



PATIENT

Possum Halfway Home

SPECIES

Canine

BREED

Peke Mix

SEX

F

AGE

11

WEIGHT

5.6

INTERPRETED BY

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

IMAGING PERFORMED BY

Jenn

HOSPITAL NAME

Rockaway Animal Hospital

REFERRING VET

Dr. Gannon

INVOICE

11109ag

DATE

07/12/2022

PRESENTING CLINICAL SIGNS

History: rescue dog, skin issues lost all her hair, now has peri anal hernia, not gaining weight even though she eats very well

Abnormal PE/Chem/CBC/UA Results: Elevated ALT

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra 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 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 3.3 cm in length. The right kidney measured 3.5 cm in length.

The area of the aortic trifurcation was free of pathology.

No pathology in the uterus or uterine remnant, whichever is clinically applicable.

Adrenal Glands

The bilateral adrenal glands were normal in size. Mild parenchyma heterogeneity and mild capsule asymmetry was present without suspicion for overt neoplasia. The left adrenal gland measured 0.41 cm width in the cranial pole and 1.8 cm length. The right adrenal gland measured 0.45 cm width in the cranial pole and 1.5 cm length.

Spleen

The spleen exhibited primarily finely textured parenchyma which was hyperechoic to the liver and renal cortical parenchyma. Mild generalized parenchyma heterogeneity was present without evidence of nodular changes. 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. The parenchymal heterogeneity is likely consistent with benign changes such as extramedullary hematopoiesis or age-related remodeling with minor potential for inflammatory or neoplastic disease.

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 minor luminal debris. 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 moderate nonshadowing retained ingesta/chyme with no signs of ileus, obstruction or foreign material.



PATIENT

Possum Halfway Home

The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. Indistinct areas of increased mucosa echogenicity to mucosal speckling were noted. The lumen of the small intestine contained generalized nonshadowing ingesta/chyme with no signs of ileus, obstruction or foreign material.

SPECIES

Canine

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

Pancreas

BREED

Peke 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 was evident.

Free Abdomen

SEX

F

No overt lymphadenopathy or peritoneal effusion was present.

Sonographic assessment in the area of the labeled peri anal hernia revealed evidence of normal intestinal segments likely within the hernia

AGE

11

Rapid view of the heart revealed no evidence of pericardial masses or effusion in the visible window.

ULTRASONOGRAPHIC FINDINGS

- Moderate gastric ingesta/chyme
- Intact small intestinal walls with increased mucosa echogenicity
- Generalized nonshadowing intestinal ingesta/chyme
- Bilateral chronic renal changes
- Peri anal hernia containing small intestine
- Mild hepatic parenchyma remodeling-benign hepatopathy, probable inflammatory hepatopathy
- Mild gallbladder debris

WEIGHT

5.6

INTERPRETED BY

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

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

A GI panel to include PLI/TLI/Cobalamin/Folate is recommended for further assessment.

IMAGING PERFORMED BY

Jenn

Overall no evidence of significant abdominal visceral pathology with largely geriatric changes aside from the peri anal hernia.

Hepatosupportive medication s including Denamarin and Ursodiol may prove beneficial.

HOSPITAL NAME

Rockaway Animal Hospital

REFERRING VET

Dr. Gannon

INVOICE

11109ag

DATE

07/12/2022



PATIENT

Possum Halfway Home

SPECIES

Canine

BREED

Peke Mix

SEX

F

AGE

11

WEIGHT

5.6

INTERPRETED BY

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

IMAGING PERFORMED BY

Jenn

HOSPITAL NAME

Rockaway Animal Hospital

REFERRING VET

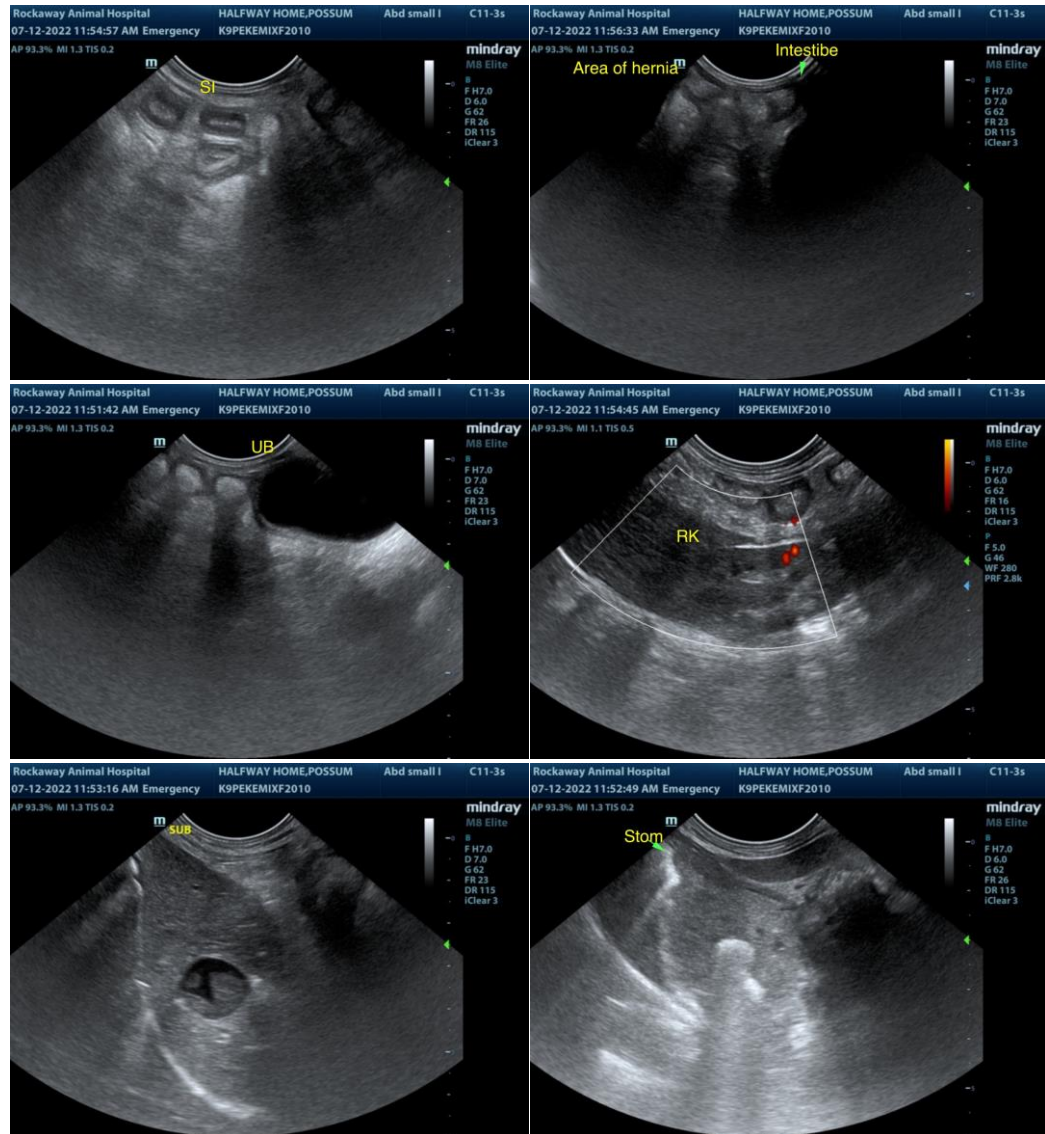
Dr. Gannon

INVOICE

11109ag

DATE

07/12/2022





PATIENT

Possum Halfway Home

SPECIES

Canine

BREED

Peke Mix

SEX

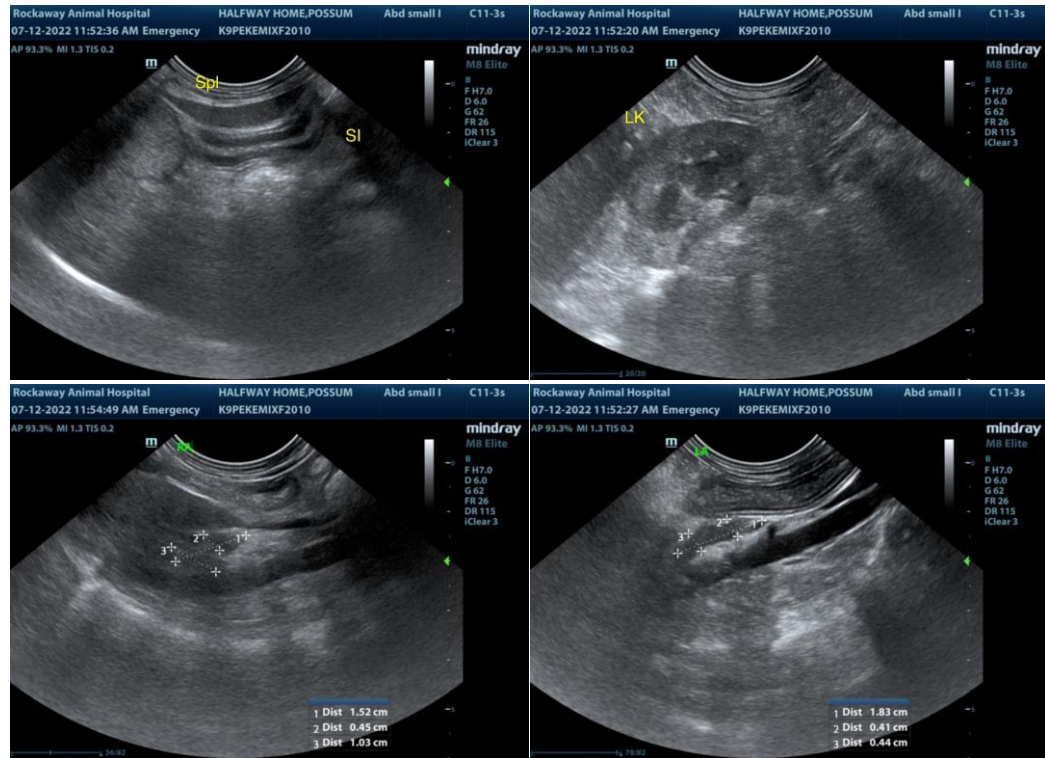
F

AGE

11

WEIGHT

5.6



INTERPRETED BY

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

IMAGING PERFORMED BY

Jenn

HOSPITAL NAME

Rockway Animal Hospital

REFERRING VET

Dr. Gannon

INVOICE

11109ag

DATE

07/12/2022

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