

PATIENT PRESENTING CLINICAL SIGNS

Tikka Garin History: fever 105 +, loss of appetite, hunched - suggesting abdominal discomfort

SPECIES Abnormal PE/Chem/CBC/UA Results: Chemistry normal, CBC - low WBC. otherwise unremarkable Current Medications Doxycycline, Clavamox

Canine

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

BREED *Urinary System*

Weimaraner

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 4 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

4 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 7.2 cm in length. The right kidney measured 7.3 cm in length.

WEIGHT

55 lb

The area of the aortic trifurcation was free of pathology.

No overt pathology in the area of the uterine remnant.

INTERPRETED BY

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

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.49 cm width at the caudal pole and 3.0 cm length. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.82 cm width at the caudal pole and 2.6 cm length.

IMAGING PERFORMED BY

Sara Hansen

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.

HOSPITAL NAME

Q Street Animal
Hospital

Liver

The liver was exhibited potential for borderline enlargement with normal structure and contour. Subjective uniform decreased parenchyma echogenicity compared to the spleen with a mild coarse echotexture and mild increased prominence of portal vascular borders was noted. The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content and minor debris. The cystic and common bile ducts were normal.

REFERRING VET

Dr. Bretschneider

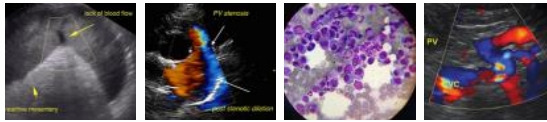
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10890ag

Gastrointestinal

DATE

06/22/2022



PATIENT

Tikka Garin

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. The gastric body wall measured 0.43 cm in width.

SPECIES

Canine

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 0.40 cm in width.

BREED

Weimaraner

Normal visible colon wall layers were present with apparent semi formed to soft feces in lumen.

SEX

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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.

AGE

4 yr

Free Abdomen

No omental masses, overt lymphadenopathy or peritoneal effusion was present.

WEIGHT

55 lb

ULTRASONOGRAPHIC FINDINGS

- Subjective hypoechoic liver-nonspecific, patient variant, acute hepatitis, reactive hepatopathy or less likely occult neoplasia possible
- Minor gallbladder debris-incident, suspect secondary to fasting in this case
- Sonographically unremarkable GI tract/pancreas

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Overall no overt evidence of significant abdominal visceral pathology i.e. masses, lymphadenopathy, peritonitis, GI obstructive pattern, significant pancreatitis etc. as a cause of the patient's clinical signs. Although the recent chem panel was normal the possibility of acute hepatitis, nonobstructive GI disease or low grade to chronic pancreatitis which may present sonographically normal cannot be excluded.

IMAGING PERFORMED BY

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Monitoring of liver enzymes +/- hepatic FNA for screening cytology assuming normal clotting status may be considered if clinically indicated. A thorough CNS and musculoskeletal examination recommended if not already done. Three view chest radiographs to rule out occult thoracic pathology is recommended +/- infectious disease testing if clinically indicated. A CBC path review could also be considered if persistent/progressive leukopenia. Empirical GI support is suggested.

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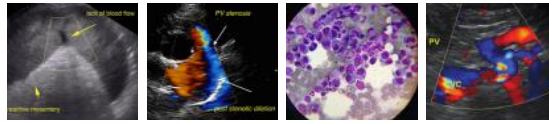
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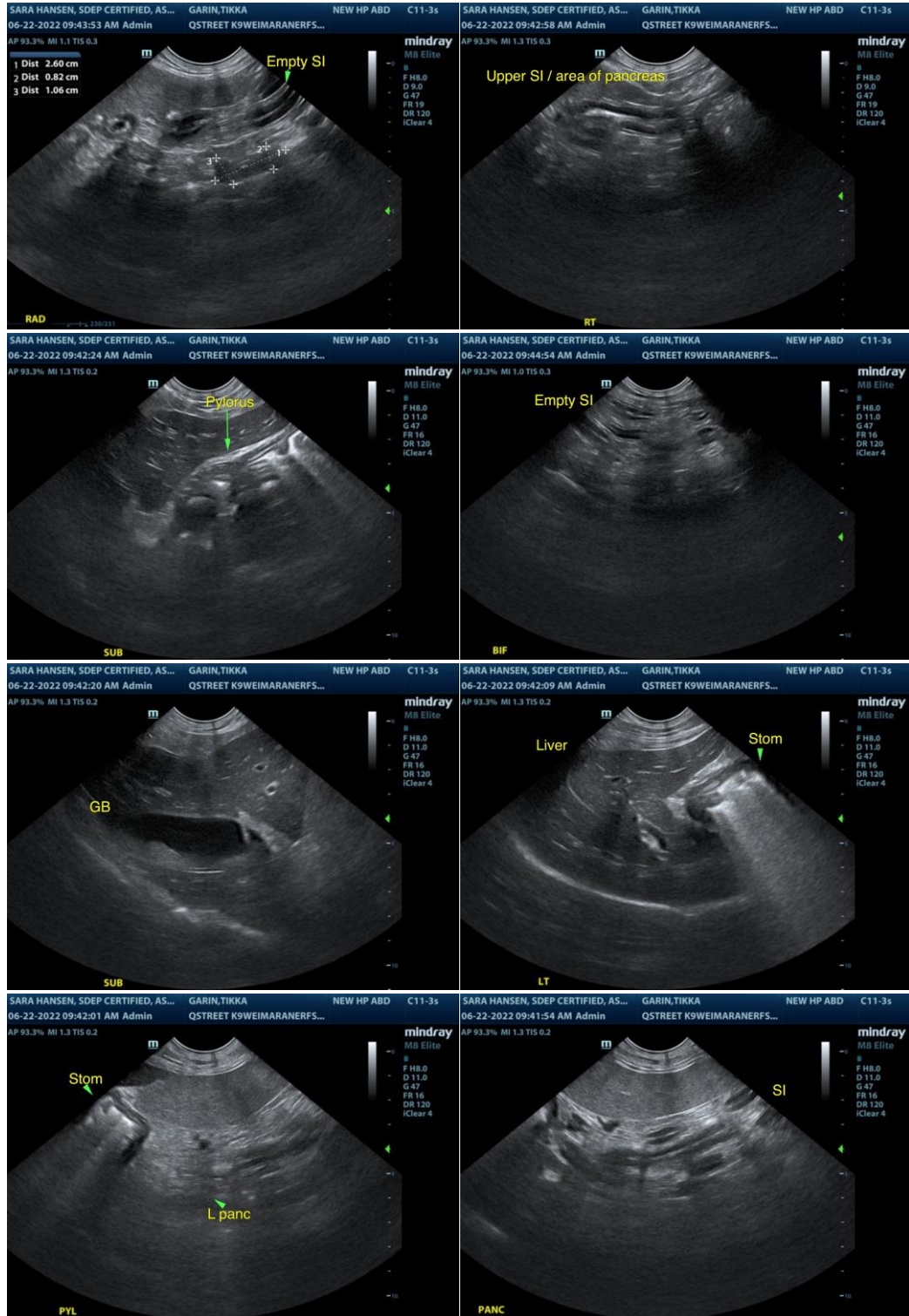
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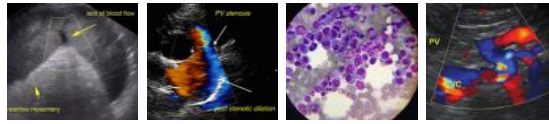
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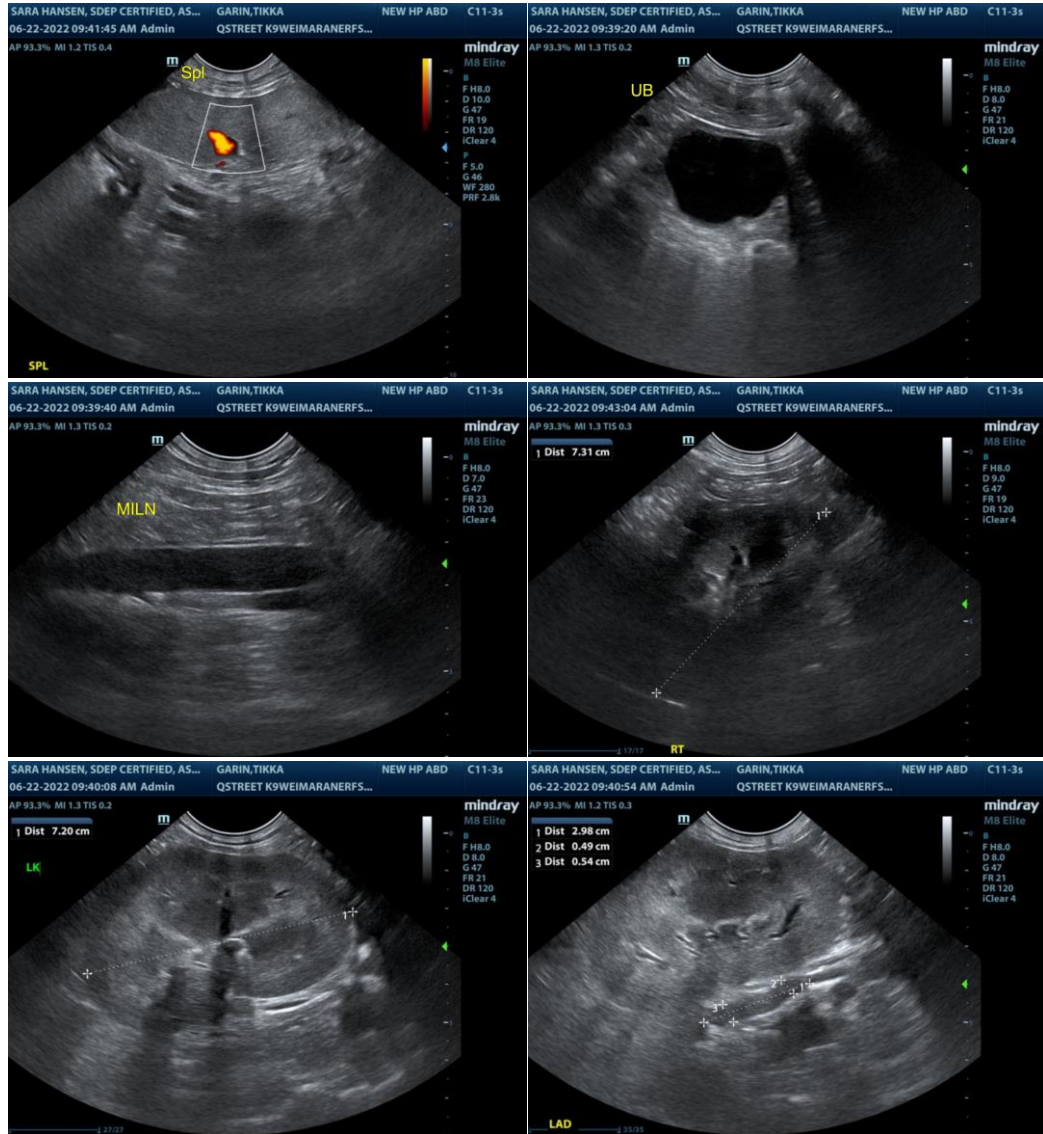
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)

info@SonoPath.com