



**PATIENT**

Lola Chavez

**PRESENTING CLINICAL SIGNS**

4 day HX of hyporexia, lethargy and mild ataxia, increased thirst, and straining to defecate noted prior to presentation today.

**SPECIES**

Canine

Abnormal PE/Chem/CBC/UA Results: Radiographs unremarkable: CONCLUSIONS: Possible soft tissue opaque gastric foreign material. Normal ingesta should also be considered. The small rock in the stomach is considered to be an incidental finding. Otherwise normal abdomen, with no evidence of an intestinal foreign body or obstruction. RECOMMENDATIONS: Repeat abdominal radiograph are recommended after a known 12 hour fast to monitor for passage of the gastric contents. Abdominal ultrasound should also be considered in this geriatric patient. CBC: HCT = 18.6%, Retic 18.1K (L), PLT 103 (L), Chem 17: Glob 4.7 (H), T Bili normal EPOC: HCT 20%, otherwise WNL

**BREED**

Labrador Mix

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**SEX**

Female

**Urinary System**

The urinary bladder was subnormal in size owing to lack of urine distension which prohibited full evaluation of the urinary bladder walls. The trigone, cystourethral junction, and visible pelvic urethra to a depth of 3 cm exhibited normal thickness and tone. Minimal anechoic urine was present in the lumen with no overt 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.

**AGE**

11

Possible subnormal left kidney size and normal 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 mild loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The left kidney measured 5.7 cm in length. The right kidney measured 6.8 cm in length.

**WEIGHT**

18.7

**INTERPRETED BY**

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

The area of the aortic trifurcation was free of pathology.

**Adrenal Glands**

The left adrenal gland exhibited borderline subnormal size with normal contour and homogenous parenchyma. The left adrenal gland measured 0.40 cm width at the caudal pole and 0.42 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 and 0.74 cm width at the cranial pole.

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Harmon

**Spleen**

**HOSPITAL NAME**

Wilvet South

The spleen exhibited normal size and contour with mild generalized parenchyma heterogeneity. No masses or nodules. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis.

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**Liver/Gallbladder**

The liver presented normal in size. The parenchyma of the liver was subjectively normal in echogenicity compared to the spleen and renal cortices. The liver parenchyma was uniform with a mild to moderate coarse echotexture. No masses or nodules. The capsule of the liver was symmetrically rounded to mildly swollen in margination. The hepatic and portal vasculature were normal in

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**DATE**

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appearance without signs of congestion. The gallbladder was non-distended in size with primarily anechoic luminal content. The cystic and common bile ducts were normal.

**Gastrointestinal**

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The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained mild non-shadowing echogenic fluid with no signs of ileus, obstruction or foreign material.

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.

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

**Pancreas**

**SEX**

Female

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.

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**Free Abdomen**

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

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**ULTRASONOGRAPHIC FINDINGS**

- Mild hypomotile stomach, sonographically unremarkable small bowel.
- Normal splenic size with parenchyma heterogeneity-likely benign.
- Mild chronic renal changes.
- Subjective borderline subnormal left adrenal gland size- nonspecific, probable patient variant.

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Overall, a largely a geriatric abdomen with no overt evidence of significant abdominal visceral pathology as a definitive cause of the patient's clinical signs and anemia. Suspect incidental mild splenic heterogeneity, hyperplasia, hematopoiesis or similar.

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Assuming normal clotting status and using a 25g needle, a splenic FNA for screening cytology could be considered for further assessment. No evidence of GI obstructive pattern or visualized foreign material. A thorough neurological examination is suggested if not done.

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As needed gastroprotectants and empirical therapy for mild metabolic/functional gastric hypomotility would be reasonable. A resting cortisol level to rule out occult Addison's disease and CBC pathology review is recommended.

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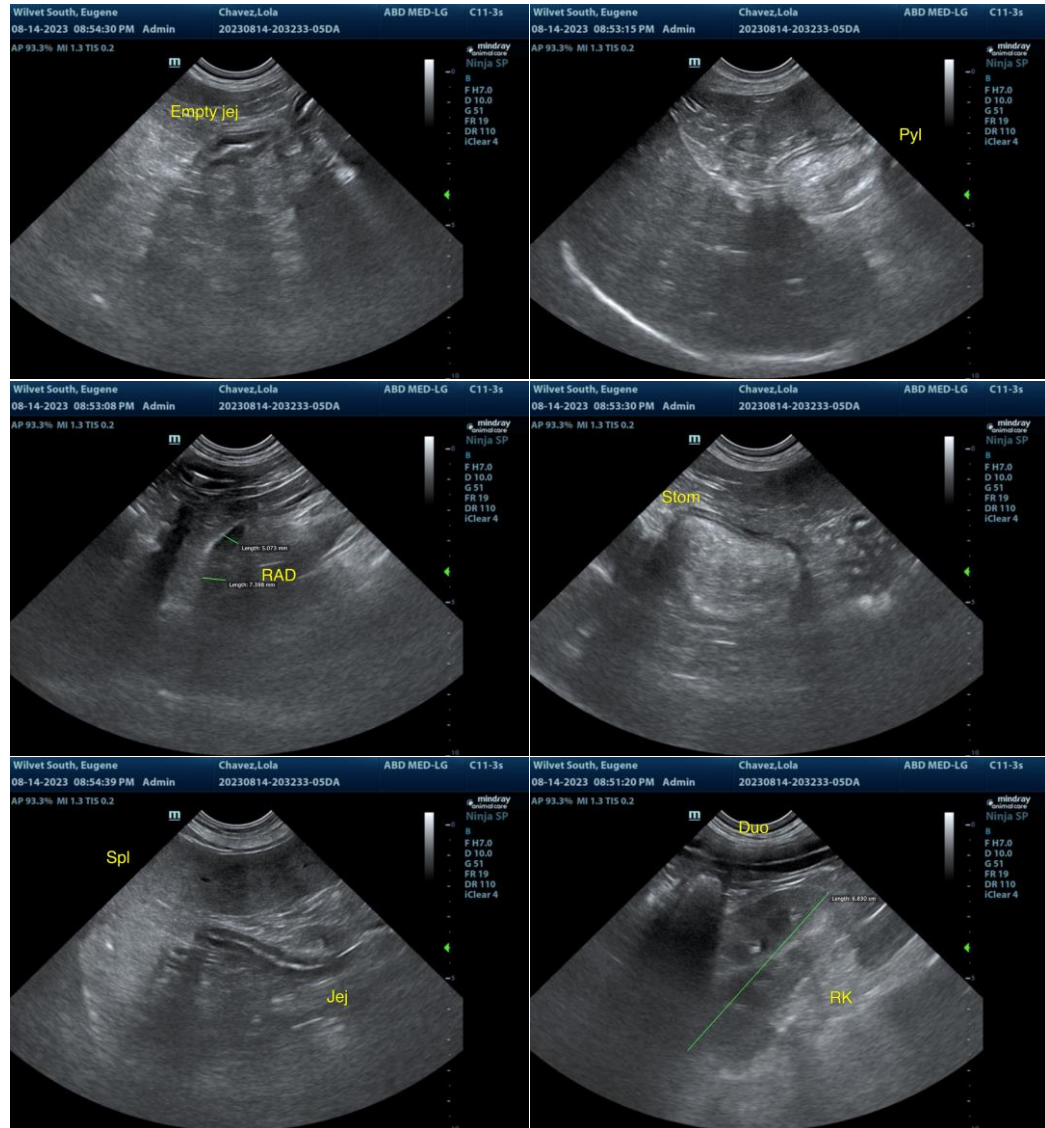
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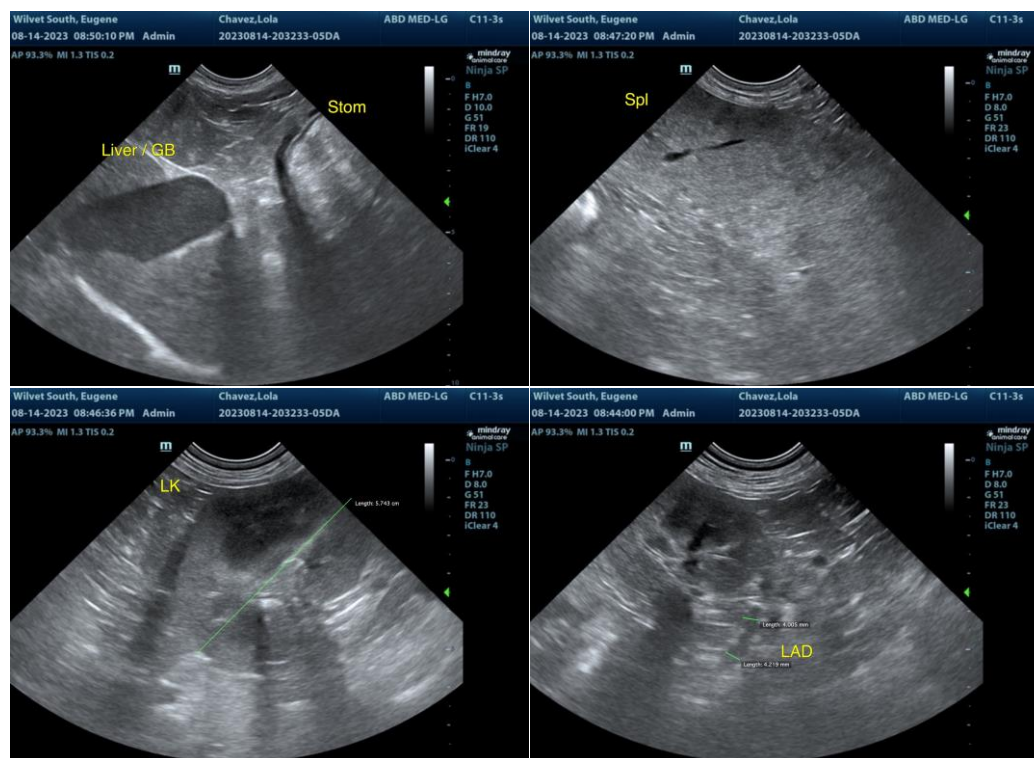
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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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