



PATIENT

Tala Lowery

SPECIES

Canine

BREED

Husky X

SEX

FS

AGE

10 years

WEIGHT

83.5 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Sara Hansen

HOSPITAL NAME

VCA Salem AH

REFERRING VET

Dr. Hallden

INVOICE

17229

DATE

6/30/23

PRESENTING CLINICAL SIGNS

Senior screening exam. Vaguely "off" and less energetic to owner since loss of housemate dog in March. History of IVDDz patterns and radiographic bilateral coxofemoral osteophytes with mobility managed with weekly animal rehabilitation and prn Galliprant use. Prior AUS with Animal Sounds performed 10/30/2020, Invoice 10224.

Abnormal PE/Chem/CBC/UA Results: Most recent blood panel was performed in 9/2022 (unremarkable with low platelets consistent with clotted sample), with free catch urine UST=1.043 showing bacteriuria and pyuria WITHOUT any cystitis signs (no antibiotics were prescribed). Current Medications IV butorphanol + dexmedetomidine planned for AUS Radiographic Findings No recent imaging (survey thorax and abdomen images to be collected following AUS)

Sonographically unremarkable CBC and Chemistry panel, T4 1.2, Neg 4DX

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 3.0 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.

The area of the aortic trifurcation was free of pathology.

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 6.9 cm in length. The right kidney measured 7.8 cm in length.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 2.4 cm length x 0.80 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 2.5 cm length x 0.81 cm width at the caudal pole.

Spleen

The spleen exhibited mild medial folding of the cranial spleen, which is not indicative of underlying pathology and is likely a patient variant. 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.



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Liver/ Gallbladder

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The liver was subjectively normal in size, structure, and contour. The liver parenchyma was uniform and hypoechoic to the spleen with a mild coarse echotexture. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended in size containing primarily anechoic content with mild gallbladder sediment. The gallbladder sediment is likely incidental, given no evidence of cholestasis. The cystic and common bile ducts were normal.

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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.

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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.

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

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 were evident.

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Free Abdomen

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

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ULTRASONOGRAPHIC FINDINGS

- Sonographically unremarkable abdomen
- Mild gallbladder sediment

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

HOSPITAL NAME

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No sonographic evidence of visceral pathology was noted. Screening urine C/S on a sterile urine sample may be considered if persistent bacteriuria.

REFERRING VET

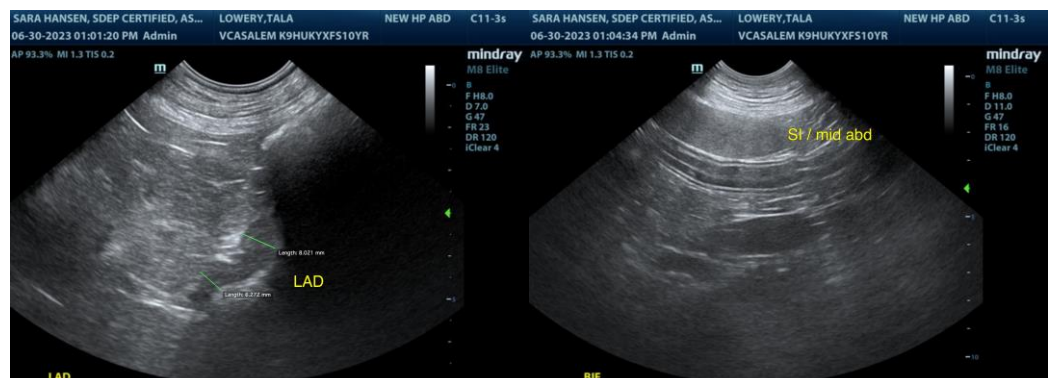
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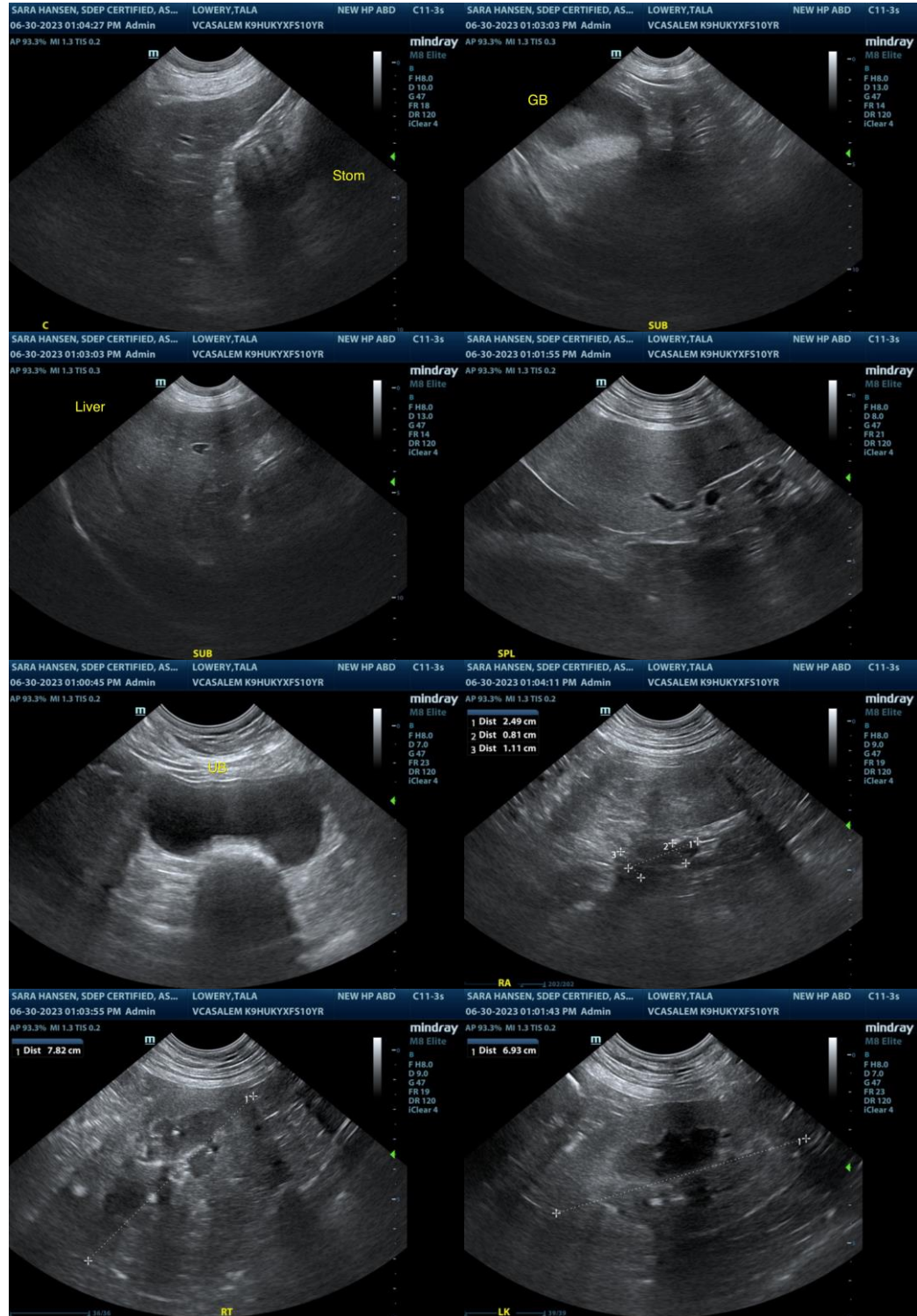
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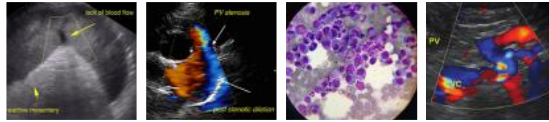
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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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