



PATIENT

Tori Daugherty

PRESENTING CLINICAL SIGNS

V/D since Tuesday

SPECIES

Canine

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2.0 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 were noted.

BREED

Boxer X

SEX

Spayed Female

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 5.0 cm. The right kidney measured 4.8 cm.

Adrenal Glands

AGE

11 Years

The adrenal glands were uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.65 cm at the cranial pole and 0.68 cm at the caudal pole. The left adrenal gland measured 0.70 cm at the cranial pole and 0.64 cm at the caudal pole.

WEIGHT

65

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.

INTERPRETED BY

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

Liver

The liver was subjectively normal in size, structure, and contour. The liver parenchyma was mildly nonuniform and hypoechoic to the spleen with a moderate coarse echotexture and subjective mild to benign parenchymal remodeling. 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.

IMAGING PERFORMED BY

Jenn

HOSPITAL NAME

Rockaway AH

Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The stomach was empty without evidence of retained ingesta, fluid or foreign material. Gastric body wall measured 0.50 cm.

REFERRING VET

Dr. Maniar

The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio with subjective propensity for mildly prominent to echogenic submucosal layer. The lumen of the small intestine was empty with no signs of ileus, obstruction or foreign material.

INVOICE

24689

Normal visible colon wall layers were present with subjective semifirmed to soft feces.

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.

DATE

8/14/21



PATIENT

Free Abdomen

Tori Daugherty

No overt lymphadenopathy or peritoneal effusion was present.

SPECIES

Canine

ULTRASONOGRAPHIC FINDINGS

- Gastroenterocolitis
- Mild to moderate chronic renal changes

BREED

Boxer X

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The overall appearance of the gastrointestinal tract and colon is suggestive of underlying inflammatory process (i.e., gastroenterocolitis with potential for dietary indiscretion/food intolerance, occult parasitism, or, if previous or recurrent history of gastrointestinal signs, potential for inflammatory bowel disease. No overt evidence of neoplastic gastrointestinal disease given the maintained, primarily unremarkable gastrointestinal wall layering. Medical therapy for gastroenteritis should prove beneficial in this case. Additional assessment may include GI panel to include PLI, TLI, cobalamin and folate. Fresh fecal analysis to assess for parasitic ova/giardia recommend if gastrointestinal persist or if evidence of weight loss.

SEX

Spayed Female

AGE

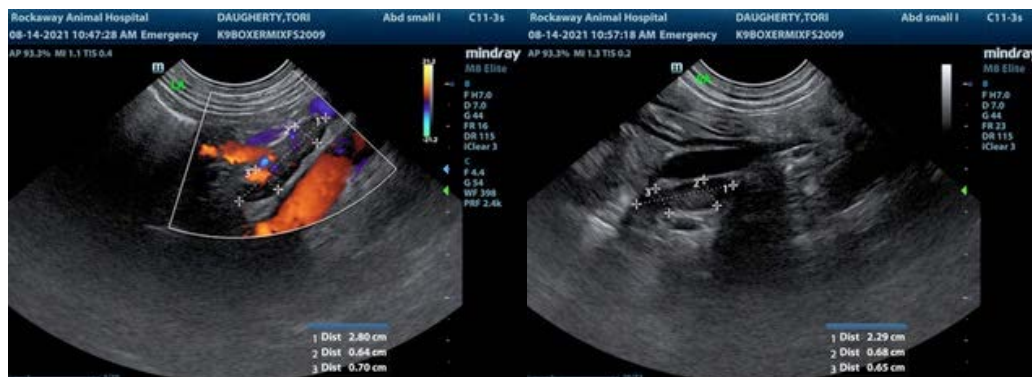
11 Years

WEIGHT

65

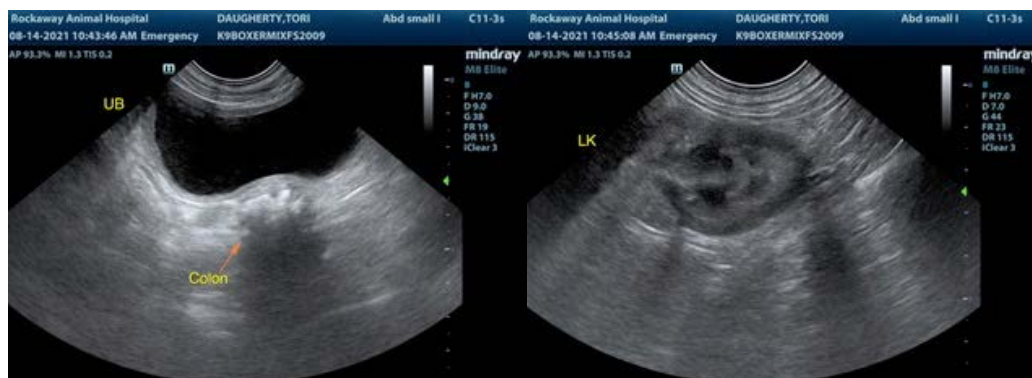
INTERPRETED BY

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



IMAGING PERFORMED BY

Jenn



HOSPITAL NAME

Rockaway AH

REFERRING VET

Dr. Maniar

INVOICE

24689

DATE

8/14/21



PATIENT

Tori Daugherty

SPECIES

Canine

BREED

Boxer X

SEX

Spayed Female

AGE

11 Years

WEIGHT

65

INTERPRETED BY

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

IMAGING PERFORMED BY

Jenn

HOSPITAL NAME

Rockaway AH

REFERRING VET

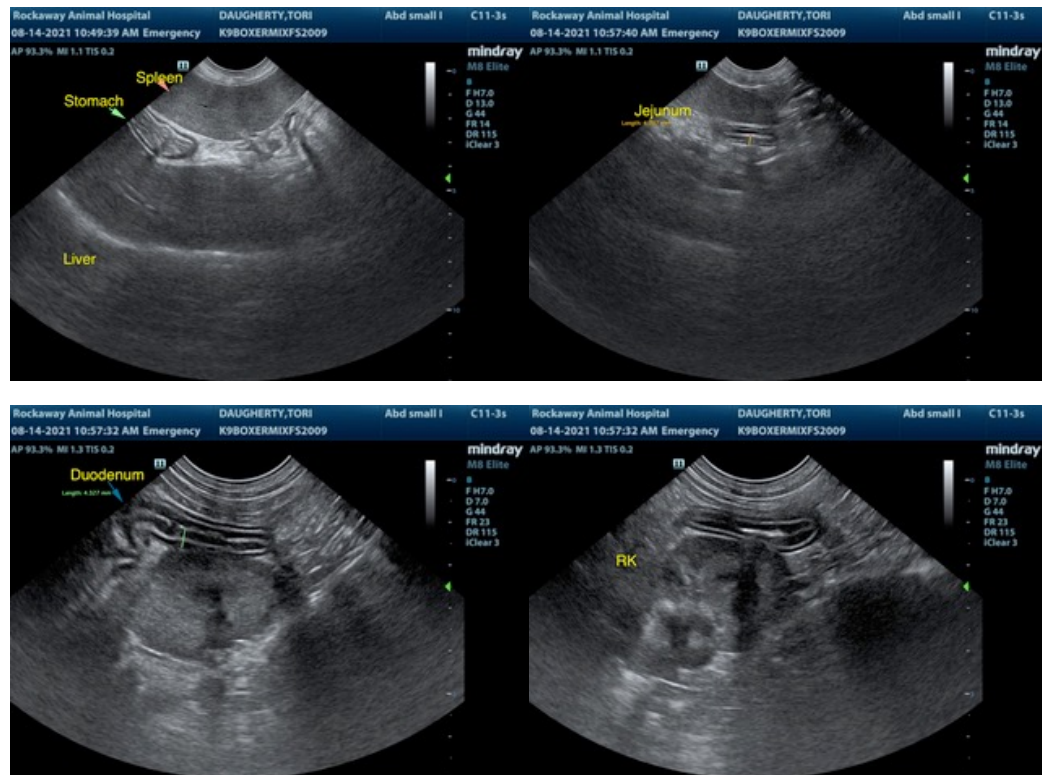
Dr. Maniar

INVOICE

24689

DATE

8/14/21



The information and recommendations provided are based on the images presented by the referring veterinarian. 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