



PATIENT

Ozzy Garand

SPECIES

Canine

BREED

Large Mix Breed

SEX

M/N

AGE

2 years

WEIGHT

56.4 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Dave Stasiuk RDMS,
RDCS

HOSPITAL NAME

Alpine 24/7

REFERRING VET

Alpine 24/7

INVOICE

14823

DATE

8/15/23

PRESENTING CLINICAL SIGNS

Rule out FB / GI disease. Unremarkable AXR.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, and cystourethral junction 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.

There was no overt pathology in the area of the residual prostate.

No evidence of pathology in the area of the aortic trifurcation.

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 8.9 cm in length. The right kidney measured 8.6 cm in length.

Adrenal Glands

The left adrenal gland exhibited potential for borderline to mild subnormal size based on caudal pole width measurement in light of body weight. The left adrenal gland measured 0.45 cm width at the caudal pole. The right adrenal gland was not definitively visualized, yet no overt pathology was noted.

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.

Liver/ Gallbladder

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 containing primarily anechoic content with mild gallbladder sediment. The cystic and common bile ducts were normal.

Gastrointestinal

The stomach presented overtly normal visualized wall layering. The stomach appeared to be mild to moderately gas distended. There was no obvious evidence of retained gastric ingesta, fluid, or overt foreign material, although assessment of the gastric lumen was limited owing to lumen gas.

The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. The lumen of the small intestine was empty with mild segmental normal to mild subjective increased intestinal gas pattern. There was no evidence of mechanical ileus or foreign material.



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

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Pancreas

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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.

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Free Abdomen

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Several mid-ventral mesenteric lymph nodes were present. The lymph nodes were essentially isoechoic to adjacent omentum without evidence of peripheral inflammation and maintaining a normal width: length ratio (<0.5). An example measured 3.3 cm x 0.96 cm. No evidence of peritoneal effusion was noted.

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ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Mild to moderate gas-distended stomach
- Overtly normal small bowel - no evidence of small bowel mechanical / metabolic ileus or foreign material
- Subjective borderline to mild subnormal left adrenal gland - nonspecific
- Several sonographically benign / reactive mesenteric lymph nodes

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Secondary Findings

- Mild gallbladder sediment - non-mucocele, potentially secondary to fasting and likely incidental assuming no evidence of cholestasis

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Sonographically, there was no evidence of significant visceral pathology including no sonographic evidence of gastrointestinal obstructive pattern or foreign material. If gastrointestinal signs are present, this patient's considerations may include dietary intolerance / food hypersensitivity, structurally insignificant inflammatory gastroenteropathy, occult parasitism, occult Addison's Disease, or low-grade pancreatitis which may present as sonographically normal. Further assessment may include A GI panel to include PLI/TLI/Cobalamin/Folate and screening resting cortisol level.

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Empirically or if clinically indicated, a novel protein or hydrolyzed diet trial with possible long-term dietary therapy, empirical deworming i.e., Panacur 50 mg/kg SID for 5 consecutive days, high colony count probiotic, and as-needed gastrointestinal support may be considered.



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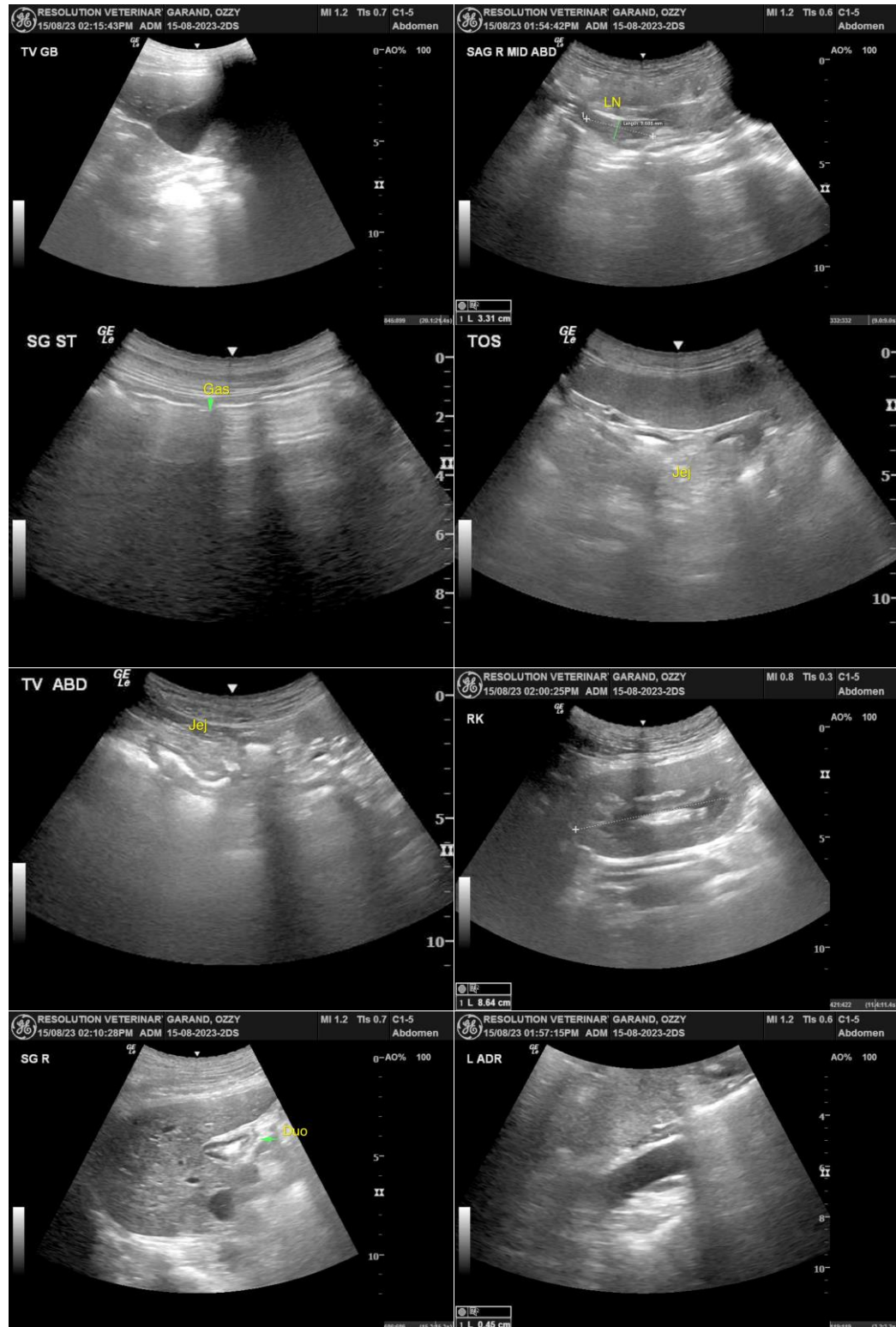
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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