



PATIENT

Jordan Greene

SPECIES

Canine

BREED

Beagle Mix

SEX

FS

AGE

12 yr

WEIGHT

33.2 lb

INTERPRETED BY

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

IMAGING PERFORMED BY

A. Rodriguez

HOSPITAL NAME

Foxfield Veterinary
Services

REFERRING VET

A. Rodriguez

INVOICE

10994ag

DATE

06/28/2022

PRESENTING CLINICAL SIGNS

History: Ate this at 6am kibble and yogurt and pumpkin. PU/PD. Decreased appetite. vomited once this weekend

Abnormal PE/Chem/CBC/UA Results: ALK: 947, USG: 1.005

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

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 were noted.

Normal size and margination was present in the kidneys. A normal 1:3 cortex / medulla ratio was maintained. The medulla and cortices were uniform in texture with some increased echogenicity and mild to moderate loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The left kidney measured 5.7 cm in length. The right kidney measured 5.9 cm in length.

The area of the aortic trifurcation was free of pathology.

No evidence of pathology at the uterine remnant.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.82 cm width at the caudal pole and 0.71 cm width at the cranial pole. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.77 cm width at the caudal pole and 0.62 cm width at the cranial pole. No evidence of tumors.

Spleen

No overt pathology in the area of the spleen.

Liver

The liver was subjectively normal in size, structure, and contour. The liver parenchyma was mildly nonuniform and hypoechoic to the spleen with a moderate coarse echotexture and subjective mild to benign parenchymal remodeling. 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 with nonorganized luminal debris and likely mucus. No evidence of gallbladder or peripheral gallbladder inflammation. The cystic and common bile ducts were normal.

Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained a moderate amount of nonshadowing chyme along with focal to intermittent strongly shadowing luminal ingesta to possible echo an example measuring 1.5 cm in diameter. Progressively shadowing ingesta also noted within the gastric fundus and body as well as the pylorus.



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The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. Minor segmental nonshadowing chyme was present with no signs of ileus, obstruction or foreign material.

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.

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Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

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ULTRASONOGRAPHIC FINDINGS

AGE

12 yr

- Moderate chronic renal changes
- Hepatic parenchymal remodeling-subjectively benign suspect vacuolar hepatic changes
- Moderate gallbladder debris-potential for emerging mucocele possible
- Nonspecific shadowing gastric ingesta
- Overtly normal bilateral adrenal glands

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Further renal staging to include urine C/S and protein: creatinine ratio on sterile urine sample may be considered.

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A leptospirosis titer/PCR could be considered if potential exposure. Hepatosupportive medications including Denamarin and ursodiol with monitoring of ALP level and for evidence of increasing cholestasis is warranted.

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No overt evidence of structural GI pathology or mechanical obstruction was observed. Given that the patient ate prior to the scan, monitoring for evidence of normal gastric emptying vs retained shadowing ingesta is recommended. Ideally reassessment of the stomach following evacuation is recommended if persistent decreased appetite. Continued GI support is recommended.

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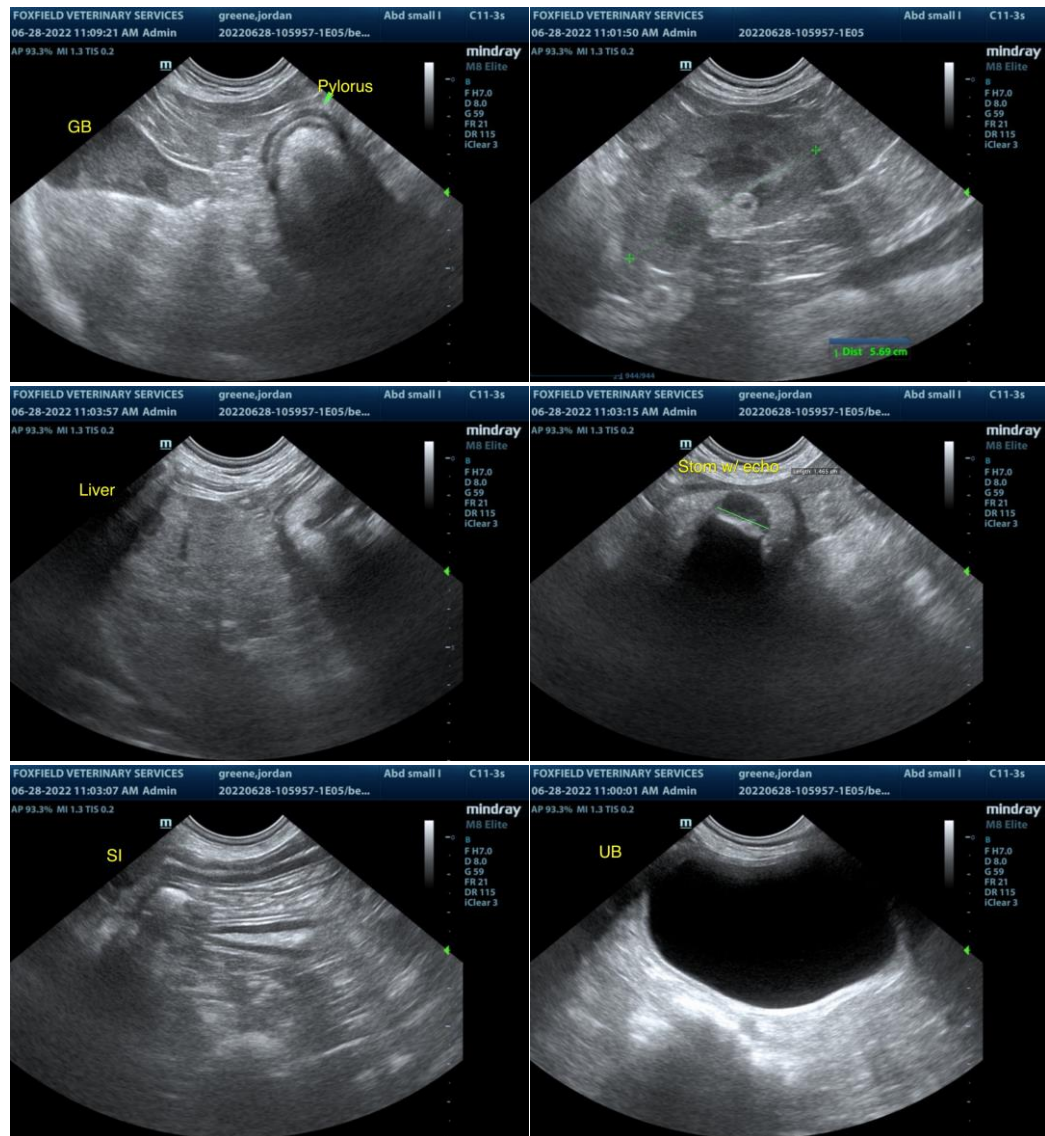
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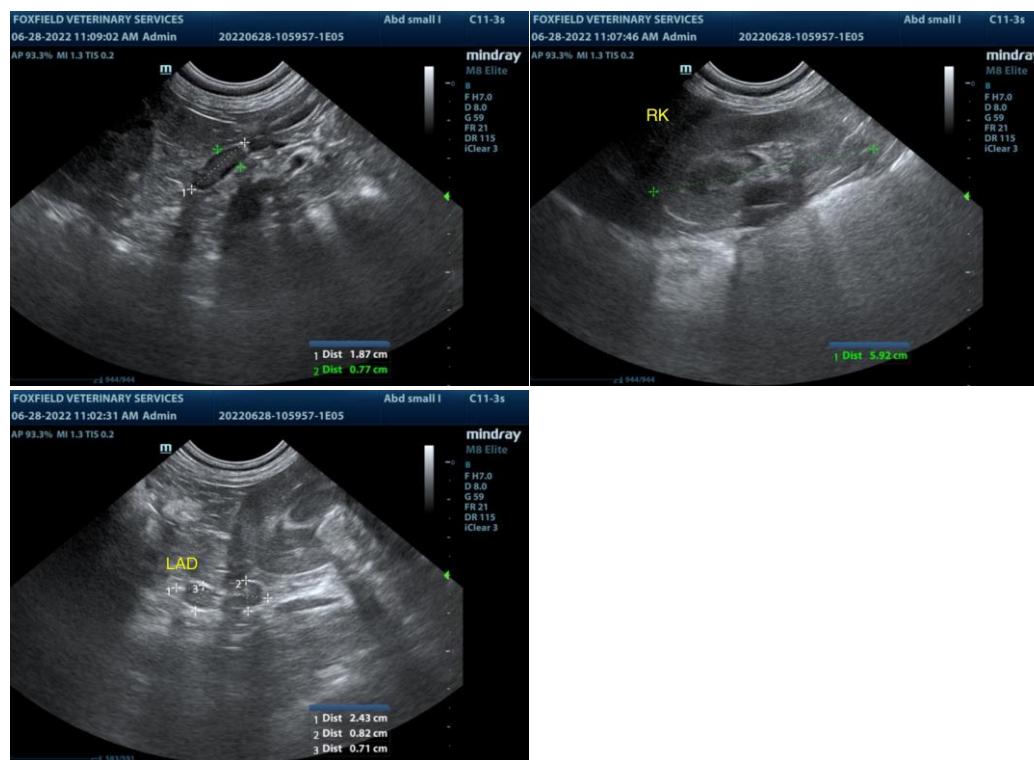
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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