



**PATIENT**

Razz Moreland

**SPECIES**

Canine

**BREED**

Shepherd Mix

**SEX**

MN

**AGE**

9 years

**WEIGHT**

56.6

**INTERPRETED BY**

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

**IMAGING  
PERFORMED BY**

Dr. Hannah Fearing

**HOSPITAL NAME**

Lanier Animal  
Hospital

**REFERRING VET**

Dr. Hannah Fearing

**INVOICE**

13855

**DATE**

5/12/22

**PRESENTING CLINICAL SIGNS**

Razz has been on and off eating. He has started to refuse treats. Mom said he has been lethargic for a couple of days. We did radiographs on 5/10 of his chest and abdomen, everything came back normal with his radiographs.

Abnormal PE/Chem/CBC/UA Results: Blood work done on 5/9: cbc: rbc 2.96 HCT 25 HG 7.2 MCV 84 MCHC 28.8 WBC 19.3, neutrophils 15.633 target cells; no blood parasites seen chem: albumin 2.3 T4 0.9 UA: USG 1.042 UPC 1.042 Ca Oxalate 2 + Rechecked PVC 5/10: 40%

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

The urinary bladder, trigone, and cystourethral junction 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 was noted.

No overt pathology was noted in the area of the residual prostate, although indistinctly visualized.

No evidence of pathology was noted in the area of the iliac trifurcation including no evidence of medial iliac or sublumbar lymphadenopathy.

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 5.9 cm in length. The right kidney measured 6.4 cm in length.

**Adrenal Glands**

The bilateral adrenal glands were definitively visualized and sonographically unremarkable in size, position, and shape. The left adrenal gland measured 0.59 cm width at the caudal pole and 0.5 cm width at the cranial pole. The right adrenal gland measured 0.65 cm width at the caudal pole and 0.82 cm width at the cranial 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. No evidence of splenic neoplastic criteria was noted.

**Liver/ Gallbladder**

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.



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**Gastrointestinal**

The stomach exhibited Intact and sonographically unremarkable visualized wall layering. The stomach contained a mild amount of retained nonshadowing to variably echogenic ingesta / chyme extending into the area of the pylorus. No evidence of gastric shadowing echoes or mechanical pyloric outflow obstruction. The gastric body wall width measured 0.30 cm.

The visualized segments of small intestine were sonographically normal exhibiting Intact wall layering and maintained a 1:3 muscularis / mucosa ratio. No evidence of small intestinal mechanical / metabolic ileus, loss of wall layering, or overt intestinal masses. The duodenum wall width measured 0.53 cm.

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

**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 were evident.

**Free Abdomen**

No overt lymphadenopathy or peritoneal effusion was present.

**ULTRASONOGRAPHIC FINDINGS**

- Sonographically unremarkable gastrointestinal tract with mild retained gastric ingesta/chyme

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Overall, sonographically unremarkable abdomen without evidence of overt or significant abdominal visceral pathology as an obvious cause of the patient's clinical signs.

The minor retained gastric ingesta / chyme may indicate recent meal ingestion. Some degree of mild metabolic gastric stasis or nonobstructive delayed emptying could be considered if documented NPO prior to the ultrasound. Structurally insignificant gastrointestinal disease or low-grade to chronic pancreatitis, both of which may present sonographically normal, cannot be definitively excluded. Further assessment may include a GI panel to include PLI/TLI/Cobalamin/Folate.

Although considered unlikely yet given the patient's vague clinical signs, resting cortisol level to rule out occult Addison's Disease could be considered.

Continued monitoring of UPC level, given the quiet urinary bladder sediment, as well as for evidence of current anemia, would be reasonable. Continued as-needed supportive care is recommended.



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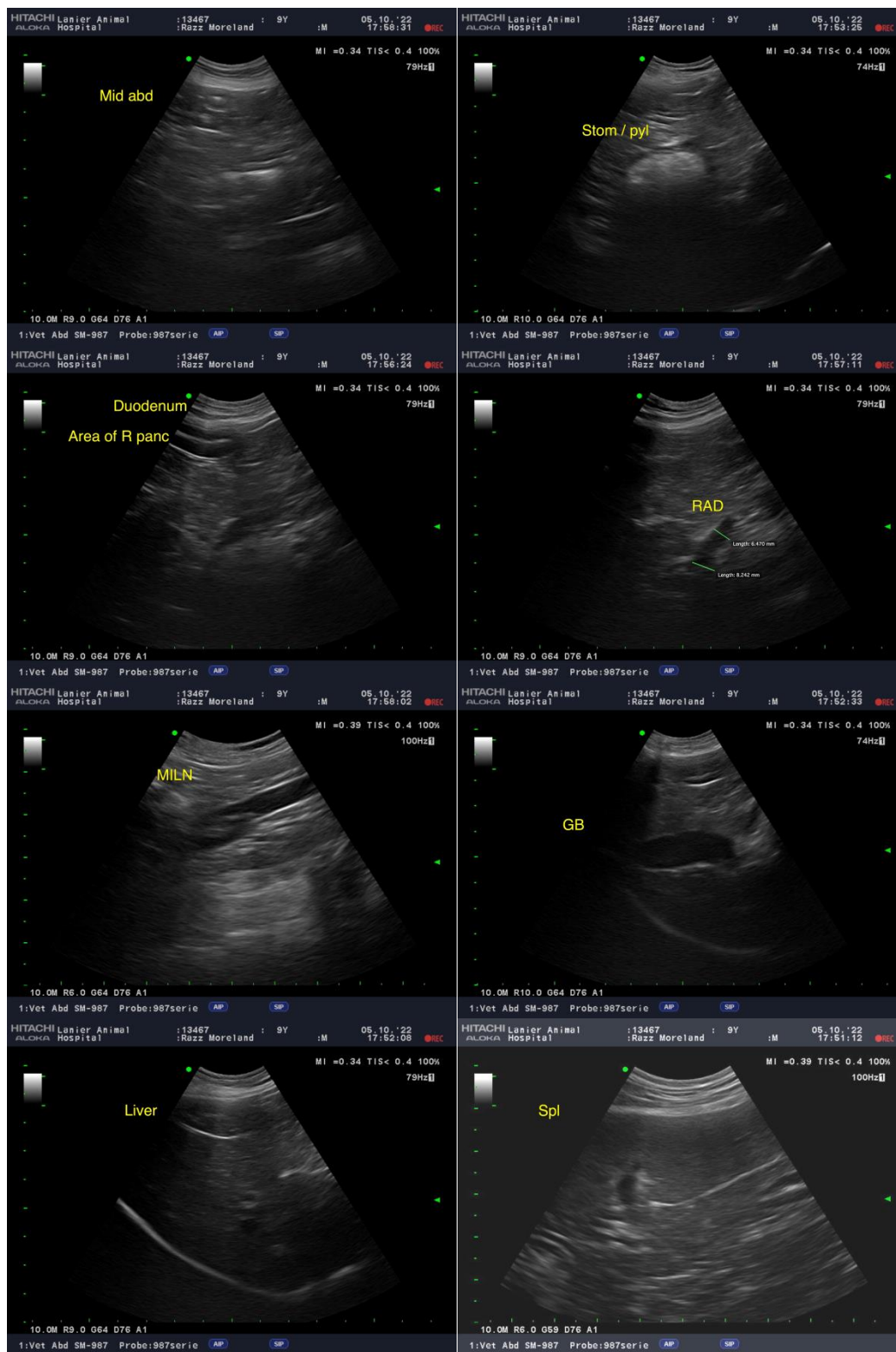
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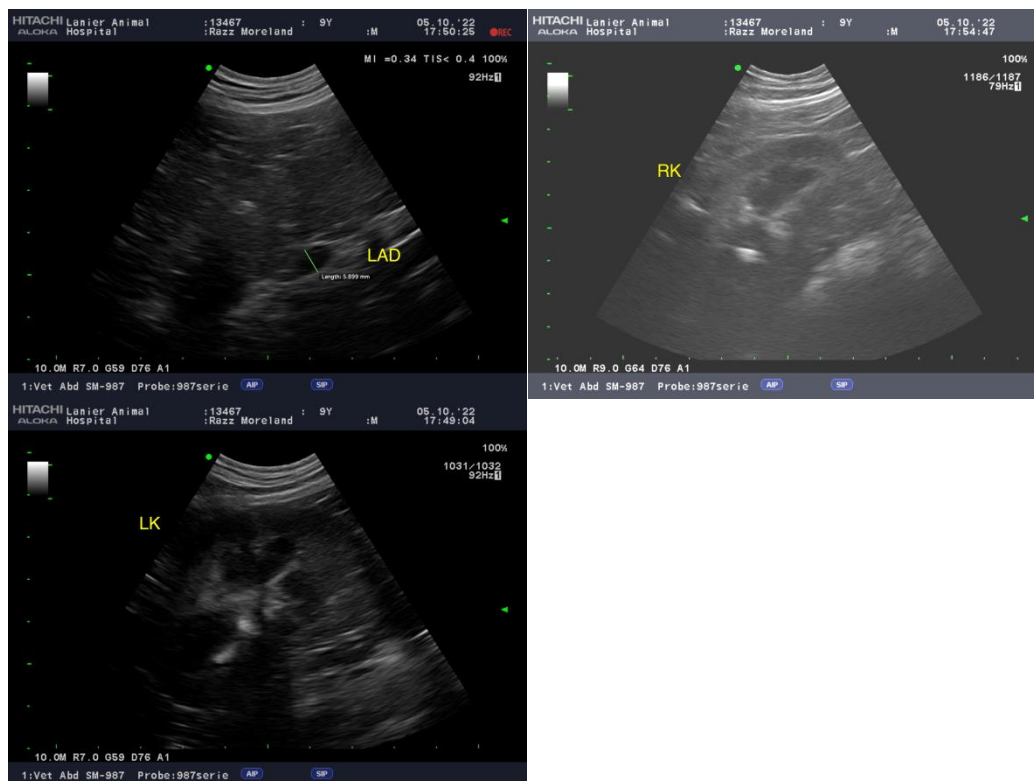
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**The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.**

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