



PATIENT PRESENTING CLINICAL SIGNS

Sansa Pantoja

SPECIES

Canine

BREED

Retriever X

SEX

Spayed Female

AGE

4.5 Years

WEIGHT

55.7 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Rivera

HOSPITAL NAME

DPC Vet Hospital

REFERRING VET

Dr. Rivera

INVOICE

43878

DATE

7/16/23

HISTORY OF AZOTEMIA AND ADDISONS DISEASE

Abnormal PE/Chem/CBC/UA Results: 7/1/23 - Physical Examination Key -- (N= Normal, A= Abnormal) Hydration: Appropriately hydrated Mentation: QAR EENT: No nasal discharge; clear no discharge OU; clean no debris AU; No cough on tracheal palpation. Oral Cavity: No dental tartar present Lymph Nodes: Symmetrical, no changes in size, shape, consistency Skin: no signs of ectoparasites. pink/erythematous skin on dorsum, healthy haircoat in that area. alopecia, erythema, swelling and scabbing ~4cm from base of tail in the midline, sensitive to touch. CV/Respiratory: No murmur or crackles/wheezing auscultated. Synchronous pulses, normal rate. Normal bronchovesicular sounds. Abd/GI: Soft non painful abdomen, no palpable organomegaly or abnormalities Uro/Perineum: Normal externally FS, no lesions or abnormalities. no rectal exam performed Musculoskeletal: Ambulatory x4, no lameness noted. No pain on palpation of limbs. BCS 5/9 Neurological: Appropriate Diagnostic Testing Needed: T4/SDMA in-house confirmatory testing with full thyroid panel recommended, abdominal ultrasound warranted to assess kidneys and adrenals, adrenal panel may be necessary to check for atypical Addison's.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 4.0 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.

The area of the aortic trifurcation was free of pathology.

The kidneys were overtly normal in size and margination with maintained 1:3 cortex to medulla ratio with adequate to mildly indistinct corticomedullary border demarcation. No pyelectasia in either kidney. The left kidney measured 6.1 cm. The right kidney measured 6.5 cm.

Adrenal Glands

The adrenal glands were not definitively visualized, potentially owing to subnormal adrenal size, given the patient history. No overt pathology in the areas of the left and right adrenal glands.

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

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 with thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.



PATIENT

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 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.

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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 was evident.

AGE

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Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

WEIGHT

55.7 Pounds

ULTRASONOGRAPHIC FINDINGS

- Sonographically unremarkable abdomen

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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(Canine and Feline)

No sonographic evidence of overt abdominal pathology, including no evidence of overt renal pathology. Full urinary workup to include urinalysis, screening culture and sensitivity +/- baseline UPC level if evidence of proteinuria is suggested. Recheck adrenal testing with ACTH stimulation test may be considered if not recently done, or if patient is currently undergoing therapy for Addison's disease. As-needed renal support is recommended.

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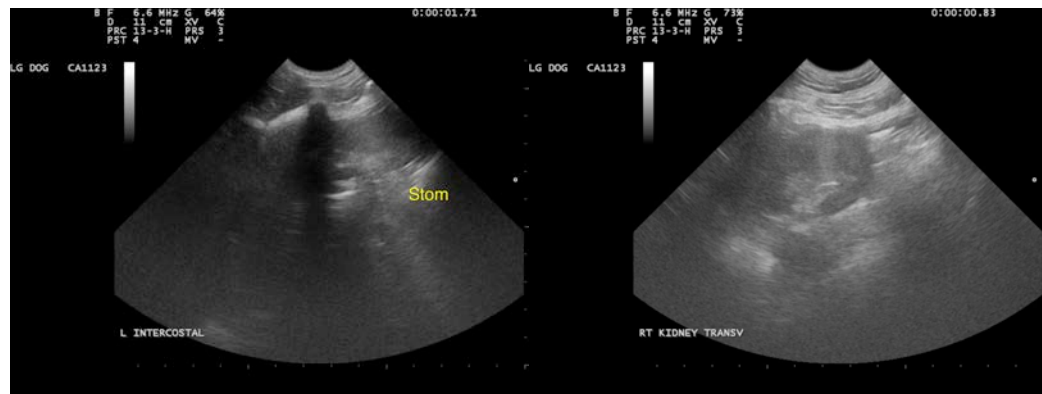
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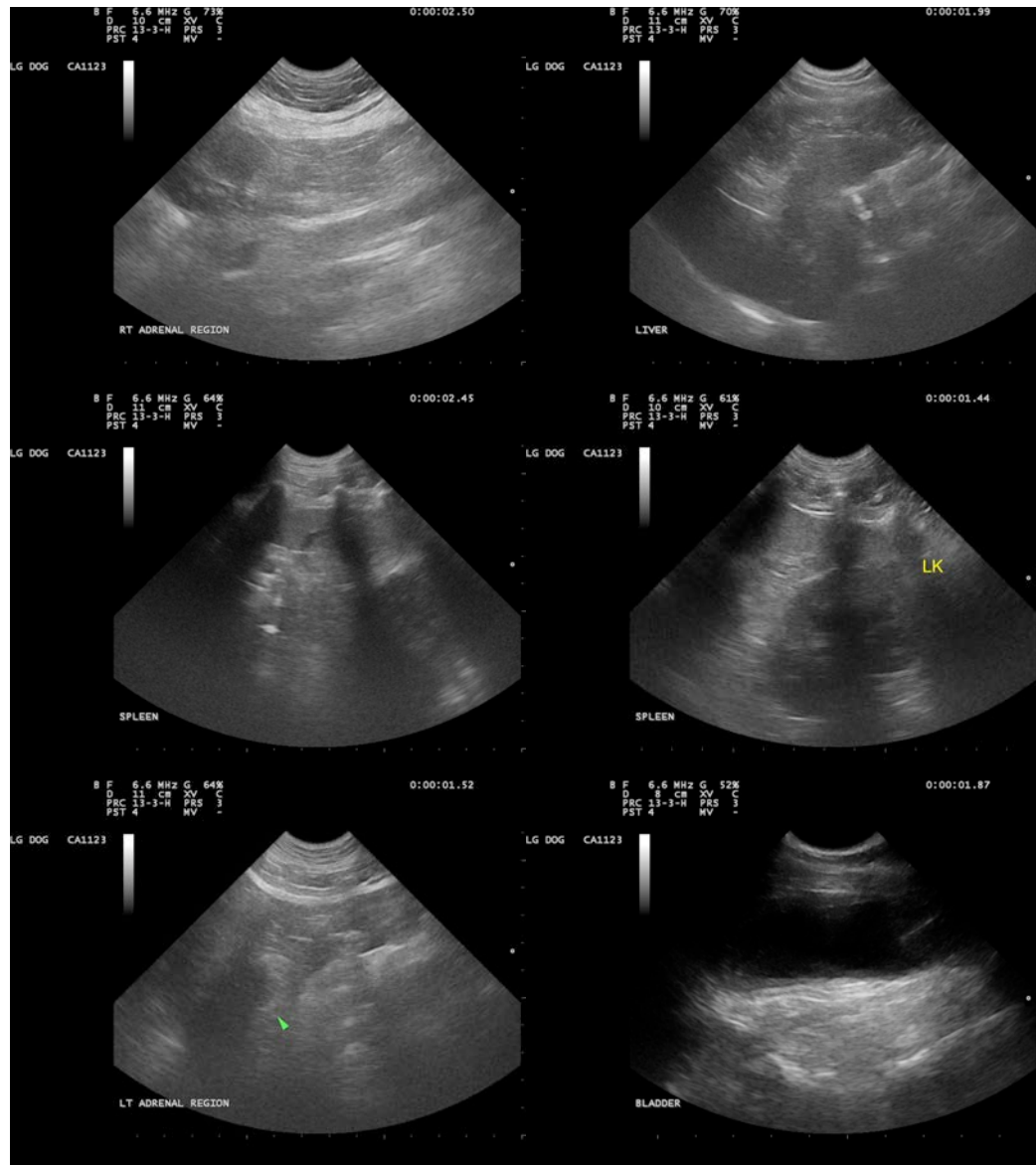
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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