



PATIENT PRESENTING CLINICAL SIGNS

Kensie Haag History: decreased appetite since end of may, Rule outs - mass, forgein body Current Medications
Thyroid medication couple weeks ago did a trial of cerenia, entyce appetite stimulant and proviable forte

SPECIES

Canine

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

BREED

Urinary System

Boxer X

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 were noted.

SEX

Spayed Female

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

AGE

12 Years

WEIGHT

77.2 kg

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 2.7 cm in length x 0.82 cm width at the caudal pole.

INTERPRETED BY

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

The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 2.7 cm in length x 0.72 cm width at the caudal pole.

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.

IMAGING PERFORMED BY

Jenna Walsh, CVT

HOSPITAL NAME

Whole Pet VC

Liver

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.

REFERRING VET

Dr. DeMarco

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

DATE

6/6/22

The visualized gastric walls were normal. The lumen of the stomach contained moderate nonshadowing yet variably echogenic ingesta/chyme. No evidence of mechanical pyloric outflow obstruction. The ventral gastric body wall measured 0.37 cm.



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The small intestine presented intact wall layering with primarily 1:3 muscularis/mucosa ratio with segmental propensity for mildly prominent to echogenic submucosa, as well as mildly prominent muscularis layer, yet no evidence of loss of intestinal wall layering, masses or mechanical/metabolic small intestinal ileus. The duodenum wall measured 0.54 cm. The jejunum wall measured 0.36 cm.

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

Pancreas

The pancreas was normal in size and contour with isoechoic to heterogeneous parenchyma, primarily in the pancreas base and right pancreatic limb, compared to adjacent omentum. No signs of active inflammation or neoplasia.

Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

- Gastric ingesta/chyme
- Intact small intestinal walls subjective mildly prominent submucosa/muscularis layer
- Mild heterogeneous pancreas

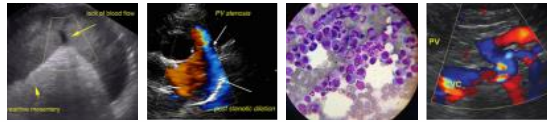
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Overall, no overt evidence of significant abdominal visceral pathology as an obvious cause of the patients decreased appetite. No evidence of neoplastic criteria or evidence of mechanical gastrointestinal obstruction/foreign body. The small intestine exhibited potential for mild inflammatory changes yet given the lack of additional gastrointestinal signs, such as vomiting, diarrhea or weight loss, this finding is nonspecific.

The presence of gastric ingesta is nonspecific and likely indicates post-prandial presentation. Correlation with most recent meal ingestion is recommended. If documented NPO prior to the ultrasound, the presence of gastric ingesta may indicate some degree of gastric hypomotility or metabolic stasis. The sonographic presentation of the ingesta was most consistent with food, without evidence of foreign material. Further renal staging to include urine C/S and protein: creatinine ratio on sterile urine sample may be considered.

Potential for low-grade to chronic pancreatitis, which may present sonographically normal could be considered if evidence of cranial abdominal or subxiphoid discomfort on palpation.

Further assessment may include a GI panel to include PLI/TLI/Cobalamin/Folate. If not done, three-view chest radiographs are suggested to rule out occult thoracic or esophageal pathology as a contributing factor. Although thought unlikely given the normal bilateral adrenal presentation, resting cortisol to rule out occult Addison's disease could be considered in light of the patients vague clinical signs and lack of significant abdominal visceral pathology. Continued as needed, gastrointestinal supportive care recommended.



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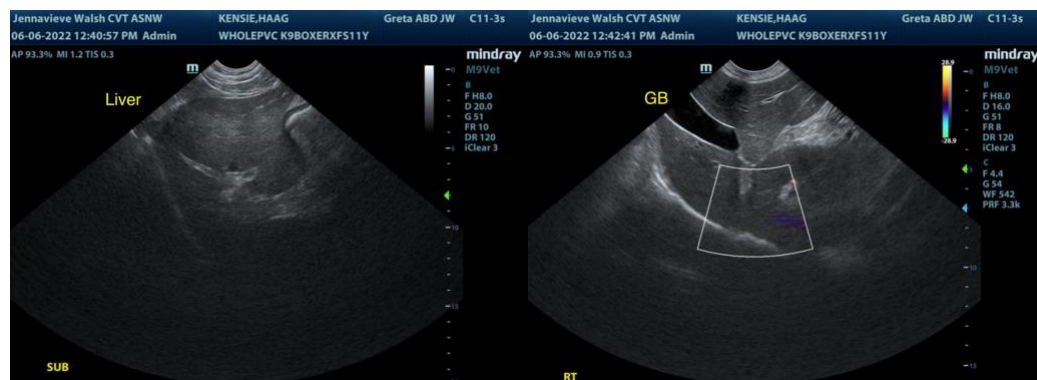
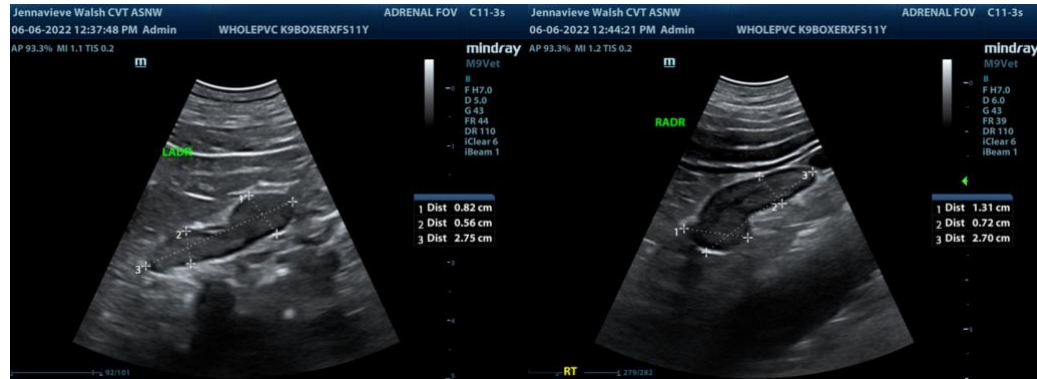
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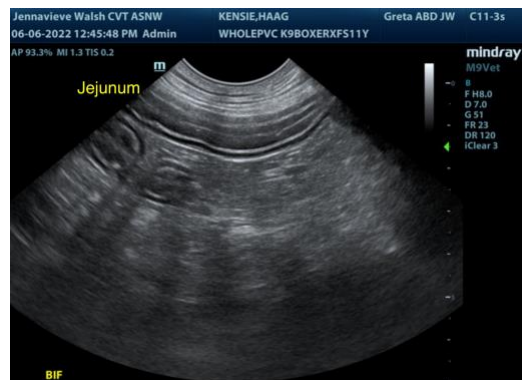
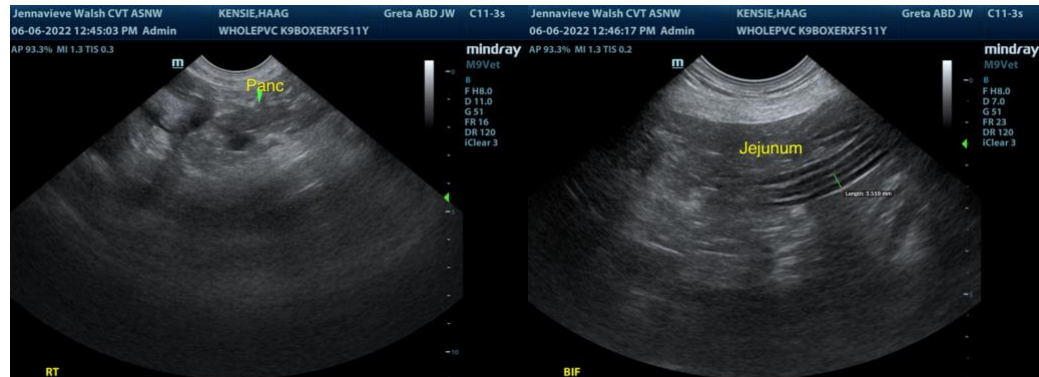
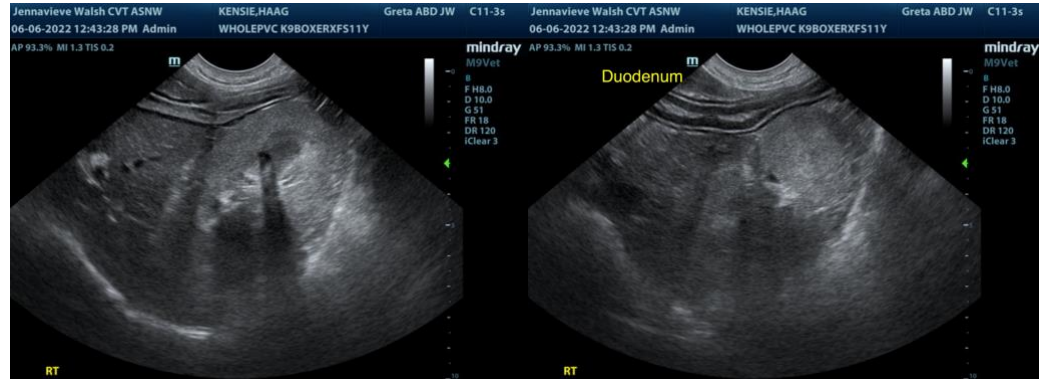
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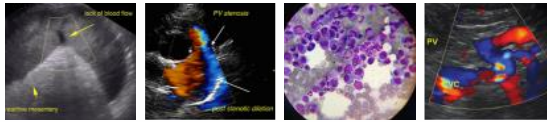
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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



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