



PATIENT PRESENTING CLINICAL SIGNS

Gyrfalcon Weaver History: Obese, anorexic Carporfen

SPECIES Abnormal PE/Chem/CBC/UA Results: Na/K ratio 31, CHOL 383, TRI 573, unremarkable renal and hepatic parameters Precision PSL 27, CBC wnl, T4 1.9, SG 1.026, cocci/rods

Canine **ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

BREED *Urinary System*

Samoyed 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 mild dependent mineral/small calculi. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes were noted.

SEX 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 minor loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present.

AGE 2012 The left kidney measured 6.6 cm in length. The right kidney measured 6.2 cm in length.

The area of the aortic trifurcation was free of pathology.

WEIGHT 86 No overt pathology in the area of the residual prostate.

Adrenal Glands

INTERPRETED BY The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.52 cm width at the caudal pole and 3.1 cm length. 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 and 2.9 cm length.

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

Spleen

IMAGING PERFORMED BY 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.

Rebekah Jakum, CVT ARDMS/RVT

HOSPITAL NAME

Liver

Mill Pond Veterinary Clinic 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.

REFERRING VET

Dr. Thayer

Gastrointestinal

INVOICE 11250ag 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 0.30 cm in width.

DATE 08/01/2022



PATIENT

Gyr Falcon Weaver

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. Small intestinal wall measured 0.48 cm in width.

SPECIES

Canine

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

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.

BREED

Samoyed

Free Abdomen

No omental masses, overt lymphadenopathy or peritoneal effusion was present.

SEX

MN

ULTRASONOGRAPHIC FINDINGS

AGE

2012

- Mild dependent urinary bladder mineral/small calculi
- Overtly normal GI tract
- Minor age-related kidney changes

WEIGHT

86

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Overall, a mild age-related abdomen without evidence of significant visceral pathology as an obvious cause of the patient's anorexia.

INTERPRETED BY

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

A free T4 could be considered. A resting cortisol level to rule out occult Addison's disease +/- GI panel to include PLI/TLI/Cobalamin/Folate to assess for occult GI disease is recommended. Three view chest radiographs are recommended to rule out thoracic pathology.

As needed GI support is recommended.

IMAGING PERFORMED BY

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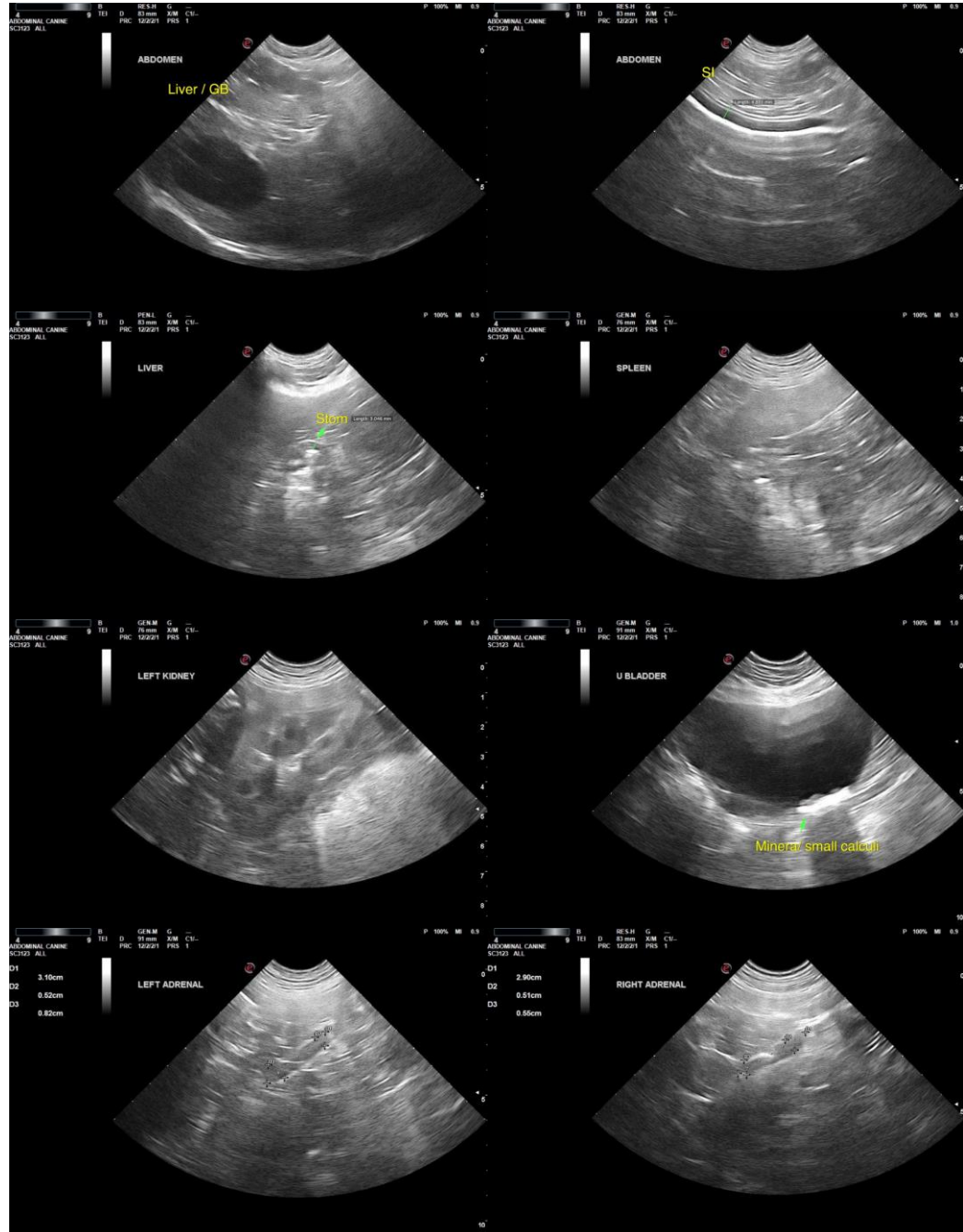
Dr. Thayer

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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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