



PATIENT

Myboy Blue Agdish

SPECIES

Canine

BREED

French Bulldog

SEX

MN

AGE

8.5 years

WEIGHT

31 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

A. Rodriguez

HOSPITAL NAME

Foxfield VS

REFERRING VET

A. Rodriguez

INVOICE

16762

DATE

5/5/23

PRESENTING CLINICAL SIGNS

Woke up yelping in pain.
Abnormal PE/Chem/CBC/UA Results: N/A

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2.0 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 residual prostate was free of pathology.

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 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 5.0 cm in length. The right kidney measured 4.6 cm in length.

Adrenal Glands

The left adrenal gland was borderline prominent in size based on caudal pole width measurement in light of body weight, with symmetrical capsule contour and homogeneous parenchyma. The left adrenal gland measured 2.1 cm length x 0.71 cm width at the caudal pole. The right adrenal gland was mildly enlarged exhibiting mild asymmetrical capsule contour and homogeneous parenchyma without evidence of parenchymal mineralization. The right adrenal gland measured 2.1 cm length x 1.0 cm width at the caudal 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.



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| PATIENT | <i>Gastrointestinal</i> |
| Myboy Blue Agdish | The stomach presented intact mildly prominent wall layering. The stomach contained a mild amount of retained nonshadowing ingesta / chyme without evidence of mechanical pyloric outflow obstruction. The gastric body wall width measured 0.51 cm. The pylorus wall width measured 0.47 cm. |
| SPECIES | |
| Canine | The duodenum exhibited subjective intact yet mildly prominent wall layering. Subtle duodenal corrugation was noted. The duodenum wall measured 0.63 cm width. The jejunum and ileus to the level of the colon were sonographically unremarkable. No evidence of an intestinal obstructive pattern or mechanical / metabolic ileus was noted. |
| BREED | |
| French Bulldog | |
| SEX | Normal visible colon wall layers were present with apparent formed feces in lumen. |
| MN | <i>Pancreas</i> |
| AGE | 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. |
| 8.5 years | |
| WEIGHT | <i>Free Abdomen</i> |
| 31 lbs | No omental masses, lymphadenopathy, or evidence of peritoneal effusion were noted. |
| INTERPRETED BY | ULTRASONOGRAPHIC FINDINGS |
| R. McKenzie Daniel, DVM, DABVP (Canine and Feline) | <ul style="list-style-type: none"> • Possible gastroduodenitis with gastric stasis • Sonographically unremarkable pancreas • Mildly enlarged irregular right adrenal gland - nonspecific |
| IMAGING PERFORMED BY | <u>INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS</u> |
| A. Rodriguez | A definitive source of potential intraabdominal pain was not evident. |
| HOSPITAL NAME | The gastroduodenal presentation may suggest some degree of upper gastrointestinal inflammatory criteria, although, without reported gastrointestinal signs, this finding is nonspecific. |
| Foxfield VS | Likewise, the mildly prominent to irregular right adrenal gland is of unclear clinical significance. Correlation with a full CBC/Chemistry panel and Urinalysis is suggested. Assessment of systemic BP is recommended for evidence of hypertension which may allude to an emerging right adrenal pathology, i.e., pheochromocytoma, although the right adrenal gland was not overtly suggestive of neoplastic criteria. |
| REFERRING VET | |
| A. Rodriguez | |
| INVOICE | |
| 16762 | Empirical gastrointestinal support is recommended if clinically indicated. Full muscular/skeletal and neurological examination is suggested if not done to assess for or rule out extra-abdominal source of discomfort or pain. |
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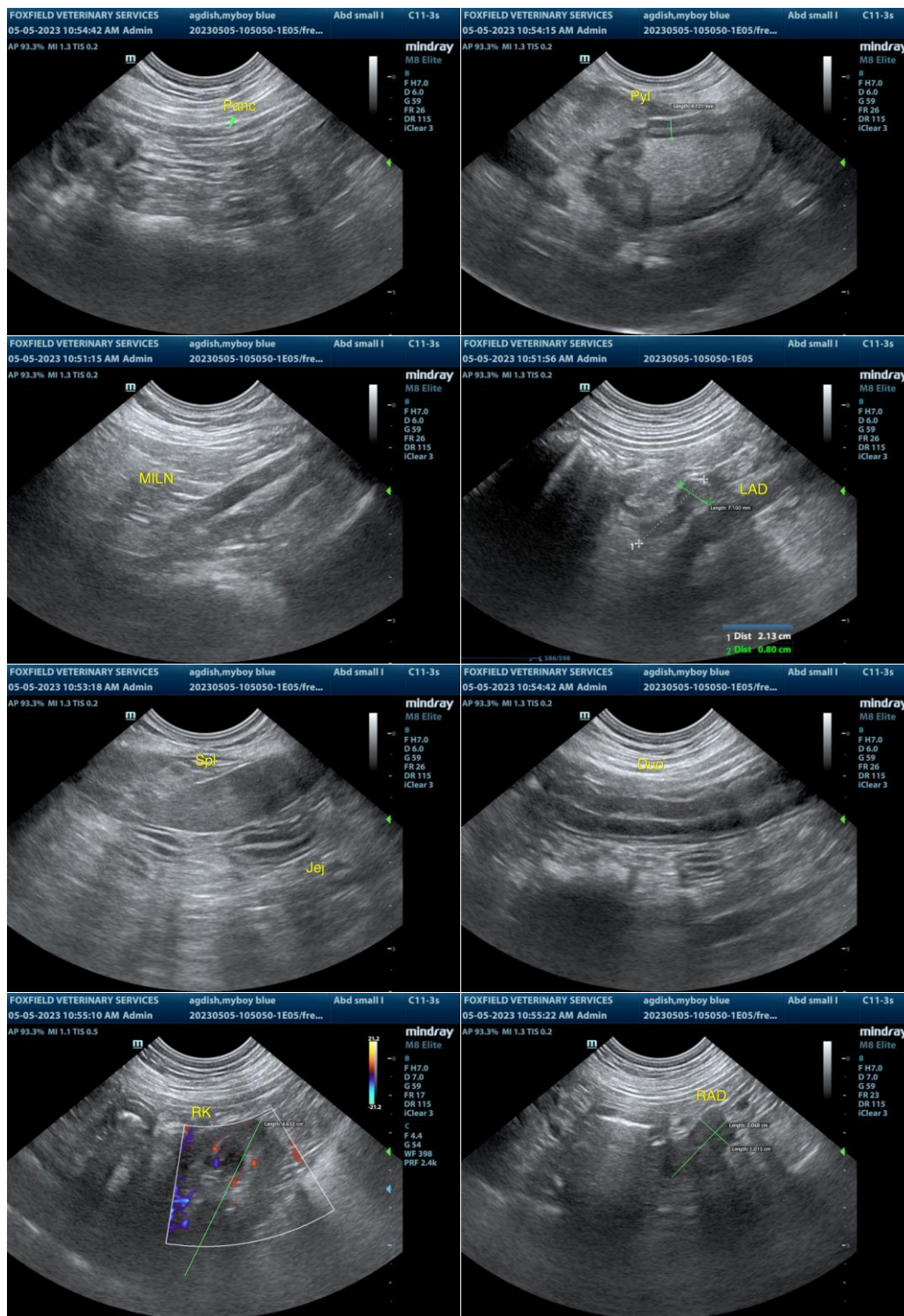
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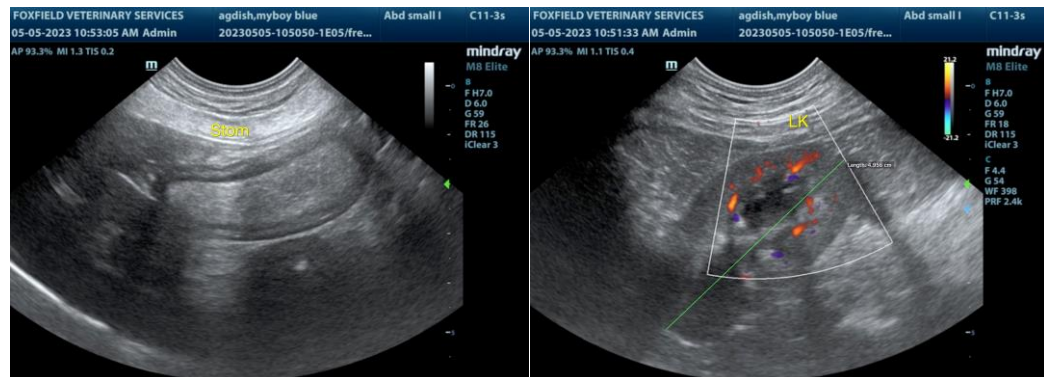
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)
mac.daniel@sonopath.com