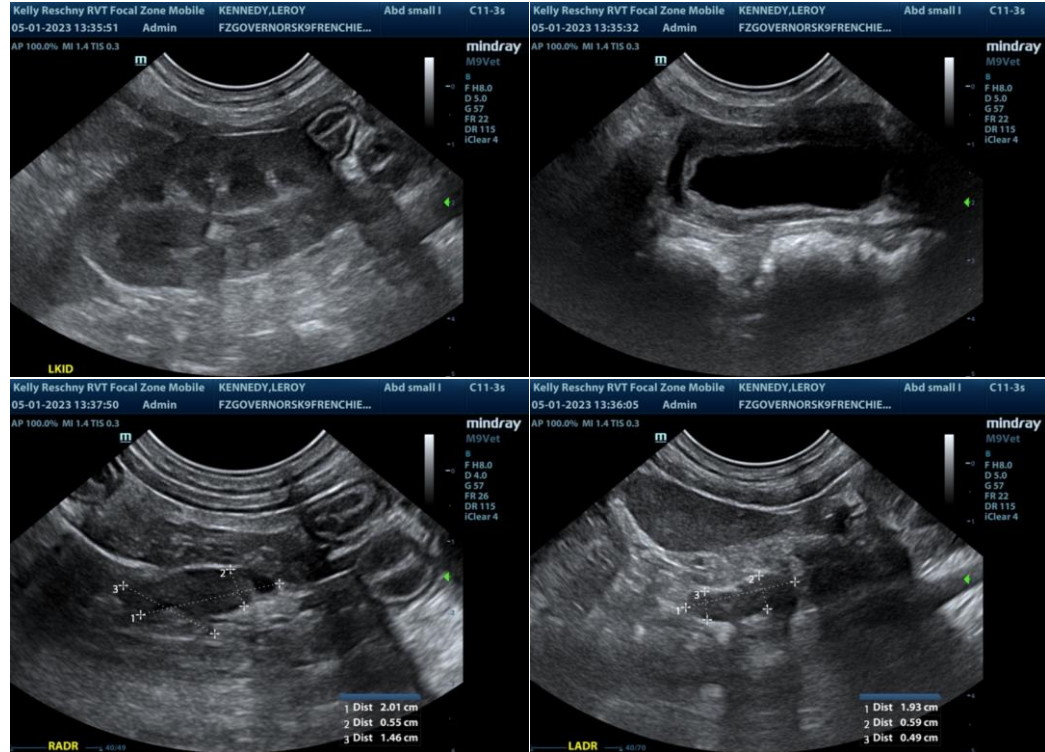
MN

AGE

13yr

WEIGHT

8.4kg



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.

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