



PATIENT	PRESENTING CLINICAL SIGNS
Charlotte Revill	painful abdomen, not eating which is very unusual for her, pale-ish gums. On Amitryptilline, Simplice for 3 days(stopped 8/8/22)Gabapentin, Apoquel, Deramaxx for 5 days (stopped 8/8/22). Was also given Methadone for scan due to discomfort.
SPECIES	Abnormal PE/Chem/CBC/UA Results: Please see attached rads and bloodwork. RBC 4.46(5.65-8.87) Hematocrit 0.305(0.373-0.617)Hemoglobin 106(131-205)T protein 35(52-82), decreased Albumin, decreased Globulin. Low specific gravity on urine - 1.012 all else WNL on U/A. Occult blood positive.
Canine	
BREED	
Mastiff X	ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN
	Urinary System
SEX	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.
FS	
AGE	No overt pathology was noted In the area of the uterine remnant.
6 years	The area of the aortic trifurcation was free of pathology.
WEIGHT	The left kidney was not visualized owing to previous nephrectomy. Normal size and contour were present in the right kidney. A normal 1:3 cortex / medulla ratio was maintained. Mildly indistinct corticomedullary border demarcation was present. No pyelectasia or evidence of right retroperitoneal inflammation was noted. The right kidney measured 8.4 cm in length.
29.7 kg	
INTERPRETED BY	Adrenal Glands
R. McKenzie Daniel, DVM, DABVP	The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 2.2 cm length x 0.56 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 0.60 cm width at the caudal pole.
IMAGING PERFORMED BY	Spleen
Crystal Hill	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	Liver/ Gallbladder
Hartzel AH	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. Bukovska	
INVOICE	
14568	
DATE	
8/11/22	



PATIENT	<i>Gastrointestinal</i>
Charlotte Revill	The stomach presented intact yet subjective mild thickened visualized walls. The ventral gastric body wall width measured 0.8 cm. A mild amount of possibly retained hyperechoic ingesta exhibiting subtle progressive distal acoustic shadowing was present in the stomach with no evidence of gastric overdistention with retained fluid, significant ingesta, as well as no obvious evidence of mechanical pyloric outflow obstruction.
SPECIES	Canine
BREED	Mastiff X
SEX	FS
AGE	6 years
WEIGHT	29.7 kg
INTERPRETED BY	R. McKenzie Daniel, DVM, DABVP
IMAGING PERFORMED BY	Crystal Hill
HOSPITAL NAME	Hartzel AH
REFERRING VET	Dr. Bukovska
INVOICE	14568
DATE	8/11/22

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 0.51 cm width. The jejunum wall measured 0.38 cm width.

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

Pancreas

The area of the pancreas base and right pancreatic limb exhibited normal size and overall contour with subjective uniform mildly hyperechoic pancreatic parenchyma. No evidence of peripancreatic reactive mesentery or pancreatic neoplastic criteria was noted.

Free Abdomen

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

ULTRASONOGRAPHIC FINDINGS

- Mildly thickened yet subjective intact gastric walls with minor potentially retained ingesta
- Overtly normal small bowel
- Overtly normal right kidney with minor indistinct corticomedullary border demarcation
- Mildly hyperechoic right pancreas - nonspecific

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Overall, no overt evidence of significant abdominal visceral pathology as a definitive cause of abdominal pain or anemia was evident. Sonographically, the appearance of the stomach was suggestive of gastritis with potential for some degree of gastric hypomotility if documented NPO prior to the ultrasound. Technically, the possibility of a small amount of foreign material in the stomach cannot be excluded, yet is considered unlikely.

Potential for chronic pancreatitis may be suspected If abdominal discomfort is in the cranial to subxiphoid abdomen. Correlation with a Spec cPL and/or a GI panel to include Cobalamin/Folate to rule out occult Intestinal disease or if evidence of weight loss.

If no evidence of significant proteinuria, and with overall normal hepatic presentation, emerging PLE could be a consideration in this patient, given the panhyperproteinemia. Continued monitoring of albumin and globulin levels going forward is suggested. Recheck UPC level +/- infectious disease serology, given the anemia, or if clinically indicated, could be considered.



PATIENT

Charlotte Revill

SPECIES

Canine

BREED

Mastiff X

SEX

FS

AGE

6 years

WEIGHT

29.7 kg

INTERPRETED BY

R. McKenzie Daniel,
DVM, DABVP

**IMAGING
PERFORMED BY**

Crystal Hill

HOSPITAL NAME

Hartzel AH

REFERRING VET

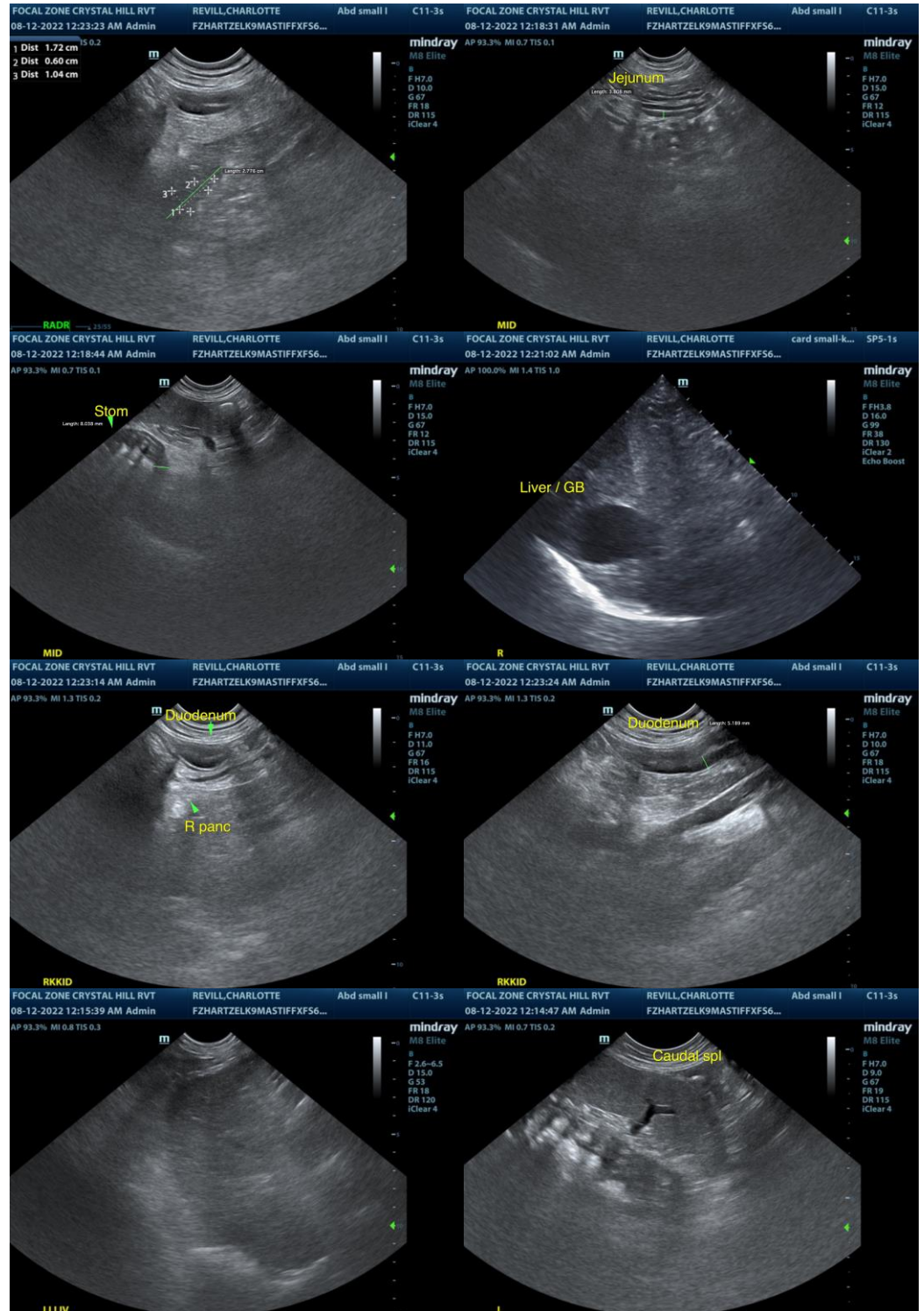
Dr. Bukovska

INVOICE

14568

DATE

8/11/22





PATIENT

Charlotte Revill

SPECIES

Canine

BREED

Mastiff X

SEX

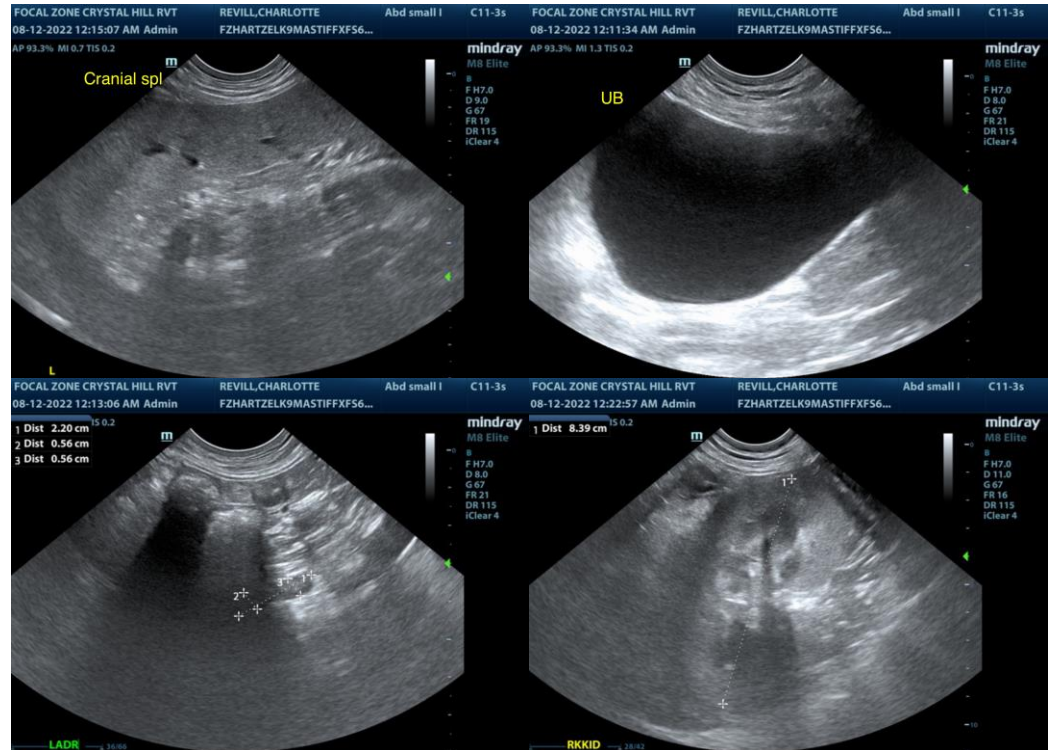
FS

AGE

6 years

WEIGHT

29.7 kg



INTERPRETED BY

R. McKenzie Daniel,
DVM, DABVP

IMAGING PERFORMED BY

Crystal Hill

HOSPITAL NAME

Hartzel AH

REFERRING VET

Dr. Bukovska

INVOICE

14568

DATE

8/11/22

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)
info@SonoPath.com