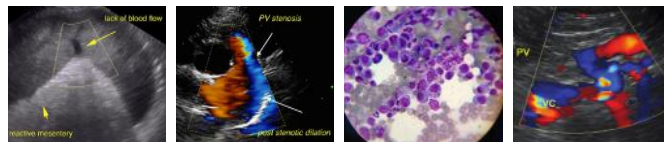
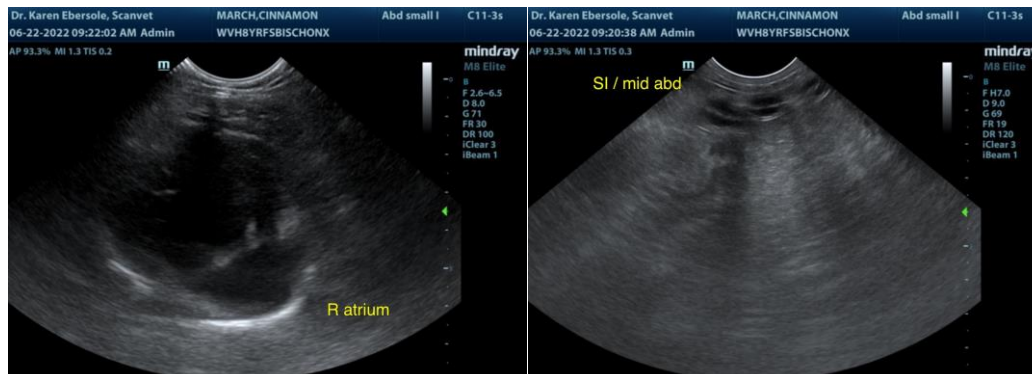
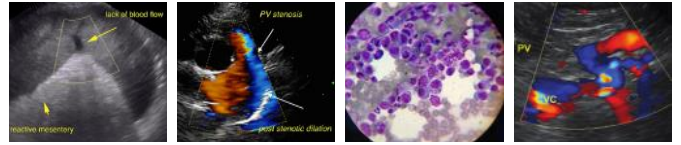


PATIENT	PRESENTING CLINICAL SIGNS
Cinnamon March	History: Presented for 2 episodes of collapse yesterday. Owner describes legs going out from under her, falling sternally. Dog is aware and alert during event.
SPECIES	Abnormal PE/Chem/CBC/UA Results: PE (yesterday): mydriasis OU with absent PLR and tense abdomen. BW: ALP 682, BUN 25, Ca 12.2. RADS: decrease abdominal serosal detail, hepatomegaly with rounded edges and caudally displaced spleen. Possible retroperitoneal mass effect, unable to visualize kidneys clearly.
Canine	
BREED	
Cocker/Bichon Mix	ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN
SEX	Urinary System
FS	The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2 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.
AGE	
8	The area of the aortic trifurcation was free of pathology.
WEIGHT	
22	The area of the uterine remnant is free of pathology.
INTERPRETED BY	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 4.6 cm in length. The right kidney measured 4.4 cm in length.
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	Adrenal Glands
IMAGING PERFORMED BY	Both adrenal glands exhibited subjective borderline prominent size with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.75 cm width at the caudal pole and 1.8 cm length. The right adrenal gland measured 0.66 cm width at the caudal pole and 2.2 cm length.
Dr. Ebersole	Spleen
HOSPITAL NAME	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.
Scanvet	Liver/ Gallbladder
REFERRING VET	The liver presented mildly enlarged in size. The parenchyma of the liver was subjectively normal in echogenicity compared to the spleen and renal cortices. The liver parenchyma was uniform with a mildly coarse echotexture. The capsule of the liver was symmetrically rounded to mildly swollen in margination. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended in size with primarily anechoic luminal content and mild nondependent hyperechoic nonmineralized debris. The cystic and common bile ducts were normal.
Dr. Drummond	
INVOICE	
10900ag	
DATE	
06/22/2022	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.



PATIENT	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.
Cinnamon March	
SPECIES	Normal visible colon wall layers were present with apparent formed feces in lumen.
Canine	Pancreas
BREED	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.
Cocker/Bichon Mix	Free Abdomen
SEX	No omental masses, overt lymphadenopathy or peritoneal effusion was present.
FS	No overt evidence of pericardial free fluid or masses was revealed on a rapid view of the heart.
AGE	ULTRASONOGRAPHIC FINDINGS
8	Primary Findings
WEIGHT	<ul style="list-style-type: none"> Mild hepatomegaly-subjectively benign, consistent with vacuolar hepatopathy pattern Mild gallbladder debris (non-mucocele) Borderline prominent bilateral adrenal glands-nonspecific, no evidence of adrenal neoplastic criteria Overtly normal bilateral kidneys, no evidence of retroperitoneal pathology
22	
INTERPRETED BY	INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	No overt evidence of significant abdominal pathology as a cause of the patient's collapsing episodes. Full adrenal workup may be considered if clinical signs i.e. PU/PD, polyphagia, etc. are present. The adrenal presentation may be a normal patient variant.
IMAGING PERFORMED BY	
Dr. Ebersole	
HOSPITAL NAME	Given the hypercalcemia, an ultrasound guided FNA of the liver for screening cytology, three view chest radiographs if not done and rectal palpation could be considered.
Scanvet	
REFERRING VET	
Dr. Drummond	
INVOICE	
10900ag	
DATE	
06/22/2022	





PATIENT

Cinnamon March

SPECIES

Canine

BREED

Cocker/Bichon Mix

SEX

FS

AGE

8

WEIGHT

22

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Ebersole

HOSPITAL NAME

Scanvet

REFERRING VET

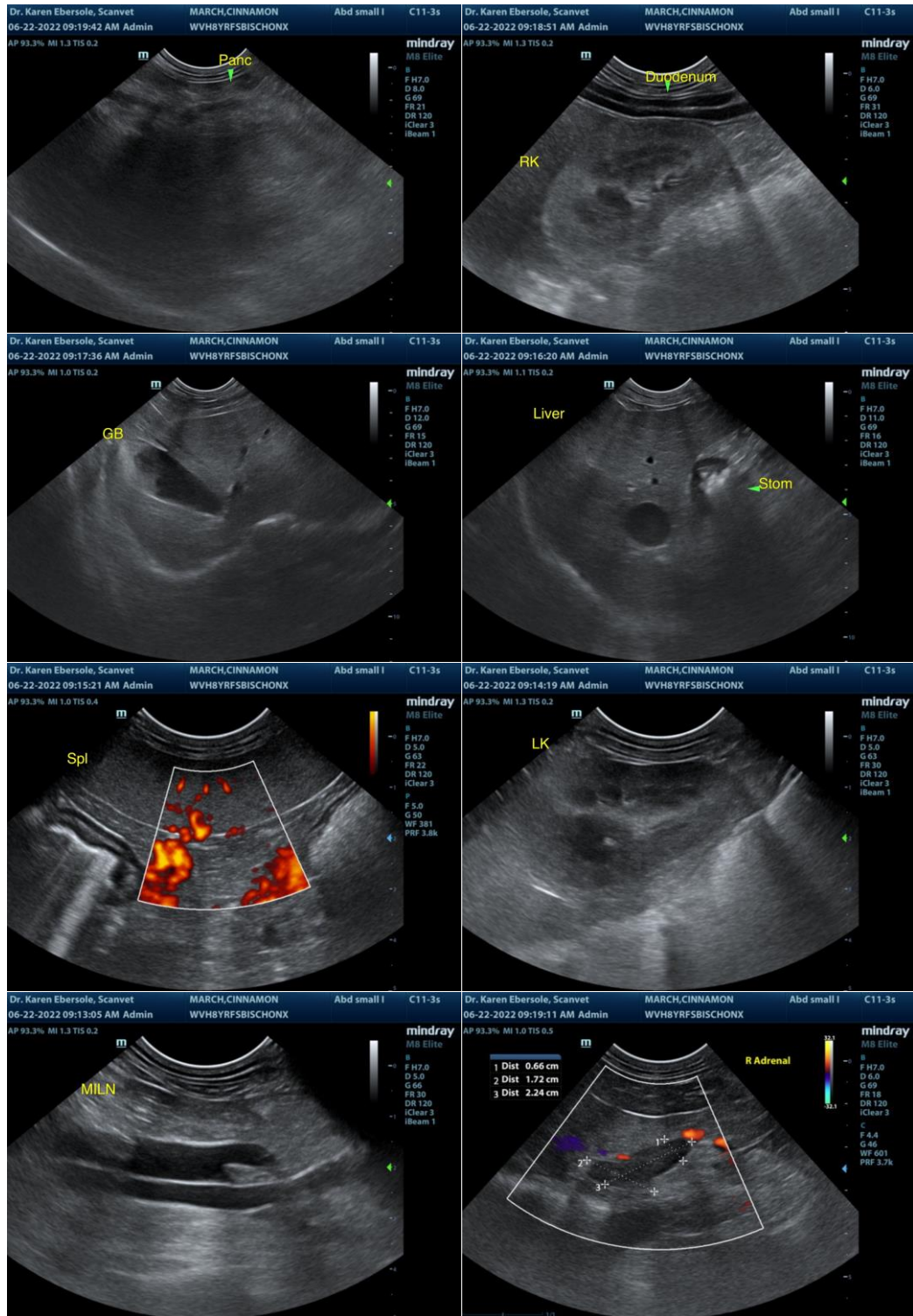
Dr. Drummond

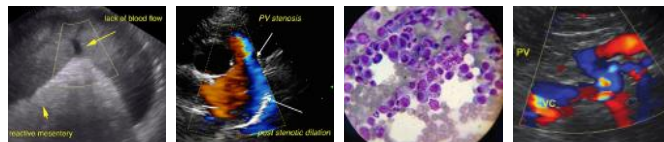
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DATE

06/22/2022





PATIENT

Cinnamon March

SPECIES

Canine

BREED

Cocker/Bichon Mix

SEX

FS

AGE

8

WEIGHT

22

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Ebersole

HOSPITAL NAME

Scanvet

REFERRING VET

Dr. Drummond

INVOICE

10900ag

DATE

06/22/2022



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.

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)
info@SonoPath.com