



**PATIENT PRESENTING CLINICAL SIGNS**

Shady Freed PU/PD, urinates when laying down, decreased appetite, history of reverse sneeze and ear infections.  
 Medication: Amoxicillin, probiotic

**SPECIES**  
 Canine 4DX- negative, ALP 174, Urine specific gravity 1.015

**BREED ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Lab Mix *Urinary System***

The urinary bladder, trigone, and cystourethral junction exhibited normal thickness and tone. Normal urethral structure was present with mild decreased tone to a depth of 4.0 cm. The urethra measured 0.53 cm diameter. 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.

**SEX**  
 FS The area of the aortic trifurcation was free of pathology.

**AGE**  
 2013 Normal size and margination were 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 loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation or pyelectasia was present. The left kidney measured 7.2 cm in length. The right kidney measured 7.2 cm in length.

**WEIGHT**  
 73

***Adrenal Glands***

**INTERPRETED BY**  
 R. McKenzie Daniel, DVM, DABVP (Canine and Feline)  
 The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 2.7 cm length x 0.70 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 3.2 cm length x 0.66 cm width at the caudal pole.

***Spleen***

**IMAGING PERFORMED BY**  
 Rebekah Jakum, CVT ARDMS/RVT  
 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.

***Liver/ Gallbladder***

**HOSPITAL NAME**  
 Community VP  
**REFERRING VET**  
 Dr. Hulshizer  
 The liver presented subjective borderline enlargement. 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.

**INVOICE**  
 17185  
 The gallbladder was non-distended in size containing primarily anechoic content with mild, non-dependent gallbladder sediment. The cystic and common bile ducts were normal.

**DATE**  
 6/28/23



**PATIENT** *Gastrointestinal*

Shady Freed 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.

**SPECIES** 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.

Canine Normal visible colon wall layers were present with apparent formed feces in lumen.

**BREED** *Pancreas*

Lab Mix 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.

**SEX**

FS *Free Abdomen*

No overt lymphadenopathy or peritoneal effusion was present.

**AGE** **ULTRASONOGRAPHIC FINDINGS**

- 2013
- Normal urinary bladder and visible proximal urethra with mild decreased proximal urethral tone
  - Mild age-related kidneys
  - Low-grade benign hepatopathy - sonographically suggestive of mild vacuolar hepatopathy pattern
  - Minor gallbladder sediment
  - Sonographically unremarkable gastrointestinal tract
  - Normal bilateral adrenal glands

**WEIGHT**

73

**INTERPRETED BY**

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

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

There was no evidence of visceral pathology as an obvious cause of the patient's PU/PD and decreased appetite. No evidence of intrabdominal neoplastic criteria, significant hepatopathy, or adrenal pathology.

**IMAGING PERFORMED BY**

Rebekah Jakum, CVT  
ARDMS/RVT

**HOSPITAL NAME**

Community VP

Further renal staging to include urine C/S and protein: creatinine ratio on sterile urine sample may be considered. Thorough muscular / skeletal and neurological examination may be considered. Empirical incontinence protocol, assuming normal systemic BP, and as-needed gastrointestinal support may prove beneficial. Three-view chest radiographs are suggested to rule out occult thoracic pathology as potential contributing factor to the decreased appetite.

**REFERRING VET**

Dr. Hulshizer

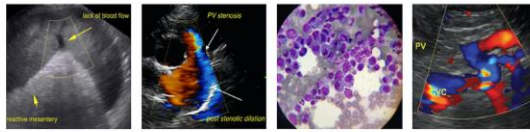
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For an additional charge, internal medicine consult can be utilized through Sonopath.com. You can select the internal medicine drop down at <http://spa.sonopath.com/>.

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**PATIENT**

Shady Freed

One of the world's top internists & SonoPath associate Dr. Remo Lobetti BVSc, MMedVet, PhD, DECVIM can evaluate your case through SonoPath. <https://sonopath.com/resources/sonopath-services/internal-medicine-teleconsultation-services>

**SPECIES**

Canine

**BREED**

Lab Mix

**SEX**

FS

**AGE**

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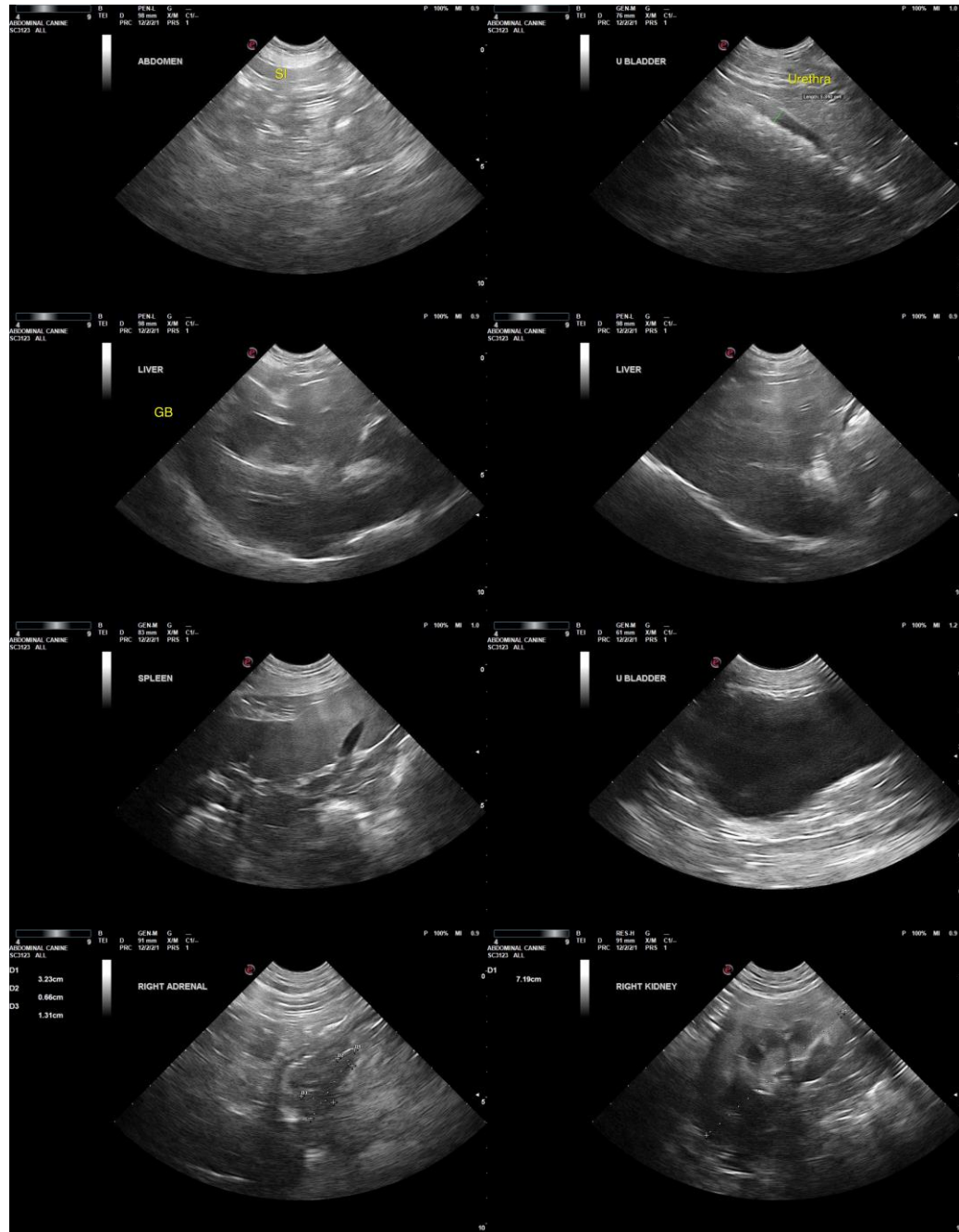
Dr. Hulshizer

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Shady Freed

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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.

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