



PATIENT PRESENTING CLINICAL SIGNS

Maverick Hoffman Episode of ataxia, wheezing, drooling while trying to breed, low platelet count.
 Medication: Prednisone

SPECIES ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Canine

Urinary System

BREED

Bernese Mtn. Dog

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 4.0 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.

SEX

M

The prostate gland exhibited the expected size and presentation for a young, intact, male canine exhibiting mild nonhomogeneous parenchyma. The prostate measured 4.7 cm x 2.4 cm.

AGE

2020

The area of the aortic trifurcation was free of pathology.

WEIGHT

94.5

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 6.8 cm in length. The right kidney measured 7.2 cm in length.

Adrenal Glands

INTERPRETED BY

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

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 2.7 cm length x 0.53 cm width at the caudal pole. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 2.7 cm length x 0.71 cm width at the caudal pole.

IMAGING PERFORMED BY

Rebekah Jakum, CVT
 ARDMS/RVT

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.

HOSPITAL NAME

White Haven VH

Liver/ Gallbladder

REFERRING VET

Dr. Wentz

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.

INVOICE

14752

The gallbladder was non-distended in size containing primarily anechoic content with mild, nondependent gallbladder debris. No evidence of gallbladder inflammatory criteria was noted. The cystic and common bile ducts were normal.

DATE

8/1/23



PATIENT

Gastrointestinal

Maverick Hoffman

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained mild to moderate ingesta exhibiting areas of strong distal acoustic shadowing along with lumen gas.

SPECIES

Canine

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.

BREED

Bernese Mtn. Dog

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

SEX

M

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 were evident.

AGE

2020

Free Abdomen

No omental masses, lymphadenopathy, or evidence of peritoneal effusion were noted.

WEIGHT

94.5

ULTRASONOGRAPHIC FINDINGS

- Normal prostate for a young intact male canine
- Gastric ingesta exhibiting areas of strong distal acoustic shadowing
- Mild gallbladder sediment

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DVM, DABVP
(Canine and Feline)

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Sonographically, there was no evidence of overt or significant visceral pathology as an obvious cause of patient's previous clinical signs.

IMAGING PERFORMED BY

Rebekah Jakum, CVT
ARDMS/RVT

The gastric ingesta is nonspecific and may indicate post prandial presentation. Correlation with most recent meal ingestion is suggested. If documented NPO, sonographic or radiographic monitoring for evidence of gastric emptying over the next 12 hours is recommended.

HOSPITAL NAME

White Haven VH

The gallbladder sediment is considered incidental at this stage unless evidence of cholestasis is noted. Assessment of T4 levels, if not recently done, may be considered.

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PATIENT

Maverick Hoffman

SPECIES

Canine

BREED

Bernese Mtn. Dog

SEX

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HOSPITAL NAME

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REFERRING VET

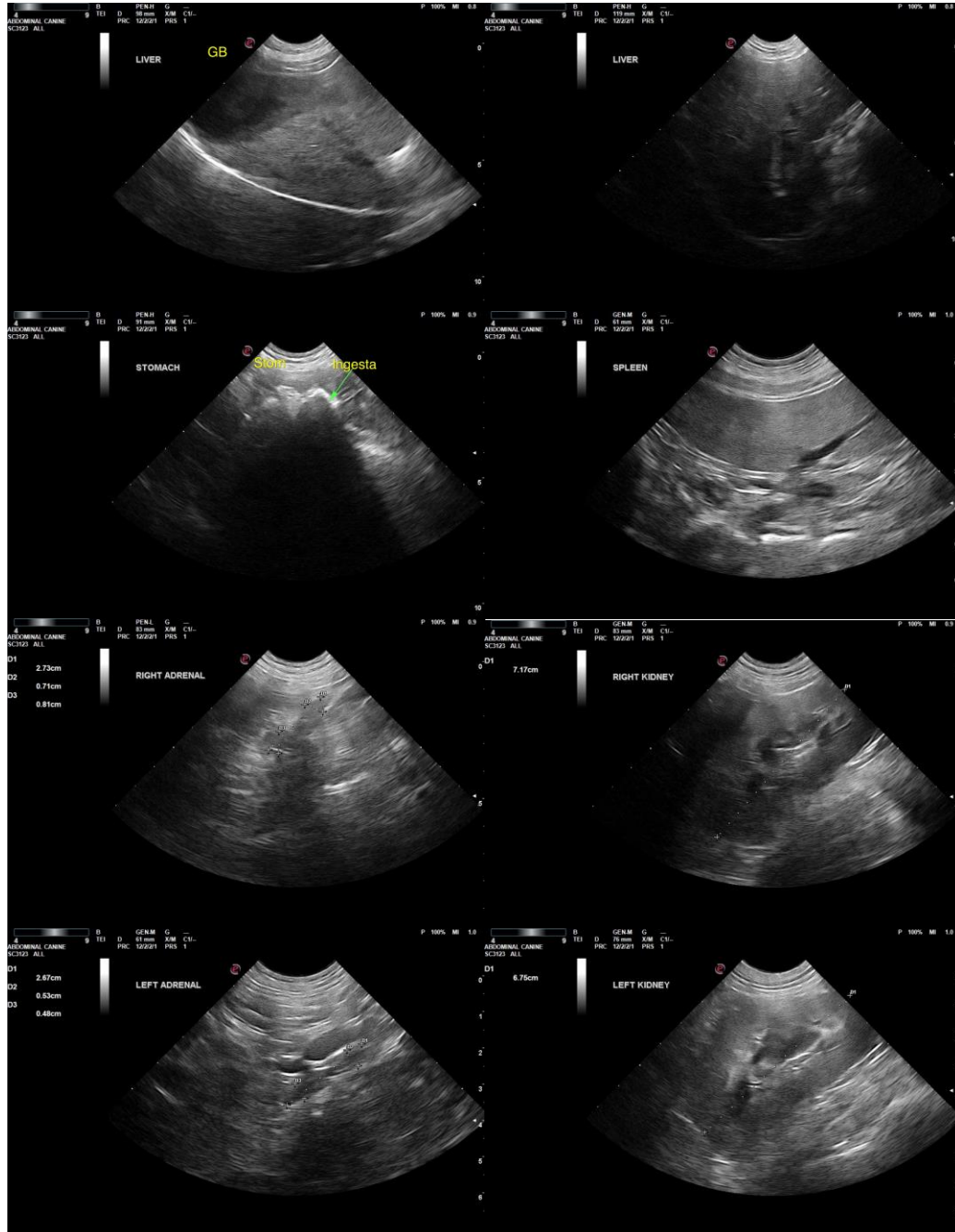
Dr. Wentz

INVOICE

14752

DATE

8/1/23



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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