



PATIENT PRESENTING CLINICAL SIGNS

Cassie Vincelette 3 week duration inappetence, vomiting, obese.
 Medication: Cerenia, mirtazapine

SPECIES

Canine ALT 222, ALP 2465, GGT 50, Spec cPL 1327, Albumin 2.6, SDMA 16, Normal BUN / Creatinine, Na/K ratio 28

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AGE

2011

WEIGHT

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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 5.0 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 area of the aortic trifurcation was free of pathology.

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 6.9 cm in length. The right kidney measured 7.2 cm in length.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 2.6 cm length x 0.79 cm width at the caudal pole. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 3.1 cm length x 0.92 cm width at the caudal pole.

Spleen

The spleen exhibited primarily finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. A solitary, well-demarcated, nondisruptive, hyperechoic nodule was present in the medial 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 or neoplastic changes were not noted. Hyperechoic nodules tend to trend benign and are most consistent with benign hyperplasia or myelolipomas.

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 containing anechoic content with mild, non-dependent, nonorganized gallbladder sediment. No evidence of inflammatory gallbladder criteria was noted. The cystic and common bile ducts were normal.

INTERPRETED BY

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

IMAGING PERFORMED BY

Rebekah Jakum, CVT
 ARDMS/RVT

HOSPITAL NAME

Easton AH

REFERRING VET

Dr. Craig

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PATIENT

Gastrointestinal

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The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained mild ingesta and lumen gas with no signs of gastric 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 mechanical / metabolic 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 omental masses, lymphadenopathy, or evidence of peritoneal effusion were noted.

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ULTRASONOGRAPHIC FINDINGS

- Sonographically unremarkable liver - consistent with benign hepatopathy
- Mild gallbladder sediment (non-mucocele)
- Sonographically unremarkable gastrointestinal tract with mild gastric ingesta
- Benign splenic nodule - consistent with benign myelolipoma
- Sonographically unremarkable pancreas

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Sonographically, there was no evidence of significant visceral pathology.

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Considerations for the liver may include vacuolar hepatopathy, nonspecific hepatitis (viral, bacterial, Leptospirosis, toxin,) hyperplasia, hematopoiesis, toxic hepatopathy i.e., copper, or occult infiltrative hepatic neoplasia (less likely). No evidence of hepatic masses or post-hepatic obstruction was noted. Further assessment may include screening hepatic FNA cytology +/- Leptospirosis titers / PCR if potential exposure.

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No sonographic evidence of active pancreatitis was noted, although low-grade or chronic pancreatitis may present as sonographically normal.

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Three-view chest radiographs may be considered if not done to rule out occult thoracic or esophageal pathology as a contributing factor. As-needed gastrointestinal and hepatic support is recommended. Hepatic core surgical biopsy is likely required for a definitive diagnosis.

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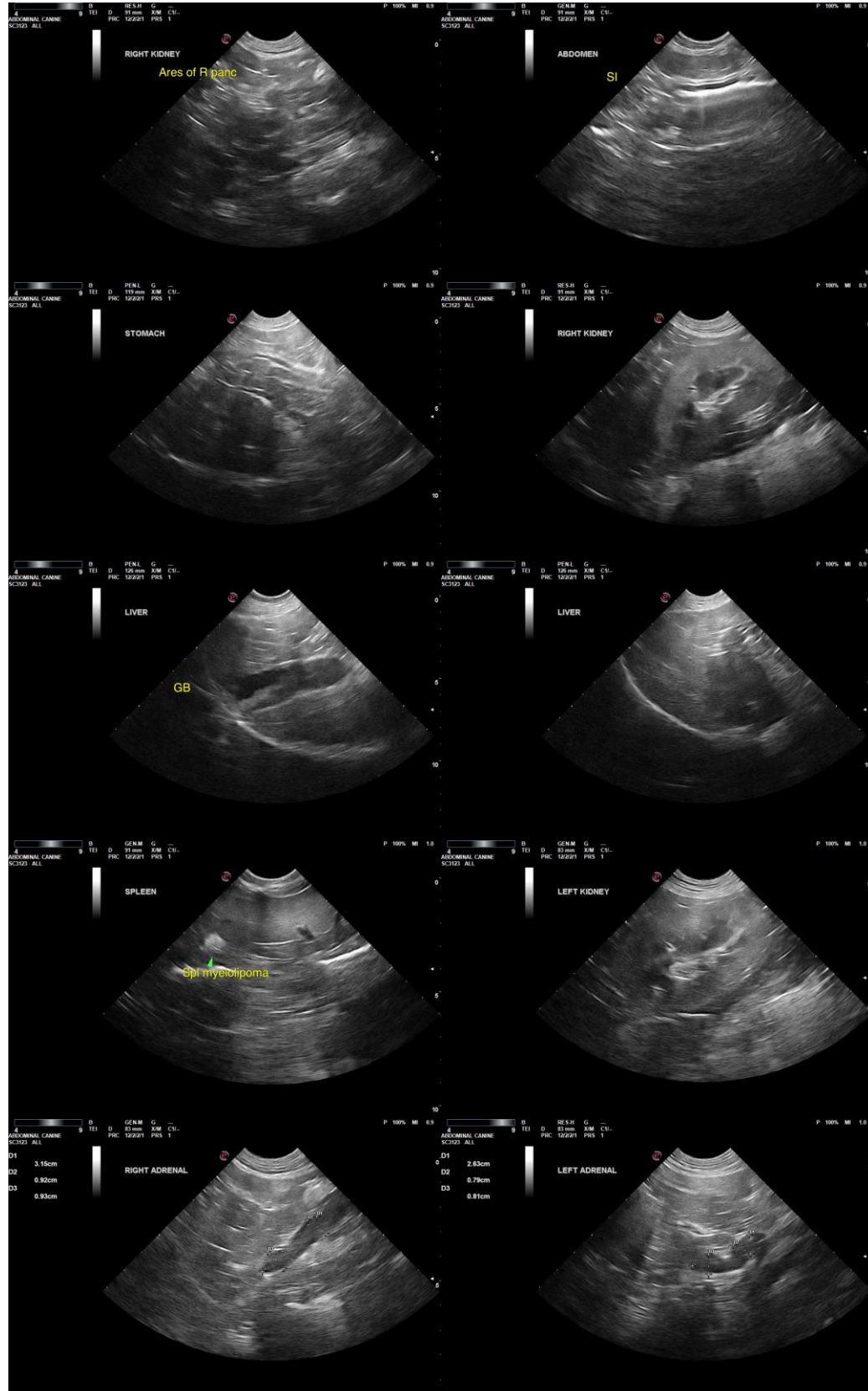
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Canine

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.

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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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