



PATIENT PRESENTING CLINICAL SIGNS

Gracie Hower Obese, febrile, vomiting, increased reticulocytes Cerenia, Thyrotab .075 BID, Keflex
 CBC- HCT 59, Reticulocytes 155, WBC 13.3 with normal differential, Platelet 467
 Chemistry Panel- ALP 197, AST 60, Urine specific Gravity 1.017, negative protein and glucose

SPECIES

Canine

BREED

Lab Mix

SEX

FS

AGE

2019

WEIGHT

101.8

INTERPRETED BY

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

IMAGING PERFORMED BY

Rebekah Jakum, CVT
 ARDMS/RVT

HOSPITAL NAME

Cherryville AH

REFERRING VET

Dr. Myers

INVOICE

13933

DATE

5/24/22

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.

No overt pathology was noted in the area of the uterine remnant.

The area of the aortic trifurcation was free of pathology. No evidence of medial iliac or sublumbar masses or lymphadenopathy was noted.

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 pyelectasia. The left kidney measured 6.9 cm in length. The right kidney measured 6.4 cm in length.

Adrenal Glands

The bilateral adrenal glands were indistinctly visualized yet without overt pathology. The left adrenal gland subjectively measured 0.60 cm width at the caudal pole and 0.43 cm width at the cranial pole. The right adrenal gland subjectively measured 0.68 cm width at the caudal pole and 0.72 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.

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.



PATIENT *Gastrointestinal*

Gracie Hower The stomach presented intact wall layering with a normal wall layer ratio. The stomach lumen was subjectively empty with luminal gas.

SPECIES 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. No evidence of mechanical / metabolic gastrointestinal Ileus or overt foreign material.
Canine

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

Lab Mix **Pancreas**

SEX 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.
FS

AGE *Free Abdomen*

2019 No omental masses, lymphadenopathy or evidence of peritoneal effusion were present. Subjective increased amount of omental fat was present.

ULTRASONOGRAPHIC FINDINGS

- WEIGHT**
- Low-grade hepatopathy
 - Overtly normal gastrointestinal tract
- 101.8

INTERPRETED BY INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

R. McKenzie Daniel, DVM, DABVP (Canine and Feline) Overall, sonographically unremarkable abdomen without sonographic evidence of abdominal visceral pathology. An obvious cause of the patient's clinical signs including fever was not definitively evident.

IMAGING PERFORMED BY Leptospirosis titer/PCR is recommended if endemic to the area or potential exposure. CBC pathology review and continued monitoring of hepatic enzymes for evidence of progressive hepatic enzyme elevation are suggested. Potential ultrasound guided FNA of the liver for screening cytology could be considered if progressive hepatic enzyme elevations are noted. Empirical as-needed gastrointestinal support is suggested.
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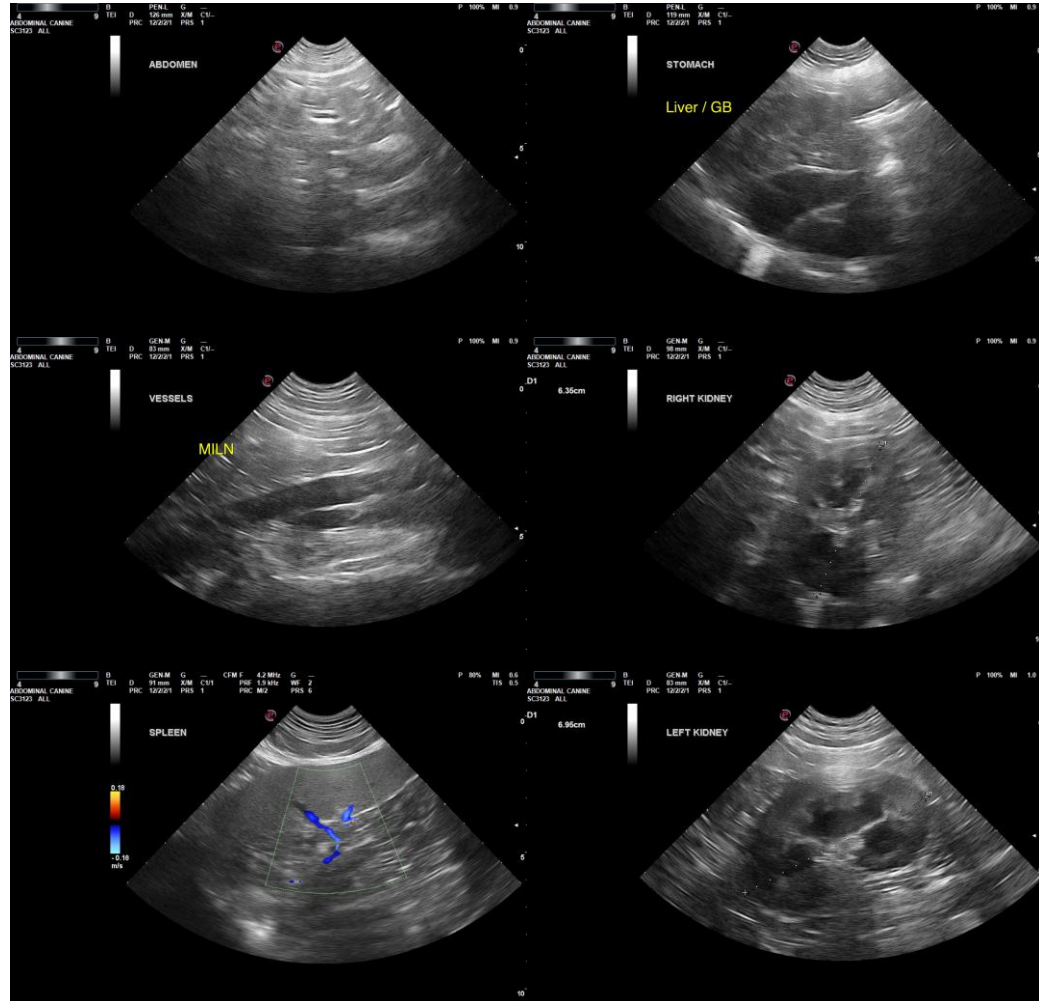
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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