



PATIENT PRESENTING CLINICAL SIGNS

Moby Trejo History: Losing weight, Diabetic and glucose is all over the place

SPECIES Abnormal PE/Chem/CBC/UA Results: Except glucose, all within normal limits. Current Medications NPH Insulin.

Canine

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

BREED *Urinary System*

Pug 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 were noted. Aortic trifurcation was normal.

SEX

Neutered Male

No overt pathology in the area of the residual prostate.

AGE

13 Years

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 4.3 cm in length. The right kidney measured

WEIGHT

16 Pounds

4.6 cm in length.

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 0.42 cm width at the caudal pole and 0.44 cm width at the cranial pole.

The right adrenal gland was indistinctly visualized, exhibiting potential for mild asymmetrical contour and nonhomogeneous parenchyma, subjectively measuring 0.63 cm at the caudal pole.

IMAGING PERFORMED BY

Sara Hansen

Spleen

The spleen exhibited primarily finely textured parenchyma which was hyperechoic to the liver and renal cortical parenchyma. Mild generalized parenchyma heterogeneity was present without evidence of nodular changes. 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. The parenchymal heterogeneity is likely consistent with benign changes such as extramedullary hematopoiesis or age-related remodeling with minor potential for inflammatory or neoplastic disease.

HOSPITAL NAME

Salem Oregon Animal

REFERRING VET

Dr. Rowley

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.

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The gallbladder was non distended in size with mild gallbladder debris. The gallbladder was otherwise normal. No evidence of gallbladder or peripheral gallbladder inflammation. The cystic duct and common bile ducts were normal without evidence of dilation.



PATIENT *Gastrointestinal*

Moby Trejo The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained moderate ingesta, exhibiting distal acoustic shadowing. The stomach was otherwise normal.

SPECIES

Canine The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. Minor segmental duodenal jejunal chyme was present.

BREED

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

SEX

Pancreas

The pancreas was normal in size and contour with heterogeneous to echogenic parenchyma compared to adjacent omentum. No signs of active inflammation or neoplasia.

Neutered Male

Free Abdomen

AGE

13 Years Focal scant pocket of caudal abdominal peritoneal free fluid was noted dorsal to the urinary bladder in the left lateral abdomen, adjacent to the spleen.

WEIGHT

16 Pounds

ULTRASONOGRAPHIC FINDINGS

- Overtly normal gastrointestinal tract with moderate shadowing gastric and segmental small bowel ingesta/chyme
- Mild gallbladder debris (non-mucocele)
- Mild pancreatic remodeling- likely associated with age, potential for low-grade to chronic pancreatitis possible.
- Mild age-related renal changes
- Intermittent scant pockets of nonspecific peritoneal free fluid

INTERPRETED BY

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Sonographically, no evidence of significant visceral pathology, i.e., neoplastic criteria or structural gastrointestinal disease an obvious cause of the patients weight loss.

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Dr. Rowley

Further assessment may include a Gi panel to include PLI,TLI,cobalamin and folate to assess for occult gastrointestinal disease, as well as correlation with the pancreatic presentation. Three view chest radiographs may be considered to rule out occult intrathoracic pathology as a contributing factor to the weight loss. Urine culture and sensitivity are suggested if evidence of glucosuria.

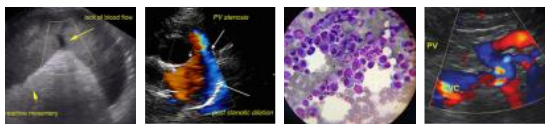
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The gastric ingesta is sonographically consistent with food and may indicate postprandial presentation. If documented NPO, some degree of gastric hypomotility could be possible. Monitoring for evidence of gastric emptying, following a documented fast could be considered if clinically indicated.



PATIENT

Moby Trejo

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Canine

BREED

Pug

SEX

Neutered Male

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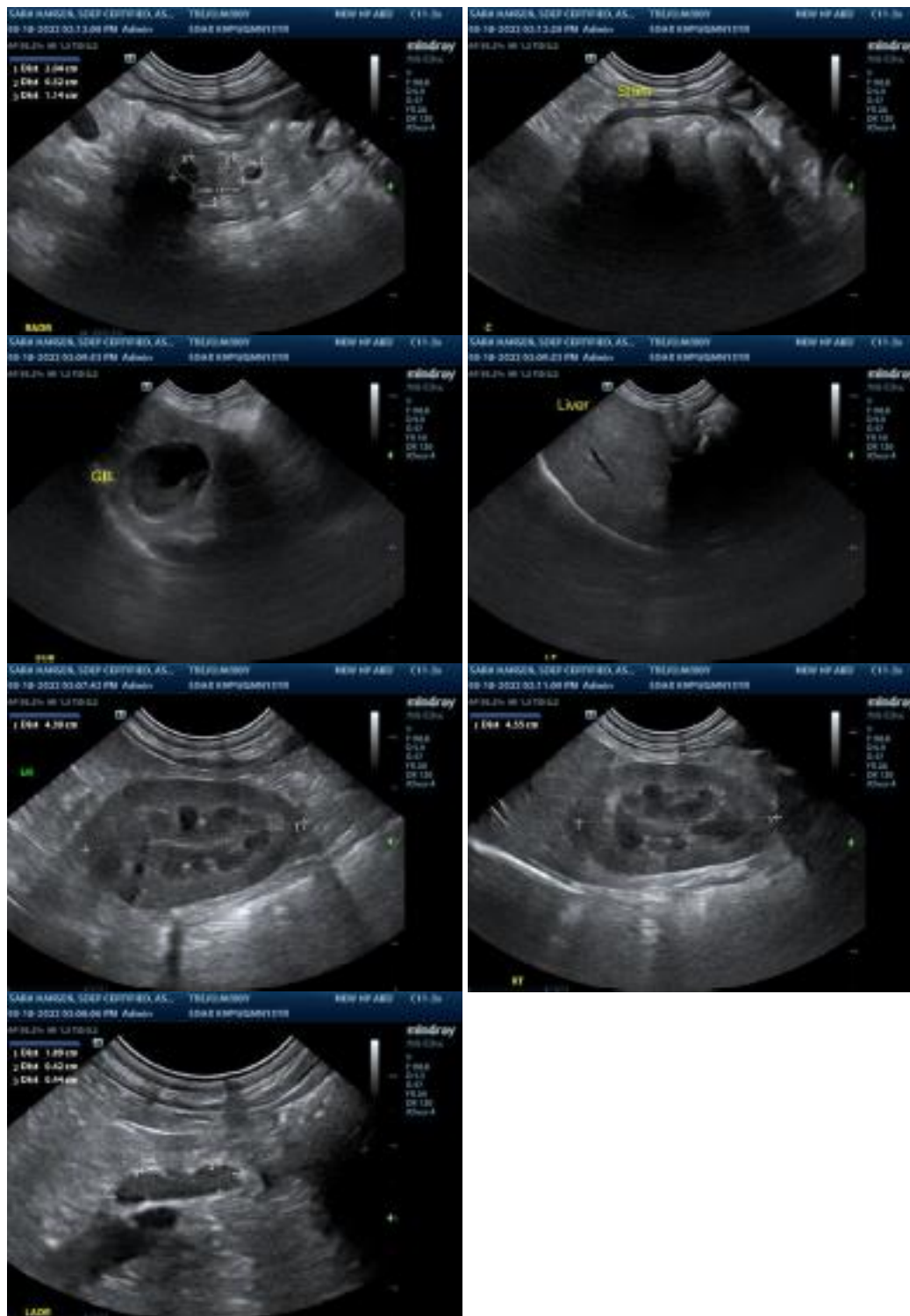
Dr. Rowley

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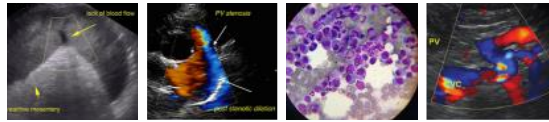
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not



PATIENT visible in the image/video clips provided.

Moby Trejo 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.

SPECIES

Canine

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BREED

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Pug

SEX

Neutered Male

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