



PATIENT

Zane Clark

SPECIES

Canine

BREED

Mix

SEX

MN

AGE

13 years

WEIGHT

65

INTERPRETED BY

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

IMAGING PERFORMED BY

Brita Kiffney

HOSPITAL NAME

Northshore VH

REFERRING VET

Brita Klffney

INVOICE

17181

DATE

6/28/23

PRESENTING CLINICAL SIGNS

History from my colleague who set up the ultrasound: " chronic dilute urine but Laura adds water to food. recent loss of muscle mass and weight loss. Most of Laura's pets are overfed. I am worried about cancer but he passed all of these tests 3 months ago. so maybe IBD? We may have to follow up with endoscopy. Stools are formed, no vomiting, appetite is excellent. Laura has been feeding more calories." Laura is the director of the Whatcom Humane Society

Abnormal PE/Chem/CBC/UA Results: pending TLI/Folate / Cobalamin

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, and cystourethral junction 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 residual prostate was free of overt pathology.

No evidence of pathology in the area of the aortic trifurcation.

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 was present. The left kidney measured 6.7 cm in length. The right kidney measured 6.5 cm in length.

Adrenal Glands

The left adrenal gland was overtly normal in size, position, and shape. The adrenal glands exhibited mild asymmetrical capsule contour with homogeneous parenchyma. The left adrenal gland measured 0.7 cm width at the caudal pole and 0.75 cm width at the cranial pole. The right adrenal gland was indistinctly visualized yet overtly normal in size, position, and shape measuring 0.67 cm width.

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.

Liver/ Gallbladder

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 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. The cystic and common bile ducts were normal.



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Gastrointestinal

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The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach was empty with mild luminal gas, yet no signs of ileus, obstruction, or foreign material. The gastric body wall width measured 0.40 cm.

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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 ileus, obstruction, or foreign material. The small intestinal wall width measured 0.46 cm.

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Normal visible colon wall layers were present with formed fecal matter in lumen.

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Pancreas

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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

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No omental masses, visualized lymphadenopathy, or evidence of peritoneal effusion were noted.

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ULTRASONOGRAPHIC FINDINGS

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- Mild age-related kidneys
- Overtly normal gastrointestinal tract
- Mild hepatic parenchymal remodeling

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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Largely geriatric abdomen without sonographic evidence of significant visceral pathology.

Brita Kiffney

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

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A definitive cause of the patient's weight loss was not obvious. No overt evidence of intrabdominal neoplastic criteria was noted. Correlation with pending GI panel is recommended. Three-view chest radiographs are suggested to rule out occult thoracic pathology as a contributing factor.

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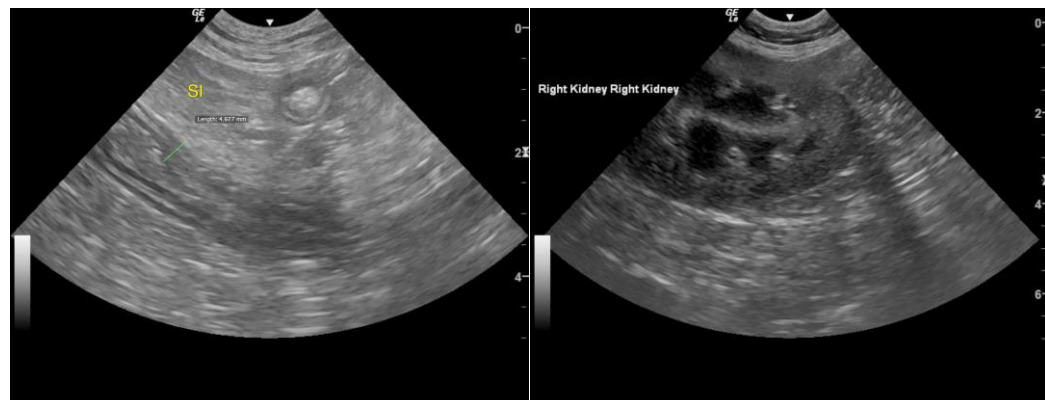
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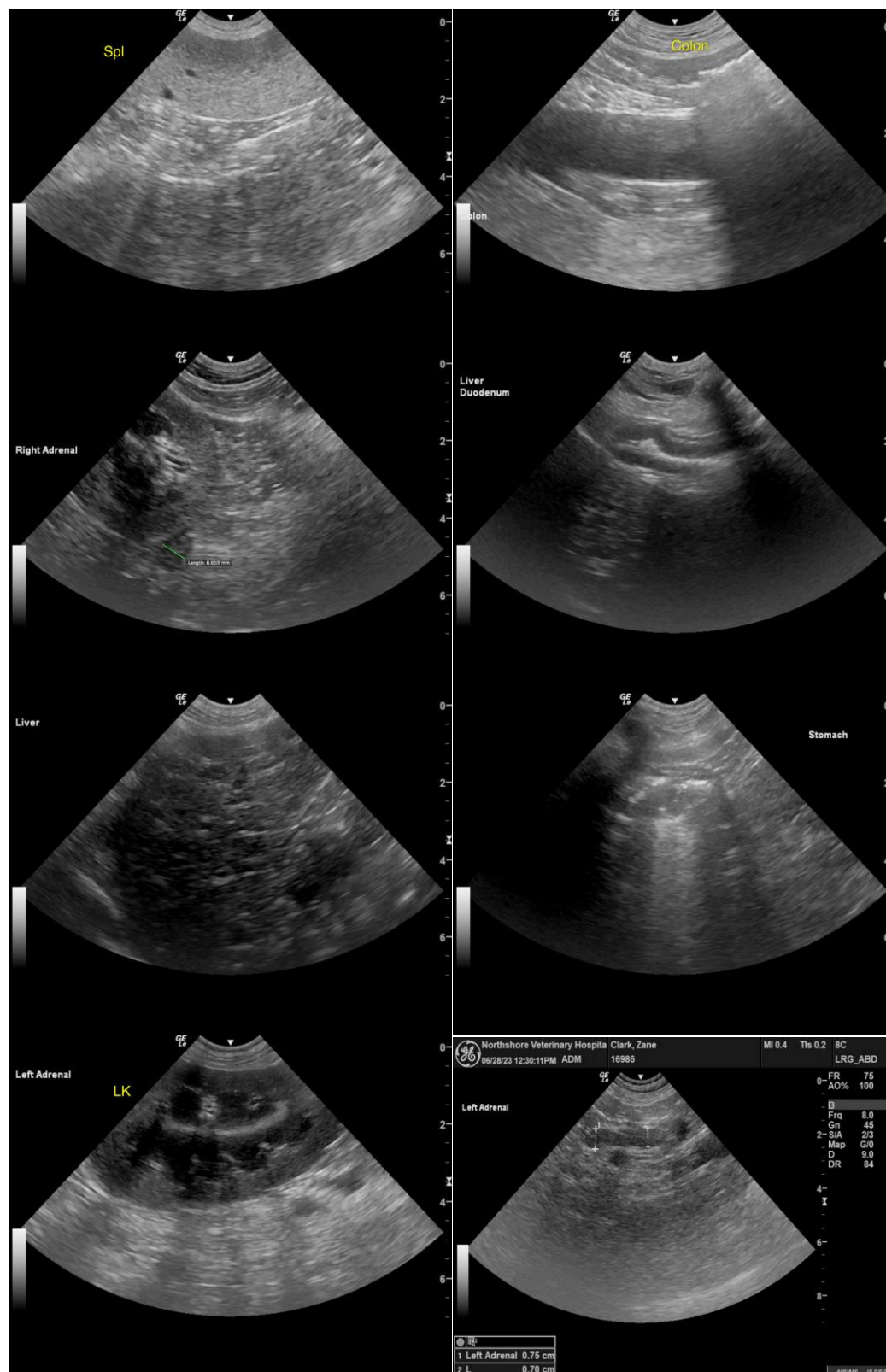
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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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info@sonopath.com

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