

## PATIENT

Sassy Drudge

## PRESENTING CLINICAL SIGNS

## SPECIES

Canine

O concerned due to lack of appetite the last month or so. Prior was a good eater, now picky and only eating partial meals. Seems fine in every other way. Patient has lost 3# since June (but was 6/9 at that time). Chemistry 25 all wnl. CBC pending.

## ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

## BREED

Chesapeake Bay  
Retriever

### Urinary System

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 were noted.

## SEX

Intact Female

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 6.2 cm. The right kidney measured 6.7 cm.

## AGE

1 Year

### Adrenal Glands

## WEIGHT

N/A

The adrenal glands were uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 2.2 cm length x 0.48 cm at the caudal pole. The right adrenal gland measured 2.6 cm length x 0.47 cm at the caudal pole.

## INTERPRETED BY

R. McKenzie Daniel,  
DVM, DABVP

### 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.

## IMAGING BY

Loetitia Saint-Jacques,  
LVT

### Liver

## HOSPITAL NAME

Grass Valley VH

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. Kristi Cortright

### Gastrointestinal

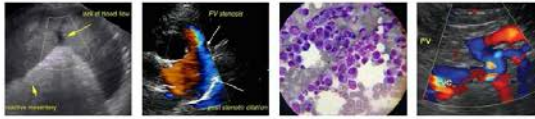
## INVOICE

24847

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. Gastric body wall measured 0.38 cm.

## DATE

8/19/21



## PATIENT

Sassy Drudge 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. Jejunum wall measured 0.37 cm. Duodenum wall measured 0.45 cm.

## SPECIES

Canine

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

## Pancreas

## BREED

Chesapeake Bay  
Retriever

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.

## Free Abdomen

## SEX

Intact Female

No evidence of pathology in the area of the uterus. The left ovary measured 1.0 cm in width. The right ovary measured 0.83 cm in width.

## AGE

1 Year

Several, mildly prominent to enlarged medial iliac lymph nodes were present. Example measured 1.0 cm in width. The lymph nodes were essentially isoechoic to adjacent omentum without evidence of peripheral inflammation and maintaining a normal width: length ratio (<0.5).

## WEIGHT

N/A

Focal, mildly prominent to enlarged mid abdominal mesenteric lymph node was present measuring 0.62 cm in width. The lymph node was essentially isoechoic to adjacent omentum without evidence of peripheral inflammation and maintaining a normal width: length ratio (<0.5).

No effusion.

## INTERPRETED BY

R. McKenzie Daniel,  
DVM, DABVP

## ULTRASONOGRAPHIC FINDINGS

- Sonographically unremarkable gastrointestinal tract
- Intermittent, subjectively reactive medial iliac and focal mesenteric lymphadenopathy

## IMAGING BY

Loetitia Saint-Jacques,  
LVT

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No overt evidence of visceral pathology, specifically gastrointestinal or pancreatic pathology as an obvious cause of the patient's decreased appetite and mild weight loss. The observed focal mesenteric and medial iliac lymph nodes (although non-specific) were not consistent with inflammatory or neoplastic criteria. Potential for underlying inflammatory gastrointestinal process without evidence of mural changes cannot be definitively excluded.

## HOSPITAL NAME

Grass Valley VH

## REFERRING VET

Dr. Kristi Cortright

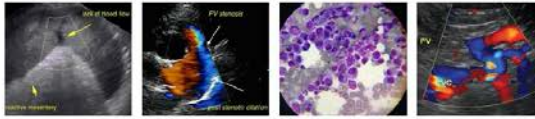
Further assessment may include GI panel to include PLI, TLI, cobalamin and folate as well as adrenal screening with resting cortisol to rule out occult Addison's disease given the patient's vague clinical signs and lack of overt abdominal pathology. 3-view chest radiographs to rule out occult thoracic pathology may also be considered.

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**PATIENT**

Sassy Drudge

**SPECIES**

Canine

**BREED**

Chesapeake Bay Retriever

**SEX**

Intact Female

**AGE**

1 Year

**WEIGHT**

N/A

**INTERPRETED BY**

R. McKenzie Daniel,  
DVM, DABVP

**IMAGING BY**

Loetitia Saint-Jacques,  
LVT

**HOSPITAL NAME**

Grass Valley VH

**REFERRING VET**

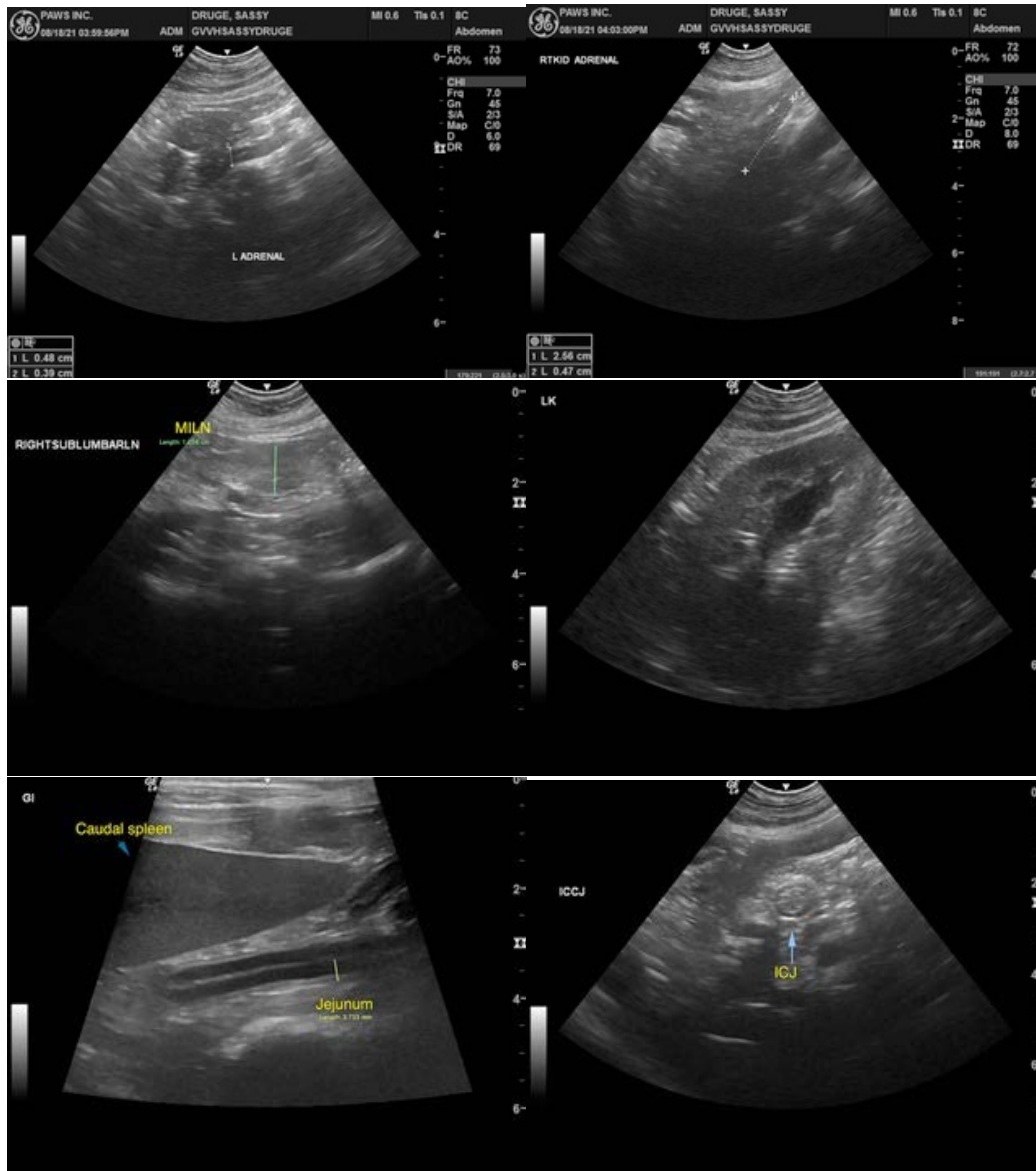
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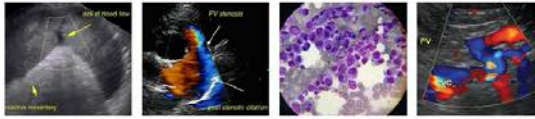
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**DATE**

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**PATIENT**

Sassy Drudge

**SPECIES**

Canine

**BREED**

Chesapeake Bay  
Retriever

**SEX**

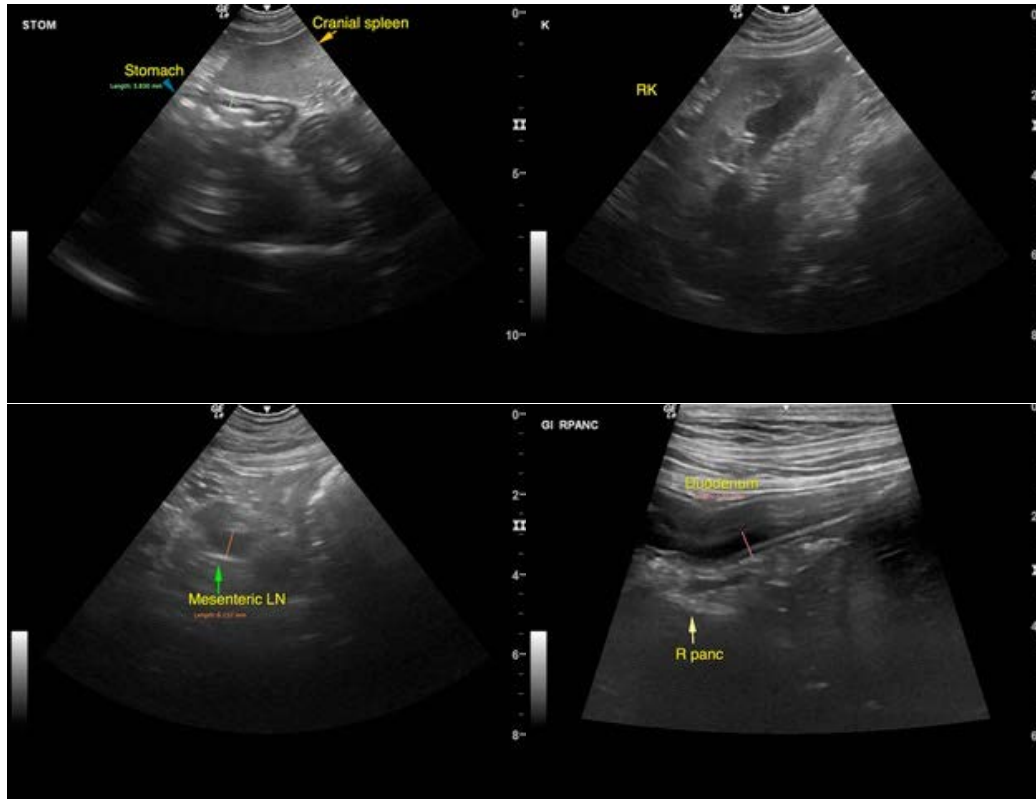
Intact Female

**AGE**

1 Year

**WEIGHT**

N/A



**INTERPRETED BY**

R. McKenzie Daniel,  
DVM, DABVP

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.

**IMAGING BY**

Loetitia Saint-Jacques,  
LVT

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

**HOSPITAL NAME**

Grass Valley VH

**REFERRING VET**

Dr. Kristi Cortright

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