



PATIENT PRESENTING CLINICAL SIGNS

Lucy Hacek History: Acute history of vomiting and diarrhea and lethargy, obese Cerenia and SQ fluids were given yesterday

SPECIES Abnormal PE/Chem/CBC/UA Results: Dehydrated, CPL normal, see attached See attached radiographs - possible abnormalities of the spleen/liver overlay

Canine

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

BREED *Urinary System*

Labrador Retriever The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 3 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.

SEX

FS

AGE

3 yr

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 7.0 cm in length. The right kidney measured 7.1 cm in length.

The area of the aortic trifurcation was free of pathology.

WEIGHT

105 lb

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.61 cm width at the caudal pole and 2.6 cm length. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.52 cm width at the caudal pole and 2.8 cm length.

INTERPRETED BY

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

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.

IMAGING PERFORMED BY

Amanda Lacey Crook

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. The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.

HOSPITAL NAME

Rivers Edge Pet Medical
Center

REFERRING VET

Dr. David Gray

Gastrointestinal

The stomach presented intact yet mildly prominent wall layering with a normal wall layer ratio. The lumen of the stomach contained a mild amount of retained ingesta/chyme with no signs of ileus, obstruction or foreign material. The ventral gastric body wall measured 0.89 in width.

INVOICE

10884ag

The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. Segmental gas pattern and small amounts of non-obstructive ingesta/chyme were present with no signs of ileus, obstruction or foreign material.

DATE

06/21/2022



PATIENT

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The colon exhibited sonographically normal wall layering with generalized colonic distention with non-formed feces consistent with diarrhea.

Pancreas

SPECIES

Canine

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.

BREED

Labrador Retriever

Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

SEX

FS

ULTRASONOGRAPHIC FINDINGS

- Acute gastroenteritis pattern with mild gastric and segmental small intestinal ingesta/chyme
- Generalized distended colon containing non formed feces

AGE

3 yr

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No overt evidence of GI obstructive pattern or overt foreign material was observed. Dietary indiscretion/food intolerance, acute GI insult, enterotoxaemia or occult parasitism may be possible. Supportive care for acute gastroenteritis should prove beneficial. Potential hydrolyzed diet trial with possible long term dietary therapy may be indicated. Broad spectrum deworming i.e. Panacur 50 mg/kg PO SID x 5 days with potential for repeat protocol in 3 weeks is suggested even if fecal testing is negative. If persistent GI signs a GI panel to include PLI/TLI/Cobalamin/Folate is recommended to assess for occult GI disease as well as a resting cortisol level to assess for occult Addison's disease may be considered.

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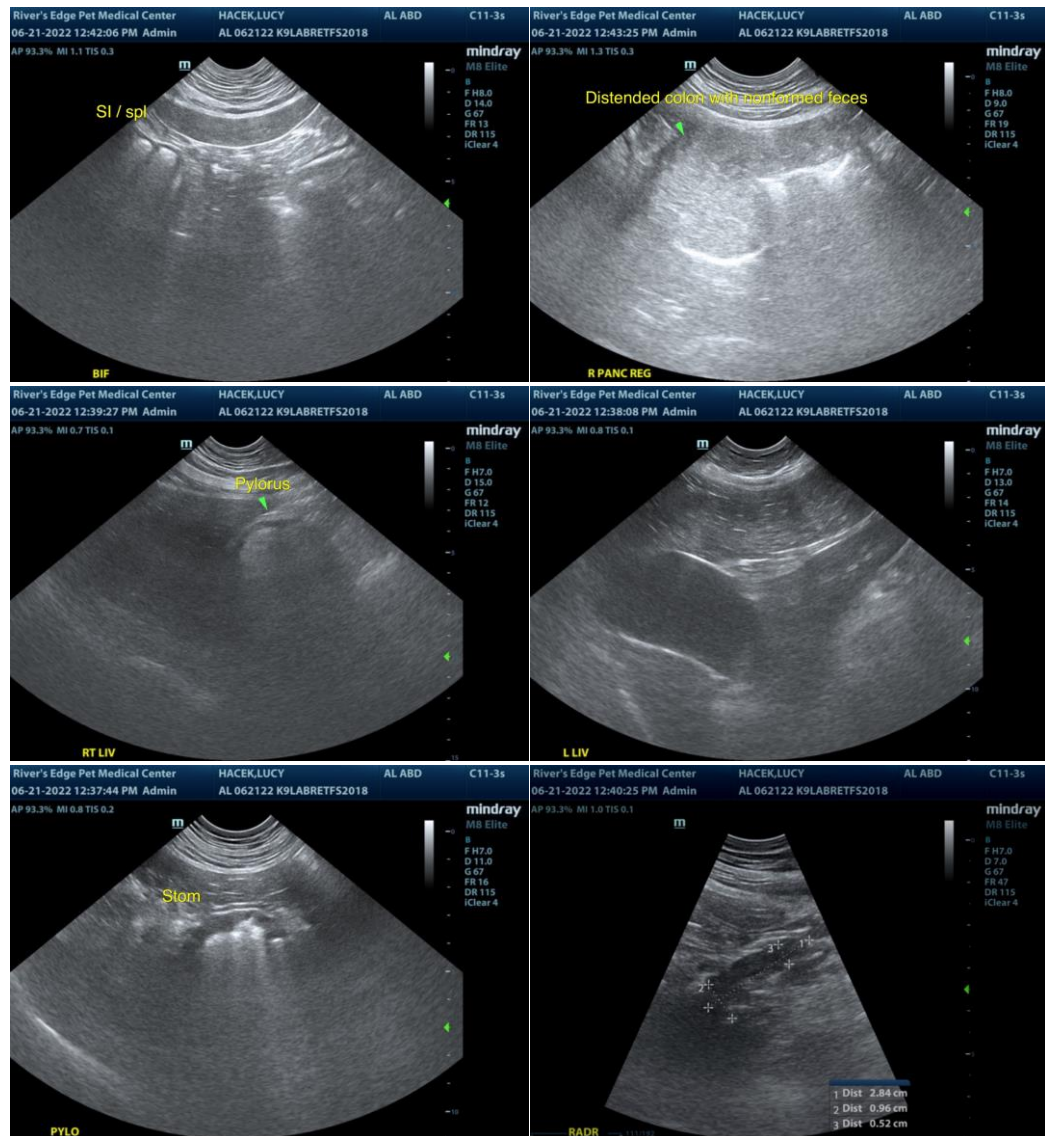
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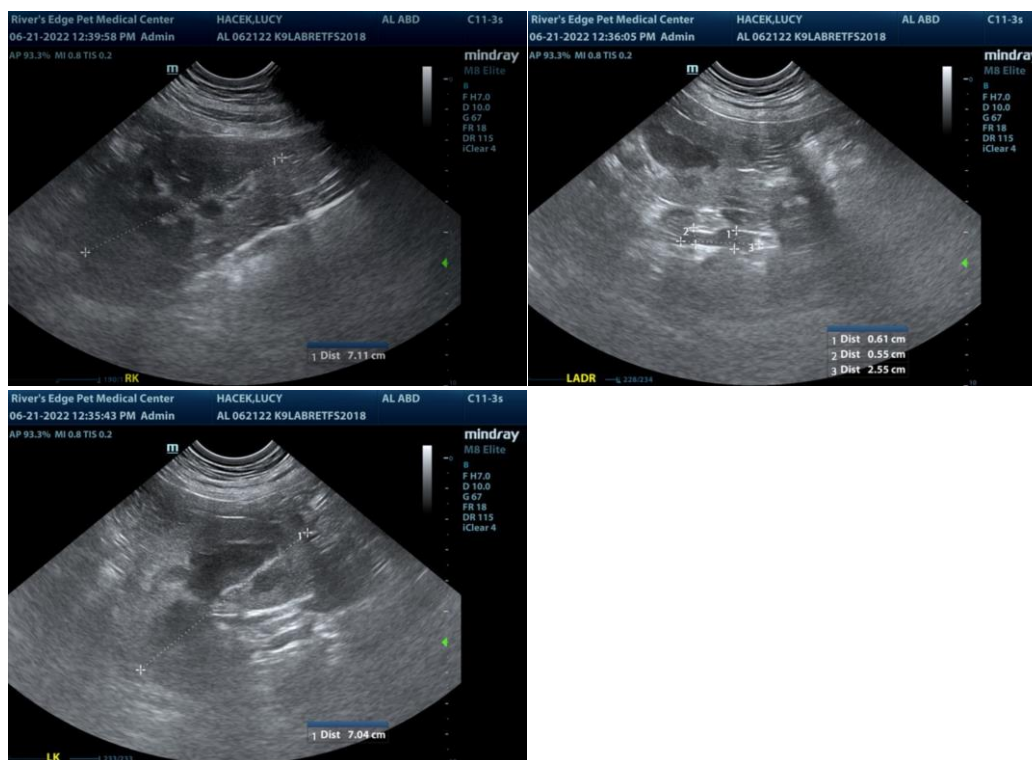
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)

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