



PATIENT

Grizzly Priscak

SPECIES

Canine

BREED

Husky Mix

SEX

Male

AGE

9 Years 3 Months

WEIGHT

57.6 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Michaleen

HOSPITAL NAME

DPC Veterinary H

REFERRING VET

Dr. White

INVOICE

16145

DATE

6/17/22

PRESENTING CLINICAL SIGNS

History: PE DONE 6-14-22 9yr 3m old M (in-tact) husky mix seems to be expressing discomfort after eating. P still has his normal appetite O describes after eating, P will get excited and want to play. Then will go to lay down and moves from one area to another, P cannot lay down in one place, he is frequently circling to find a comfortable position. O hears stomach growling frequently. P will also express discomfort by grunting.

Abnormal PE/Chem/CBC/UA Results: PE AND BLOOD WORK DONE 6-17-22 Skin: ~3cm mass to right of lumbar spine. Generalized patchy thinned hair, mild crusting, 1 live flea found Abd/GI: Mild tensing on abdominal palpation, unable to fully palpate (P very nervous, growling) Chem: TP 7.9 (5.5-7.5), Globulin 5.2 (2.4-4.0) [r/o neoplasia, inflammation], Cholesterol 122 (131-345)

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ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of – 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 were noted. Aortic trifurcation was normal.

The prostate was enlarged in size with intact, symmetrical capsule contour. The margins of the gland were intact and able to be differentiated from the surrounding tissue. The prostatic parenchyma was mildly echogenic to heteroechoic without parenchymal mineralization. The prostate measured 3.6 cm x 3.1 cm.

Normal size and margination was 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 6.5 cm in length. The right kidney measured 6.7 cm in length.

Adrenal Glands

Both adrenal glands were indistinctly visualized yet overtly normal in size, position and shape. The left adrenal gland measured 0.62 cm at the caudal pole in width. The right adrenal gland measured 0.73 cm at the caudal pole in width.

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

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

Gastrointestinal

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The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach was empty with no signs of retained ingesta, fluid or foreign material. Mild luminal gas was noted. The ventral gastric body wall measured 0.59 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 measured 0.45 cm in width.

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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 was evident.

Free Abdomen

No omental masses, lymphadenopathy or peritoneal effusion was present.

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ULTRASONOGRAPHIC FINDINGS

- Sonographically unremarkable abdomen
- Benign prostatic hyperplasia

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No overt evidence of significant abdominal visceral pathology, specifically, no sonographic evidence of gastrointestinal mural pathology or evidence of pancreatic inflammation. Minor potential for prostatitis possible yet thought unlikely.

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No overt evidence of abnormalities which would overtly result in abdominal discomfort. Potential for structurally insignificant gastrointestinal disease given the reported borborygmus and discomfort after eating, could be possible. However, without reported weight loss or other gastrointestinal signs, this finding is nonspecific. A novel protein or hydrolyzed diet and gastroprotectant trial could be considered with assessment of clinical response.

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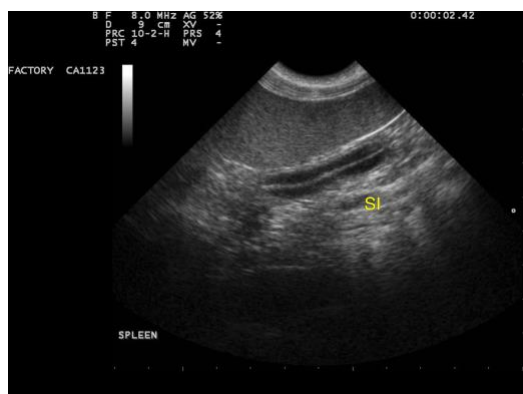
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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

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