



PATIENT

Champ Lee

PRESENTING CLINICAL SIGNS

History: Vomiting with blood. Inappetant. Lethargic.

SPECIES

Canine

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2 cm exhibited normal thickness and tone. Anechoic urine was present in the lumen with minor focal to pinpoint dependent luminal mineral. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes were noted.

BREED

Poodle Mix

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 mild loss of corticomedullary symmetry and definition expected for the age of the patient. Focal areas of nonobstructive medullary mineral were present. No evidence of pelvic dilation was present. The left kidney measured 5.7 cm in length. The right kidney measured 5.6 cm in length.

SEX

MN

AGE

11 years

The area of the aortic trifurcation was free of pathology.

No overt pathology in the area of the residual prostate.

Adrenal Glands

WEIGHT

12.5 kg

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.54 cm width at the caudal pole and 0.48 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 0.51 cm width at the caudal pole.

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

Dr. Belan

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 with moderate nondependent nonorganized hyperechoic luminal debris. Hypoechoic areas were noted between the nondependent luminal debris and inner luminal gallbladder wall suggestive of entrapped mucus or possible minor mucosal hyperplasia. The cystic and common bile ducts were normal.

HOSPITAL NAME

Resolution Veterinary
Ultrasound

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Gastrointestinal

The stomach presented intact yet mild prominent wall layering with a normal wall layer ratio. The lumen of the stomach contained a mild amount of retained ingesta/chyme and fluid with no signs of ileus, obstruction or foreign material. The ventral gastric body wall measured up to 0.5 cm in width.

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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. The duodenum wall measured 0.34 cm in width. The jejunum wall measured 0.26 cm in width.

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

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.

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Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

SEX

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ULTRASONOGRAPHIC FINDINGS

AGE

11 years

- Minor pinpoint to focal dependent luminal urinary bladder mineral
- Mild chronic renal changes with nonobstructive medullary mineral
- Mild gastritis pattern with minor retained gastric ingesta and fluid
- Heterogeneous pancreas
- Moderate gallbladder debris with suspect luminal mucus-potential for very early gallbladder mucocele

WEIGHT

12.5 kg

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

This patient may be passing small amounts of mineral from the kidneys into the bladder. Further renal staging to include urine C/S and protein: creatinine ratio on sterile urine sample may be considered.

No overt evidence of significant gastric mural pathology was observed. A gastric protectant protocol with hydrolyzed diet trial and assessment of clinical response would be reasonable.

Although considered unlikely given the normal presentation of the bilateral adrenal glands, a resting cortisol level to rule out occult Addison's disease is warranted.

The appearance of the pancreas may indicate age related changes and be incidental although the possibility of low grade to chronic pancreatitis cannot be definitively excluded. Correlation with assessment of cranial abdominal or subxiphoid discomfort on palpation and/or spec cPL is suggested.

Assessment of hepatic parameters with potential hepatosupportive medications including Denamarin and Ursodiol if evidence of cholestasis, is recommended. Sonographic monitoring of the stomach and gallbladder is recommended if persistent vomiting or if progressive evidence of cholestasis.

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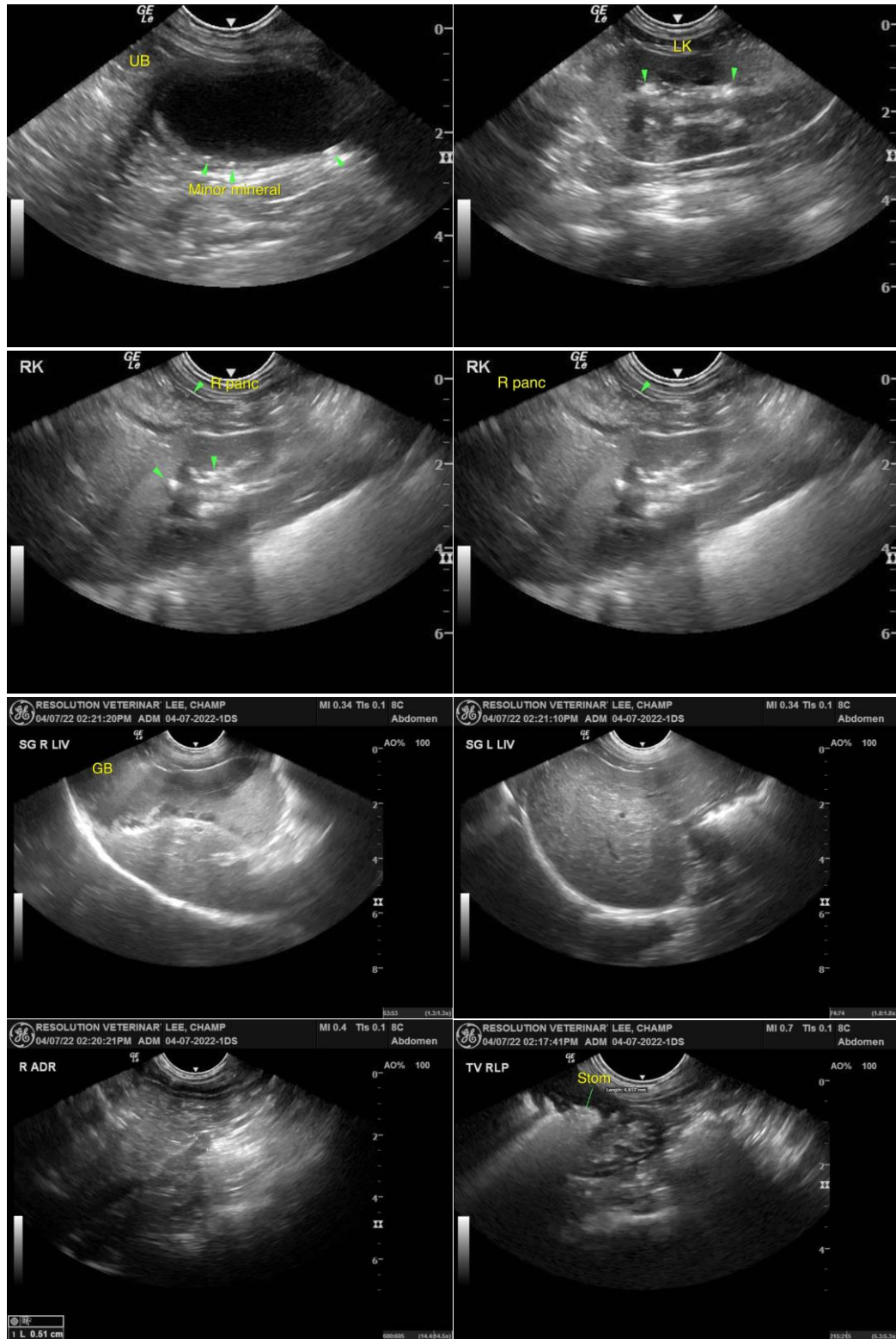
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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