



PATIENT

Tyson Zuniga

SPECIES

Canine

BREED

Golden Retriever

SEX

MN

AGE

10 years

WEIGHT

63 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Sara Hansen

HOSPITAL NAME

Q Street AH

REFERRING VET

Dr. Cone

INVOICE

16570

DATE

7/27/22

PRESENTING CLINICAL SIGNS

Poor appetite, lack of bowel movements, and very pruritic skin rash for 4-5 days. - Small stools produced are firm, dark, tarry; straining to defecate - Physical exam: weight loss (7 lbs), severe moist dermatitis affecting hind legs and inguinal areas, normal rectal exam, constipated (passed large amount of stool after enema)

Abnormal PE/Chem/CBC/UA Results: ALP 181 (n=5-131), 3+ proteinuria, 2+ bilirubinuria (normal TBili), normal fecal. Current Medications Cephalexin, GenOne spray. Just started Cerenia, Provable, and Entyce. Radiographic Findings Constipation, possible liver enlargement.

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 residual prostate was normal in appearance without pathology, measuring 1.7 cm in diameter.

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 was maintained. The medulla and cortices were uniform in texture with some increased echogenicity and minor loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The left kidney measured 6.7 cm in length. The right kidney measured 7.1 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 3.0 cm x 0.84 cm at the caudal pole in width.

The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 3.0 cm in length 0.66 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.

Liver/ Gallbladder



PATIENT	The liver was subjectively normal in structure and contour. The liver exhibited mild to moderate generalized enlargement. 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. Intermittent nondisruptive mildly hyperechoic intraparenchymal nodules were present, an example measured 2.1 cm in diameter.
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INTERPRETED BY	<i>Gastrointestinal</i>
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained mild ingesta, exhibiting mild yet progressive distal acoustic shadowing, without signs of obstruction or foreign material.
IMAGING PERFORMED BY	The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. Segmental mild nonshadowing ingesta/chyme was present.
Sara Hansen	The visualized colon exhibited sonographically unremarkable wall layering. The colon contained a mild amount of semi-formed to soft feces, potentially consistent with recent enema, without evidence of colonic distention.
HOSPITAL NAME	<i>Pancreas</i>
Q Street AH	The pancreas was normal in size and contour with isoechoic to heterogeneous parenchyma compared to adjacent omentum. No signs of active inflammation or neoplasia.
REFERRING VET	<i>Free Abdomen</i>
Dr. Cone	No omental masses, lymphadenopathy or peritoneal free fluid was present.
INVOICE	ULTRASONOGRAPHIC FINDINGS
16570	<ul style="list-style-type: none"> • Vacuolar hepatopathy pattern with evidence of mild parenchymal remodeling, intermittent nonspecific yet likely benign intraparenchymal nodules, consistent with lipogranulomas or areas of nodular/regenerative hyperplasia. • Moderate gallbladder debris (non-mucocele) • Overtly normal GI tract with moderate gastric and mild segmental small intestinal ingesta/chyme • Mild pancreatic remodeling- age-related pancreatic changes likely and considered incidental, minor potential for low grade to chronic pancreatitis is possible. • Mild age-related kidneys
DATE	<u>INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS</u>
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Overall, largely mild geriatric abdomen without evidence of significant visceral pathology. Given the quiet urinary bladder sediment, UPC level on sterile urine sample is suggested given the degree of proteinuria.

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The presence of gastrointestinal 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.

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Potential for structurally insignificant gastrointestinal disease is possible. A GI panel to include PLI/TLI/Cobalamin/Folate as well as three view chest radiographs and neurological / musculoskeletal examination are recommended to assess for or rule out occult disease which may cause weight loss.

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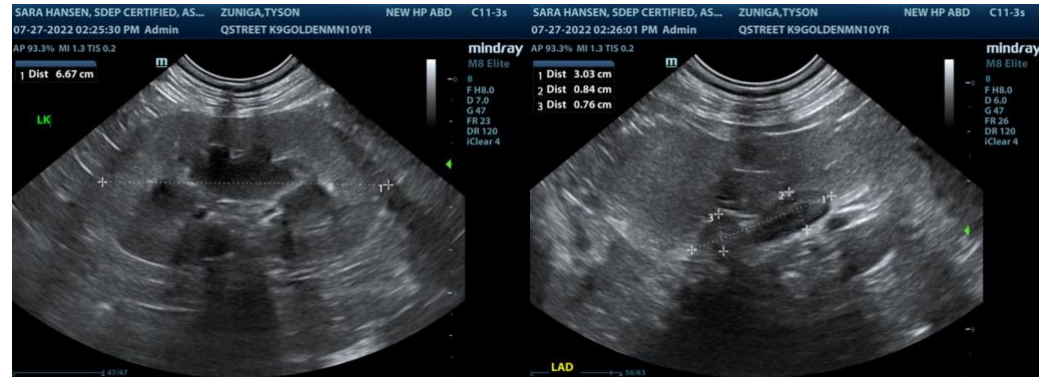
Monitoring for evidence of normal gastric emptying over the next 12-14 hours following documented fast could be considered.

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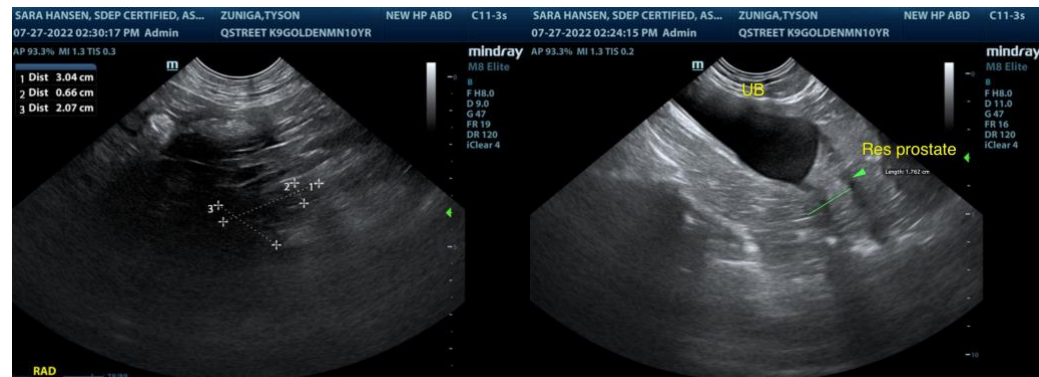
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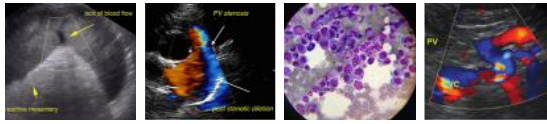
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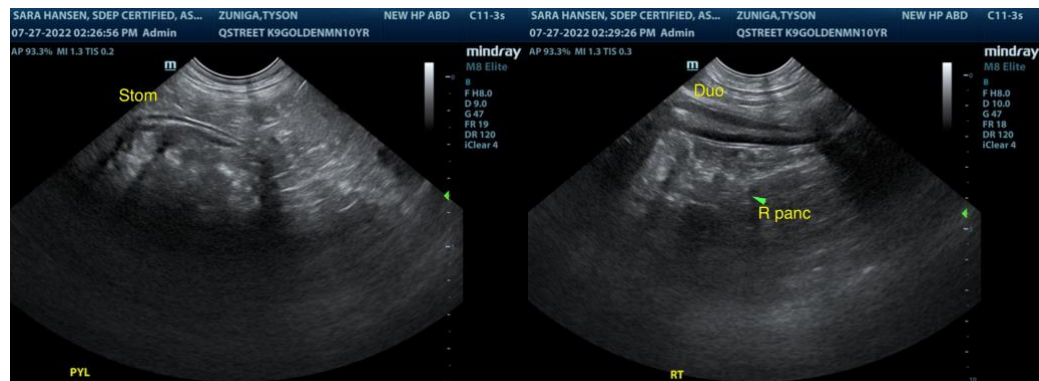
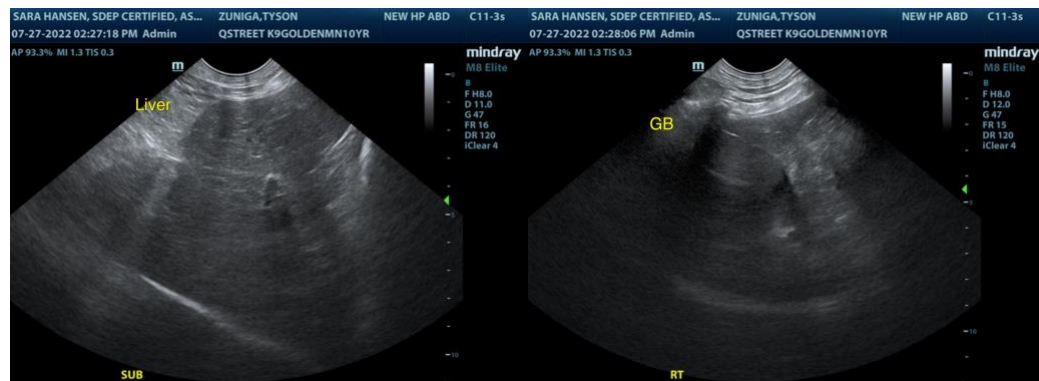
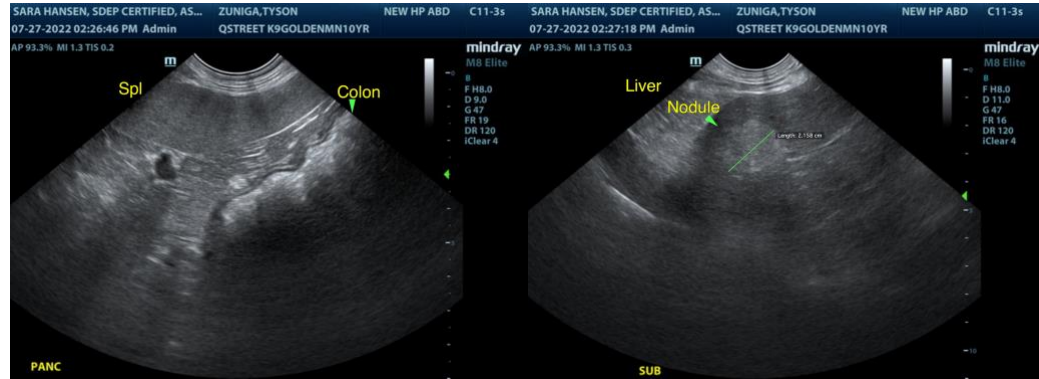
Dr. Cone

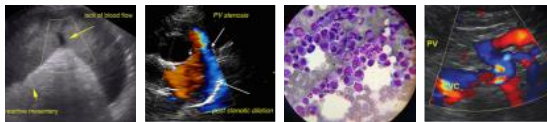
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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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