



PATIENT

Ryder Maszy

SPECIES

Canine

BREED

Labrador

SEX

NM

AGE

12 years

WEIGHT

90 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Christine Sitton

HOSPITAL NAME

Sherwood Family Pet
Clinic

REFERRING VET

Dr. Christine Sitton

INVOICE

13921

DATE

5/19/22

PRESENTING CLINICAL SIGNS

vomiting intermittently over last few months; lethargic PD

Abnormal PE/Chem/CBC/UA Results: previous BW in 2/2022 HCT 54.2 % creatinine 2.4 USG 1.009; pH 6.5 rest of chem/T4/CBC wnl BW today GLUCOSE (blood) = 120 mg/dL 70 - 143 CREA = 1.7 mg/dL 0.5 - 1.8 BUN = 24 mg/dL 7 - 27 BUN/CR = 14 TP = 6.9 g/dL 5.2 - 8.2 ALB = 3.5 g/dL 2.2 - 3.9 GLOB = 3.4 g/dL 2.5 - 4.5 ALB/GL = 1.0 ALT = 69 U/L 10 - 125 ALKP = 52 U/L 23 - 212 PCV 53 36 - 60 unclear why creatinine is now lower

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 3.0 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 was noted.

The area of the residual prostate was free of overt pathology.

The area of the aortic trifurcation was free of pathology, 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 was maintained. The medulla and cortices were uniform in texture with some increased echogenicity and mild to moderate loss of corticomodullary symmetry and definition expected for the age of the patient. Pinpoint medullary mineral was present in both kidneys. No evidence of pelvic dilatation was present. The left kidney measured 6.4 cm in length. The right kidney measured 6.5 cm in length.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.55 cm width at the caudal pole. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.65 cm width at the caudal pole.

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. Suspect mid splenic lateral previous infarct was noted, this is incidental and not considered pathological. 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 splenic neoplastic criteria.



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Liver/ Gallbladder

Ryder Maszy

The liver was subjectively normal in size, structure, and contour. The liver parenchyma was mildly nonuniform and hypoechoic to the spleen with a moderate coarse echotexture and subjective mild to benign parenchymal remodeling. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended in size containing primarily anechoic content with minor gallbladder debris. The gallbladder was otherwise normal. The cystic and common bile ducts were normal.

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Gastrointestinal

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The visualized stomach exhibited intact wall layering and maintained distinct gastric wall layer detail. The stomach was empty without evidence of retained ingesta, fluid, or foreign material. The ventral gastric body wall width measured 0.51 cm.

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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. The small intestinal wall width measured 0.36 cm.

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

Pancreas

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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.

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ULTRASONOGRAPHIC FINDINGS

- Suspect splenic infarct - incidental
- Overtly normal gastrointestinal tract
- Mild to moderate chronic renal changes
- Minor gallbladder debris - incidental, potentially owing to fasting or nonclinical cholestasis

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Overall, largely geriatric abdomen without evidence of significant visceral pathology. An obvious cause of the patient's lethargy and polydipsia was not definitively evident.

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Further renal staging to include urine C/S and protein: creatinine ratio on sterile urine sample may be considered.

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If evidence of weight loss, a GI panel to include PLI/TLI/Cobalamin/Folate and if not done, three view chest radiographs to rule out occult thoracic or esophageal pathology as contributing factors to the patient's lethargy and vomiting could be considered. Gastroprotectant protocol, as well as novel protein or hydrolyzed diet trial, may prove beneficial.



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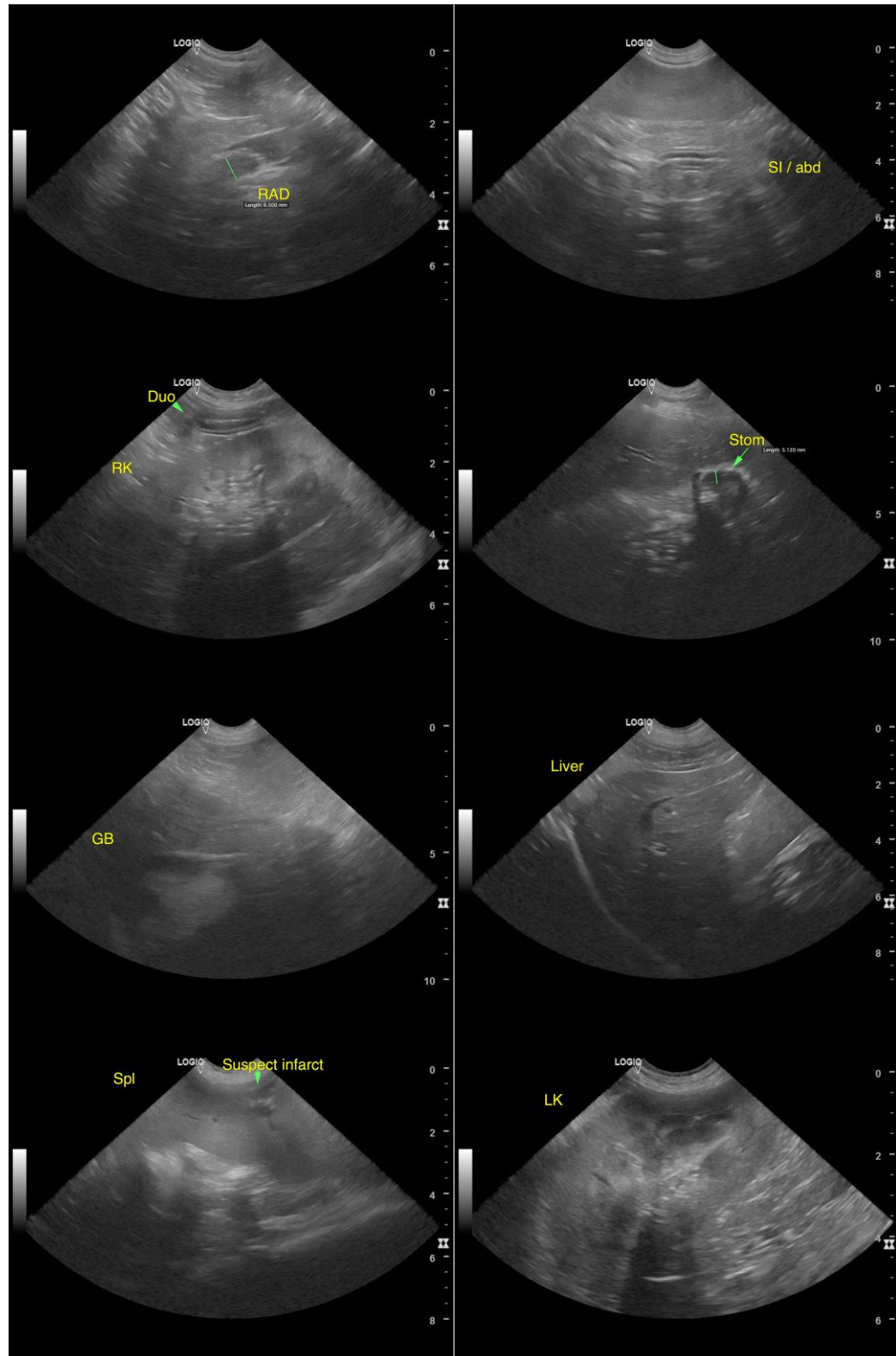
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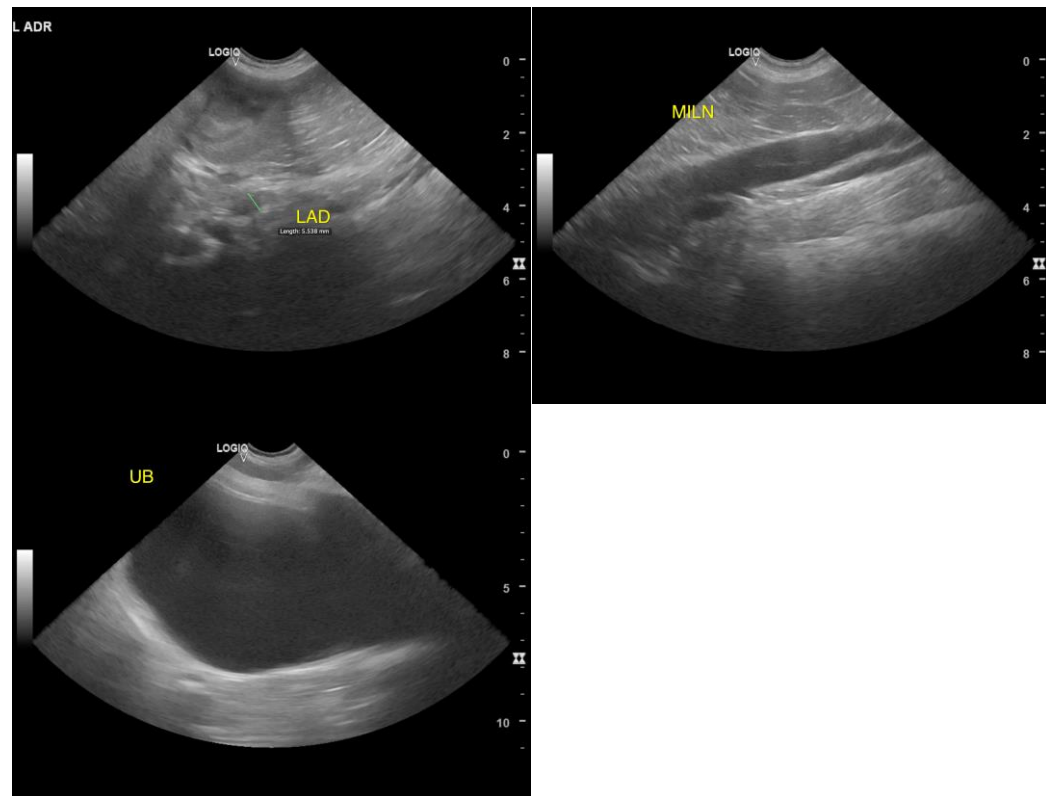
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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info@SonoPath.com