



PATIENT

Leopold Boyer

PRESENTING CLINICAL SIGNS

Lethargic and hyporexic no vomiting

SPECIES

Canine

Abnormal PE/Chem/CBC/UA Results: Mild elevation of ALT AST

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

BREED

Lab Mix

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 5 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.

SEX

MN

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 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 5.4 cm in length.

AGE

9

The area of the aortic trifurcation was free of pathology.

The area of the residual prostate appeared normal and free of pathology measuring 1.7 cm.

WEIGHT

28.1kg

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.38 cm width at the caudal pole and 0.39 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 0.37 cm width at the caudal pole and 0.38 cm width at the cranial pole.

INTERPRETED BY

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

Spleen

The spleen exhibited normal size and primarily a finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. Intermittent non-disruptive subtle hypoechoic nodules were present, an example measured 0.7 cm in diameter. 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. No splenic masses.

IMAGING PERFORMED BY

Dr Belan

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. Normal vascular volume. Subjective minor increased prominence of portal vascular borders was present. The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content with mild variably echogenic non-organized debris. The cystic and common bile ducts were normal.

HOSPITAL NAME

Bridgeland Vet Clinic

REFERRING VET

Dr Boyer

Gastrointestinal

INVOICE

14649ag

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach was empty with no signs of ileus, obstruction or foreign material. The gastric body wall measured 0.28 cm in width.

DATE

08/18/2023



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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 0.37 cm width. The jejunum wall measured 0.36 cm width.

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

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.

BREED

Lab Mix

Free Abdomen

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

SEX

MN

ULTRASONOGRAPHIC FINDINGS

AGE

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- Sonographically unremarkable GI tract/pancreas.
- Subtle splenic nodules- tend to trend benign, hyperplasia, hematopoiesis likely.
- Low grade hepatopathy-sonographically benign, possible low grade inflammatory hepatopathy (viral, bacterial, leptospirosis, toxin) given ALT/AST elevation.
- Mild gallbladder sediment.
- Mild age related renal changes.

WEIGHT

28.1kg

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

INTERPRETED BY

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

Overall, there is no overt evidence of significant abdominal visceral pathology as a definitive cause of the patient's clinical signs. No evidence of intra-abdominal neoplastic criteria or GI mural pathology.

Assuming normal clotting status a hepatic FNA for screening cytology could be considered for assessment of potential inflammatory criteria. A GI panel to include PLI/TLI/Cobalamin/Folate is recommended to assess for occult disease as a possible contributing factor. Three view chest radiographs are recommended if not done to assess for occult thoracic pathology.

IMAGING PERFORMED BY

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Empirical GI support and monitoring of hepatic enzyme levels would be reasonable.

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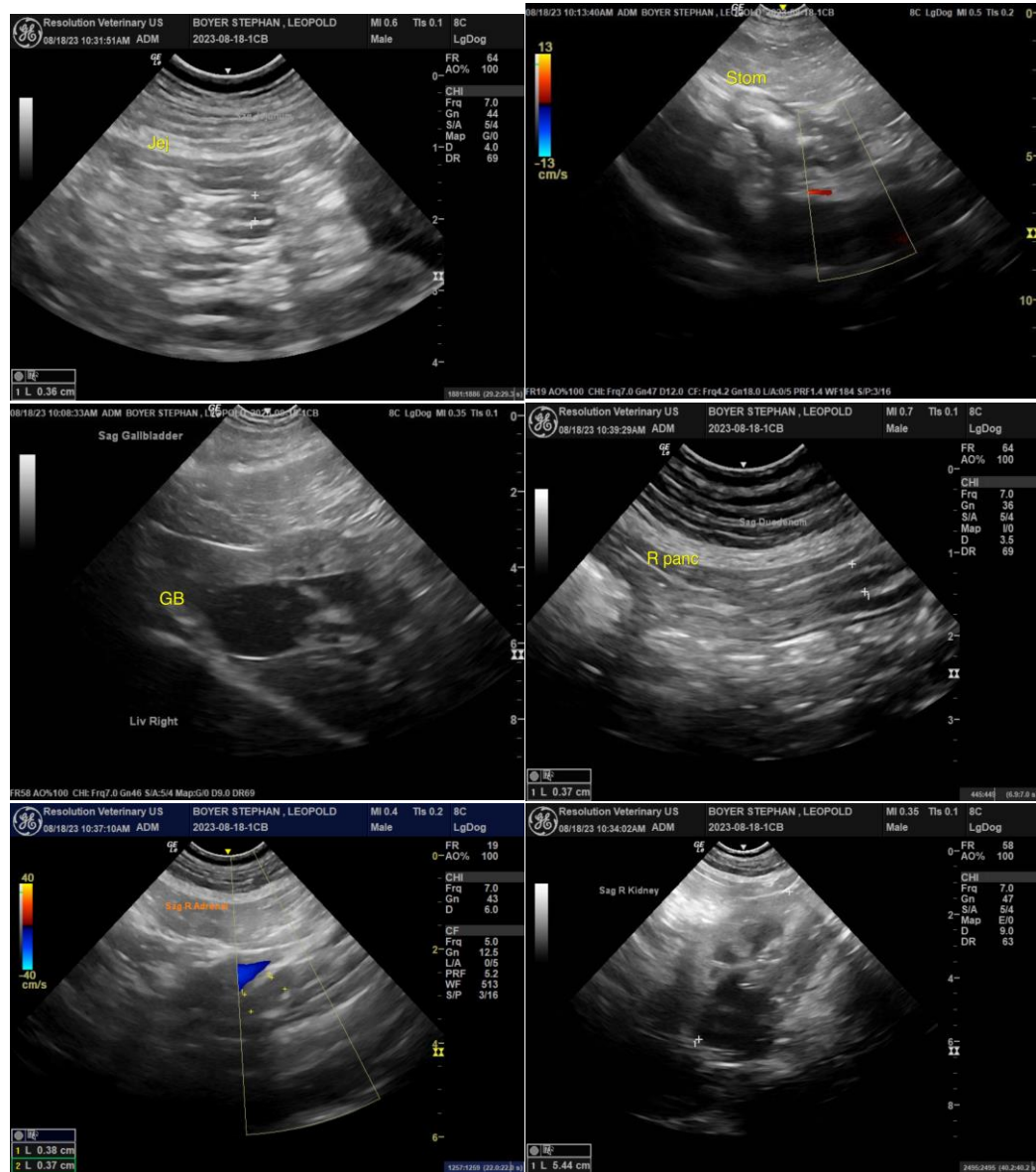
Dr Boyer

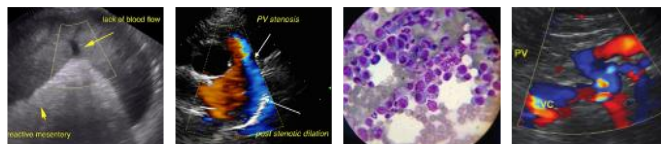
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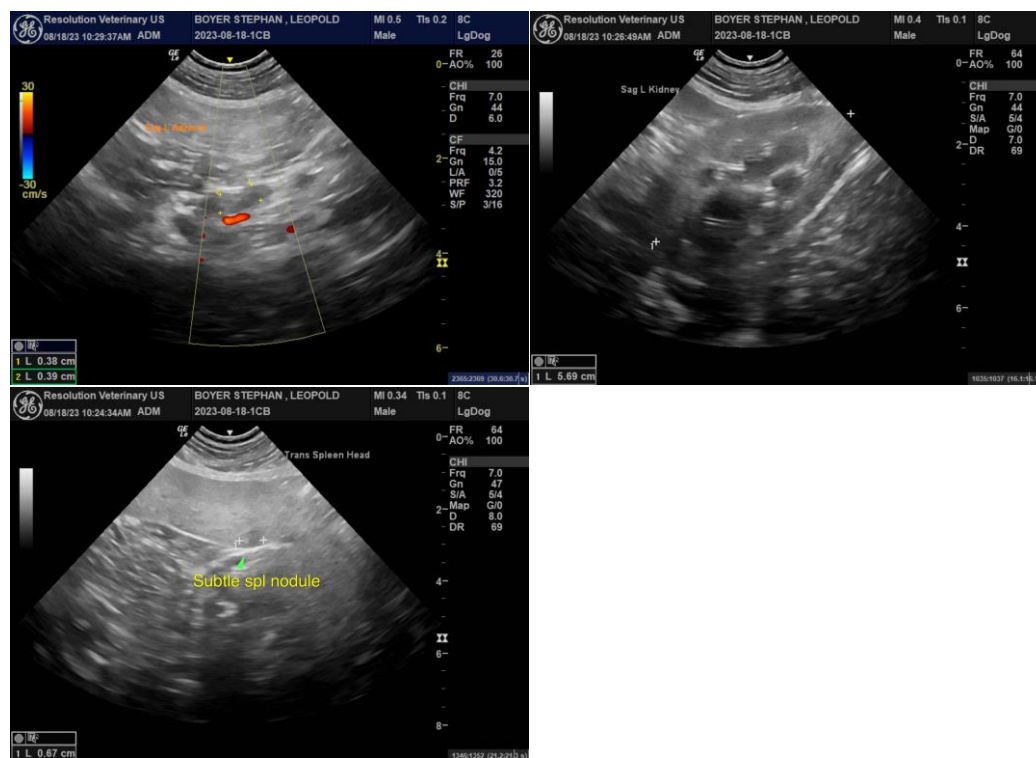
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

R. McKenzie Daniel, DVM, DABVP (Canine/Feline Practice)
info@sonopath.com