



PATIENT

Bruno Rosario

SPECIES

Canine

BREED

Labrador Mix

SEX

MN

AGE

11yr

WEIGHT

70.6lb

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Ferrer, DVM

HOSPITAL NAME

Paseos Veterinary
Center

REFERRING VET

Dr. Jose Cruz

INVOICE

14463ag

DATE

07/31/2023

PRESENTING CLINICAL SIGNS

The patient presented as a referral for an abdominal ultrasound to evaluate intermittent vomiting and diarrhea. The owner claims that it started about 2 months ago, that appetite comes and goes, as well as the vomit and diarrhea. As for today, it appears to be controlled due to the medication given.

Abnormal PE/Chem/CBC/UA Results: CBC MCV: 61 (61.6-73.5) MCH: 20.5 (21.2-25.9) CHEM ALP: 688 (23-212)

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 3 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.

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 loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The left kidney measured 7.5 cm in length. The right kidney measured 7.7 cm in length.

The area of the aortic trifurcation was free of pathology.

The area of the residual prostate appeared normal and free of pathology.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.49 cm width at the caudal pole and 2.7 cm length. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.48 cm width at the caudal pole and 3.1 cm length.

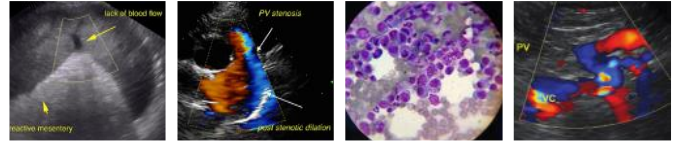
Spleen

The spleen exhibited overall normal size, symmetrical capsule contour and primarily finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. A solitary non-disruptive non-uniform hyperechoic nodule was present in the caudal spleen measuring 1.6 cm in diameter. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis.

Liver/Gallbladder

The liver presented subjectively enlarged in size. The parenchyma of the liver was subjectively normal in echogenicity compared to the spleen and renal cortices. The liver parenchyma was uniform with a mildly coarse echotexture. The capsule of the liver was symmetrically rounded to mildly swollen in margination. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended in size with primarily anechoic luminal content and moderate non-organized hyperechoic sediment. The cystic and common bile ducts were normal.

Gastrointestinal



PATIENT	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. The gastric body wall measured 0.40 cm.
Bruno Rosario	
SPECIES	The small intestine presented intact wall layering with mildly prominent duodenojejunal mucosa layer. Discreet increased segmental duodenojejunal mucosa echogenicity was present. The lumen of the small intestine was empty with no signs of ileus, obstruction or foreign material. The duodenum wall measured 0.61 cm width. The jejunum wall measured 0.51 cm width.
Canine	
BREED	Normal visible colon wall layers were present with generalized soft feces in lumen.
Labrador Mix	
	Pancreas
	The pancreas was normal in size and contour with isoechoic to heterogeneous parenchyma compared to adjacent omentum. No signs of active inflammation or neoplasia.
SEX	
MN	Free Abdomen
	No omental masses or peritoneal effusion was present.
AGE	Intermittent mildly prominent to enlarged mesenteric nodes were present. The lymph nodes were essentially isoechoic to adjacent omentum without evidence of peripheral inflammation and maintaining a normal width: length ratio (<0.5). An example measured 2.4 cm x 0.49 cm.
11yr	
WEIGHT	ULTRASONOGRAPHIC FINDINGS
70.6lb	<ul style="list-style-type: none"> • Vacuolar hepatopathy pattern. • Moderate gallbladder sediment (non-mucocele). • Mild chronic renal changes. • Normal empty stomach. • Intact subjective prominent small bowel wall layering- non-specific, potential inflammatory enteropathy. • Normal colon with soft fecal matter. • Intermittent minor benign/reactive mesenteric lymph nodes. • Non-specific benign splenic nodule-consistent with benign myelolipoma. • Mild pancreatic remodeling.
INTERPRETED BY	INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	Dietary indiscretion / food hypersensitivity, dysbiosis, suspect non-specific inflammatory bowel, occult parasitism, occult Addison's disease or low grade to chronic pancreatitis which may appear sonographically normal are all potentials. Occult infiltrative intestinal neoplasia is considered less likely. A GI panel to include PLI/TLI/Cobalamin/Folate is recommended. Although considered unlikely considering normal adrenal presentation, a resting cortisol level to rule out occult Addison's disease is recommended.
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Dr. Jose Cruz	Empirically, a limited antigen or hydrolyzed diet trial with potential long term dietary therapy, prophylactic deworming (Panacur 50 mg/kg SID x 5 consecutive days with repeat protocol in 3 weeks even if fecal testing is negative), high colony count probiotic (Provable or Visbiome), cobalamin supplementation pending assessment of B12 levels, antibiotic trial i.e., Metronidazole or Tylosin and as needed gastrointestinal support with assessment of clinical response may prove beneficial.
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Hepatosupportive medications such as Denamarin and Ursodiol may be considered if progressive hepatic enzyme elevations.

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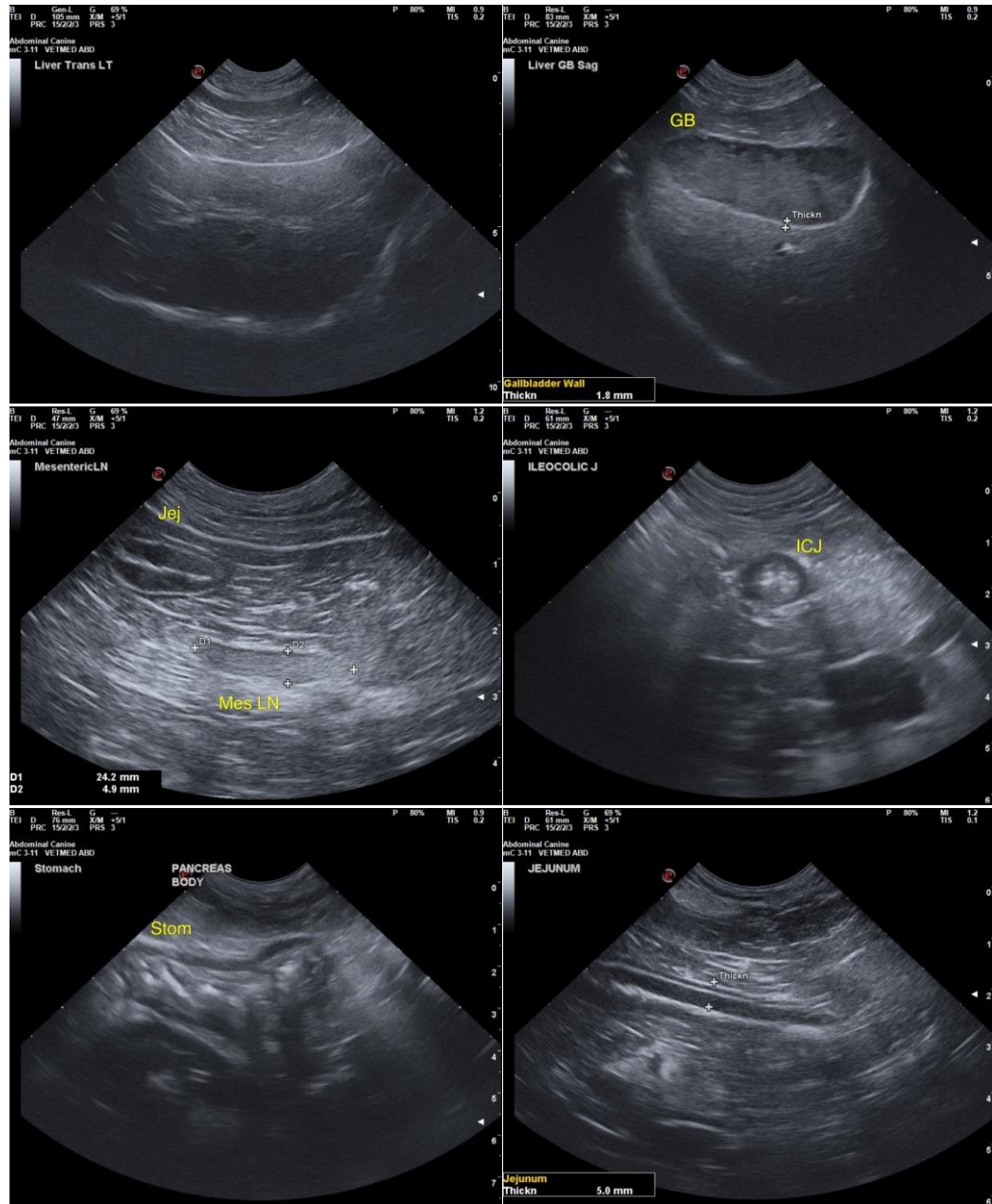
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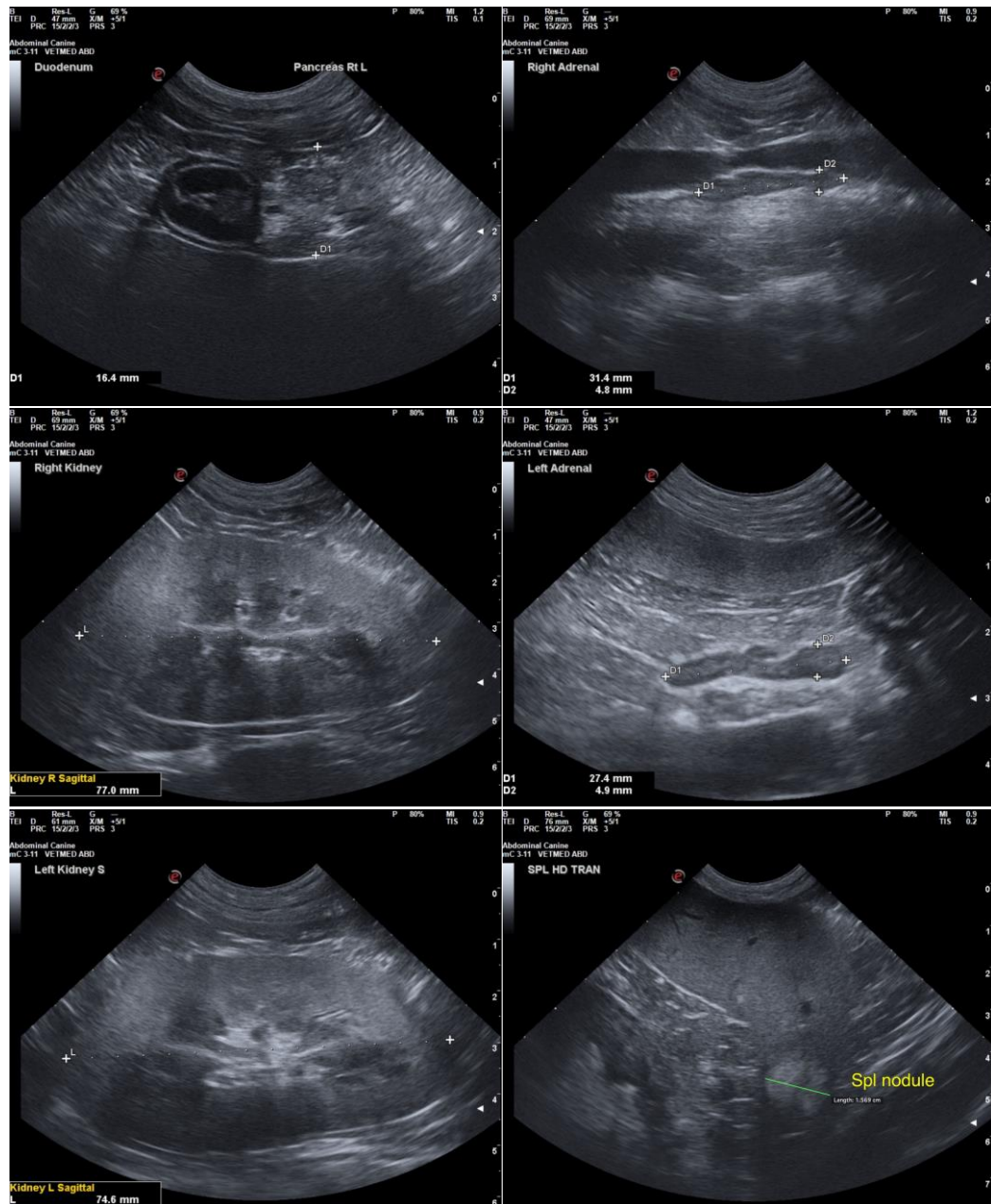
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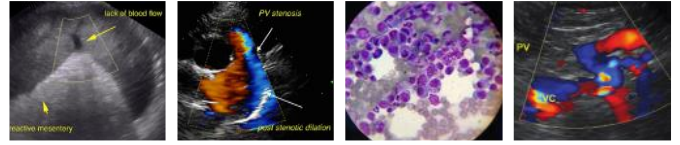
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.



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info@sonopath.com

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