



PATIENT

Camilla Staka

SPECIES

Canine

BREED

Pitbull Mix

SEX

FS

AGE

13.5 years

WEIGHT

58 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Shari Reffi, CVT

HOSPITAL NAME

Long Valley AH

REFERRING VET

Dr. Earl

INVOICE

16736

DATE

5/3/23

PRESENTING CLINICAL SIGNS

Vomiting, 5/2/23: Cerenia 2.6cc sq; LRS 300cc sq
Abnormal PE/Chem/CBC/UA Results: Mild monocytosis, K+3.3

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 4.0 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 evidence of pathology in the area of the aortic trifurcation.

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

Adrenal Glands

The and right adrenal glands were overtly normal in size, position and shape. The left adrenal gland measured 0.49 cm width at the caudal pole and 0.55 cm width at the cranial pole. The right adrenal gland measured 0.72 cm width at the caudal pole and 0.77 cm width at the cranial 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. 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.

Liver/ Gallbladder

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 with thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.

Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach was empty with no signs of ileus, obstruction, or foreign material.



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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.

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

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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.

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Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

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ULTRASONOGRAPHIC FINDINGS

- Age-related renal changes
- Structurally unremarkable gastrointestinal tract
- Normal pancreas
- Minor hepatic parenchymal remodeling

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Sonographically, no evidence of visceral pathology with largely mild geriatric changes, including no evidence of gastrointestinal mural pathology, mechanical / metabolic ileus, foreign material, or gastrointestinal neoplastic criteria.

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Dietary intolerance At times, / food hypersensitivity, occult parasitism, mild gastritis / gastroenteritis, and low-grade to chronic pancreatitis which may present as sonographically normal, or less likely occult Addison's Disease are all potentials.

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Empirically, gastroprotectant protocol i.e., Omeprazole 1.0 mg/kg PO SID as needed for up to 3 weeks, canned hydrolyzed or novel protein diet trial, +/- empirical coverage for helicobacter may prove beneficial.

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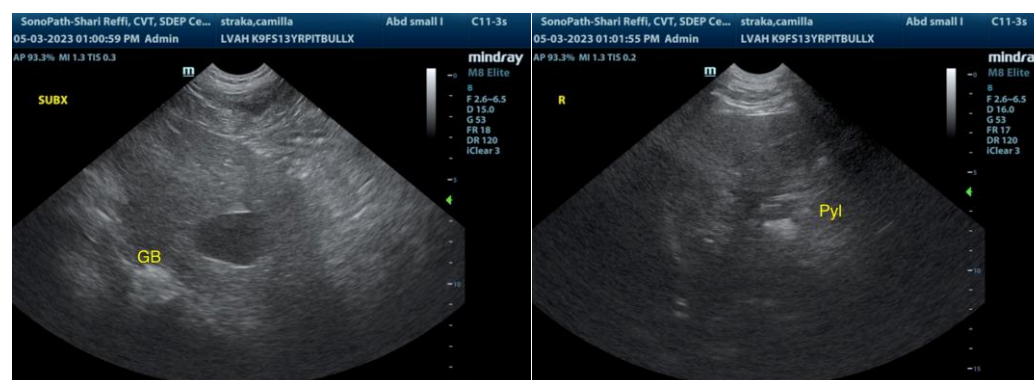
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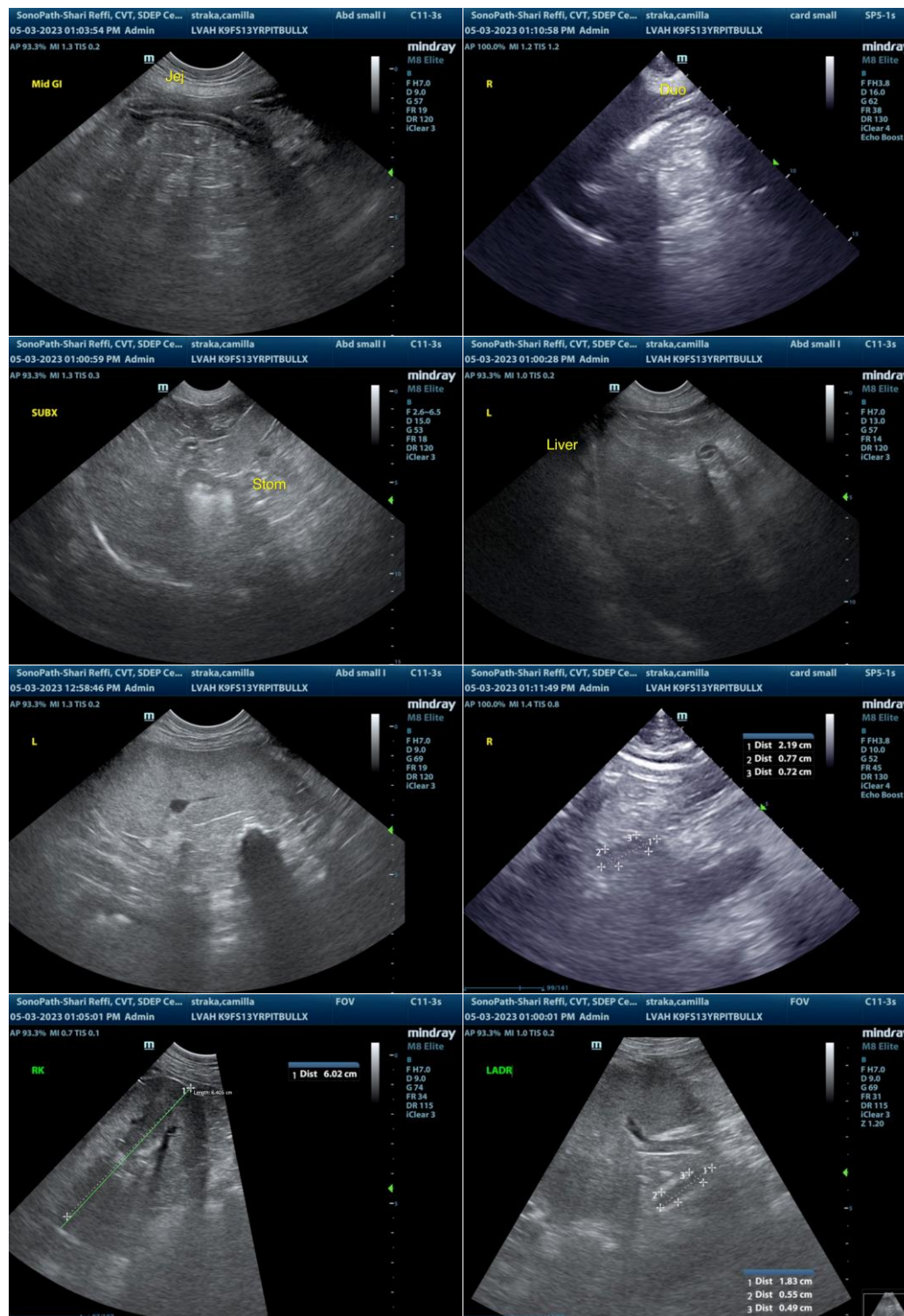
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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