



PATIENT

Bear Patrick

PRESENTING CLINICAL SIGNS

History: diabetes, pancreatitis, diabetes hepatopathy, can't r/o neoplasia

Abnormal PE/Chem/CBC/UA Results:

SPECIES

Canine

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

BREED

Mix

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.

SEX

MN

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 6.6 cm in length. The right kidney measured 7.0 cm in length.

AGE

7

The area of the aortic trifurcation was free of pathology.

No overt pathology in the area of the residual prostate.

WEIGHT

83

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.63 cm width at the caudal pole and 0.53 cm width at the cranial pole. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.9 cm width at the caudal pole. No evidence of overt adrenomegaly or adrenal tumors.

INTERPRETED BY

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

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

Jenn

Liver

The liver was enlarged in size with a symmetrical to rounded contour and generalized uniform mildly hyperechoic parenchyma compared 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 with moderate congealed yet nonorganized hyperechoic debris primarily in the mid to cranial lumen. The cystic and common bile ducts were normal.

HOSPITAL NAME

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REFERRING VET

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Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained a moderate amount of retained anechoic fluid with no signs of ileus, obstruction or foreign material.

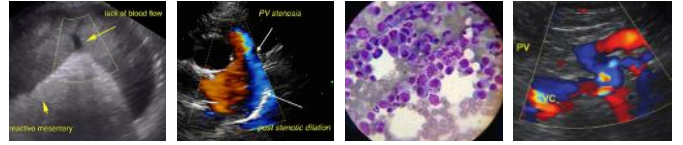
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DATE

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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.



PATIENT

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

Bear Patrick

Pancreas

SPECIES

The pancreas was normal in size and contour with isoechoic to heterogeneous parenchyma compared to adjacent omentum. No signs of active inflammation or neoplasia.

Canine

Free Abdomen

BREED

No overt lymphadenopathy or peritoneal effusion was present.

Mix

ULTRASONOGRAPHIC FINDINGS

SEX

- Hepatomegaly exhibiting uniform mild parenchyma hyperechogenicity
- Gallbladder debris (non-mucocele)
- Hypomotile stomach
- Mild heterogeneous pancreas

MN

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

AGE

Although not definitive the overall appearance of the liver is consistent with probable metabolic/vacuolar/reactive (diabetic) hepatopathy. Potential for concurrent hepatic inflammation is considered less likely without evidence of hepatic neoplastic criteria. Assuming normal clotting status a hepatic FNA using a 25g needle could be considered for screening cytology depending on the degree of hepatic enzyme elevation.

7

WEIGHT

The appearance of the pancreas was not sonographically consistent with active or significant pancreatitis although low grade to chronic pancreatitis could be present and essentially sonographically normal.

83

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The hypomotile stomach is likely indicative of metabolic gastric stasis.

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Continued therapy for diabetes with as needed GI and hepatic support would be reasonable. A urine C/S is suggested if evidence of glucosuria is present.

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For an additional charge, internal medicine consult can be utilized through SonoPath.com. You can select the internal medicine drop down at <http://spa.sonopath.com/>.

Jenn

One of the world's top internists & SonoPath associate Dr. Remo Lobetti BVSc, MMedVet, PhD, DECVIM can evaluate your case through SonoPath. <https://sonopath.com/resources/sonopath-services/internal-medicine-teleconsultation-services>

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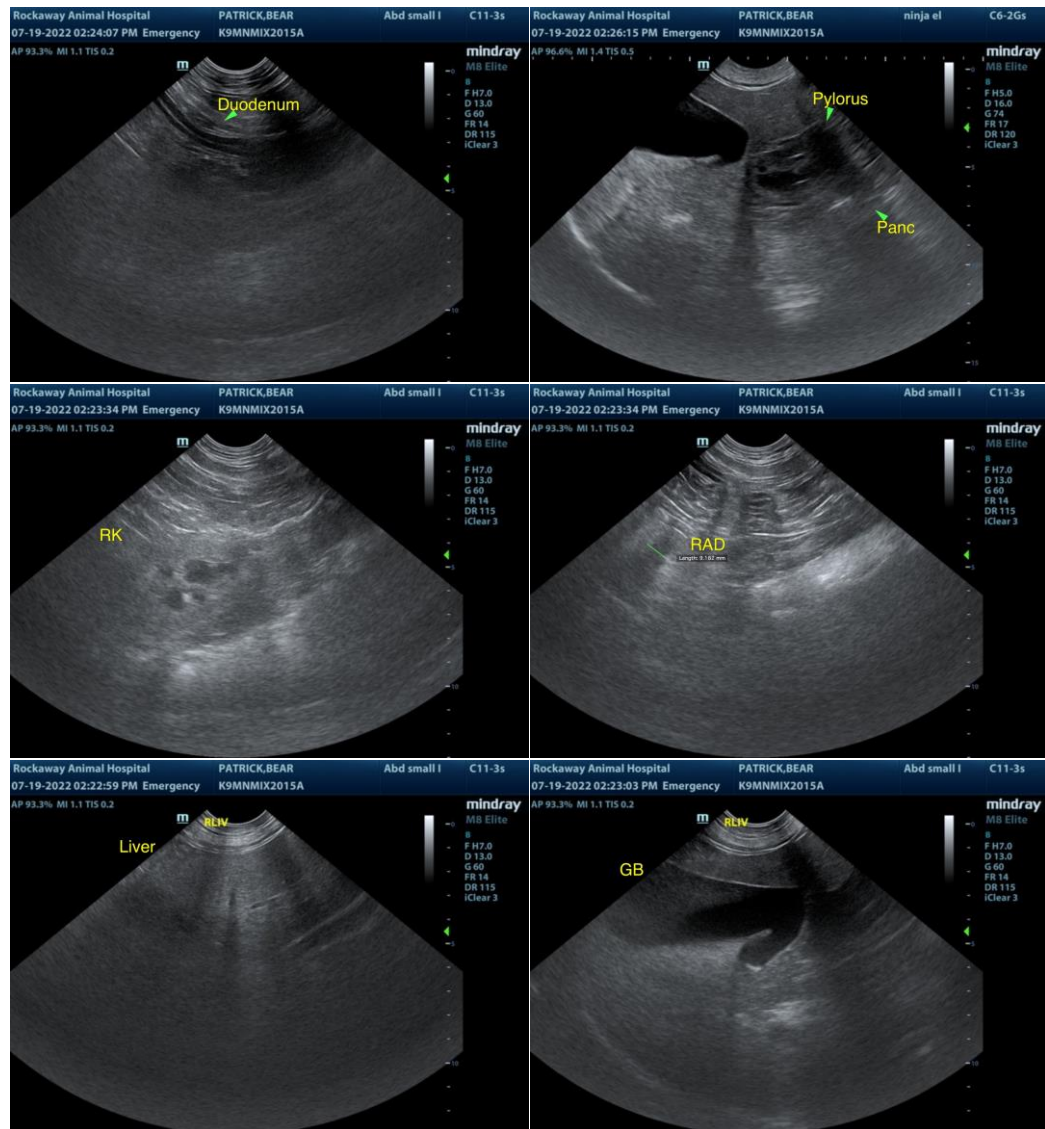
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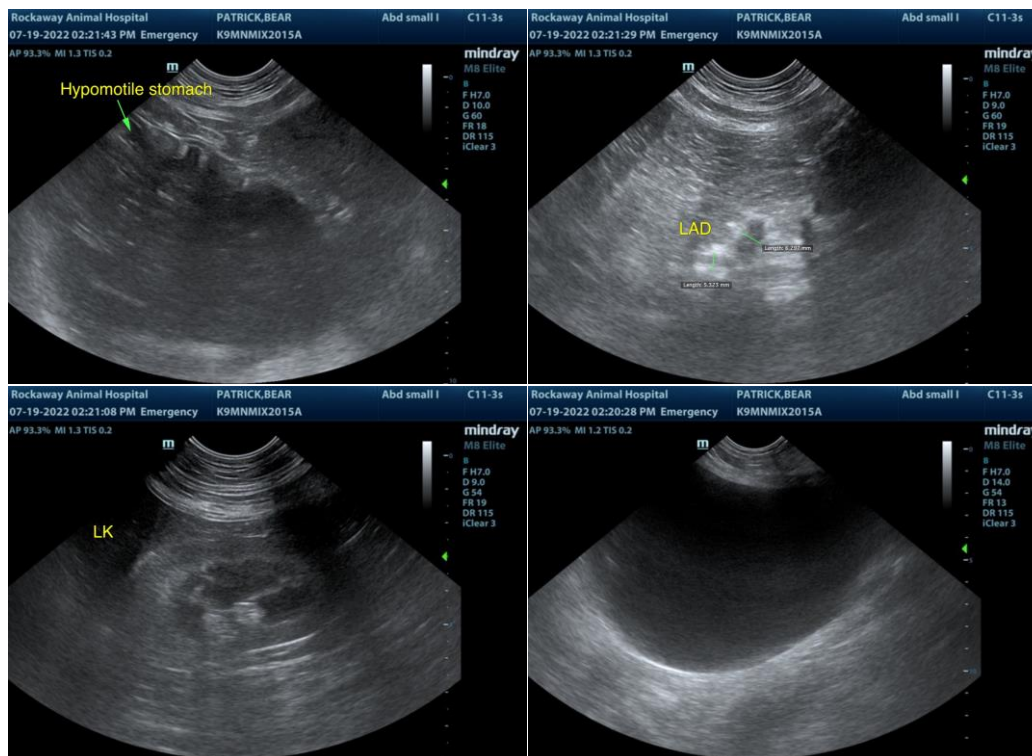
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)

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