



PATIENT PRESENTING CLINICAL SIGNS

LUKE MABEE
History: Reduced appetite, lethargy, vomiting, history of eating sticks, chewing stuffed toys. Last meal was 8 hours prior to scan. Was on Rimadyl, Gabapentin, Ursodiol, Clavaseptin. Stopped Rimadyl 5 days ago.

SPECIES

Abnormal PE/Chem/CBC/UA Results: CBC WNL, ALT elevated 153 on Saturday but normal today. Albumin 23 Saturday and 20 today. Other results WNL.

BREED

Lab Mix

SEX

MN

AGE

9yr

WEIGHT

40.4lb

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra 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.

Normal size and margination was 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 6.3 cm in length. The right kidney measured 7.6 cm in length.

The area of the aortic trifurcation was free of pathology.

No overt pathology in the area of the residual prostate.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.71 cm width at the caudal pole and 2.7 cm length. The right adrenal gland was not definitively visualized.

Spleen

The spleen exhibited a finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. Intermittent cystic appearing nodules were present. 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

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.

Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained a moderate amount of retained ingesta/chyme exhibiting subtle distal progressive acoustic

INTERPRETED BY

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

IMAGING PERFORMED BY

Crystal Hill

HOSPITAL NAME

New Hamburg
Veterinary Clinic

REFERRING VET

Dr. Findlater

INVOICE

11426ag

DATE

08/19/2022



PATIENT

Luke Mabee

shadowing with no signs of ileus, obstruction or foreign material. The gastric body wall measured 0.41 cm in width.

SPECIES

Canine

The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. Segmental mild gas pattern was noted. The lumen of the small intestine was empty with no signs of ileus, obstruction or foreign material. The small intestinal wall measured 0.47 cm in width.

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

BREED

Lab Mix

Pancreas

The pancreas exhibited prominent size with areas of capsule asymmetry and isoechoic to mildly non-homogeneous parenchyma. The visible pancreatic duct was normal.

SEX

MN

Free Abdomen

Small pockets of scant peritoneal free fluid were noted.

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9yr

Regional primarily peri-intestinal hyperechoic mesentery was noted. Suspected mild isoechoic mesenteric lymph nodes were present an example measuring 0.6 cm in diameter.

ULTRASONOGRAPHIC FINDINGS

WEIGHT

40.4lb

- Non-specific retained gastric ingesta
- Overtly normal small bowel with minor segmental gas pattern
- Mild heterogeneous to prominent pancreas-may indicate patient/ age variant, remodeling owing to previous inflammatory episode or mild to chronic pancreatitis possible.
- Regional peri-intestinal hyperechoic mesentery with concurrent free fluid
- Cystic appearing splenic nodules-benign

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The presence of gastric ingesta is nonspecific and likely indicates post-prandial presentation. Correlation with most recent meal ingestion is recommended. If documented NPO prior to the ultrasound, the presence of gastric ingesta may indicate some degree of gastric hypomotility or metabolic stasis. The sonographic presentation of the ingesta was most consistent with food, without evidence of foreign material. The possibility of non-visualized foreign material given the patient history cannot be excluded. Underlying GI disease may be of concern. A GI panel to include PLI/TLI/Cobalamin/Folate is recommended.

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Hospitalization with 24 hour monitoring for evidence of gastric emptying could be considered. A resting cortisol level to rule out occult Addison's disease may be considered.

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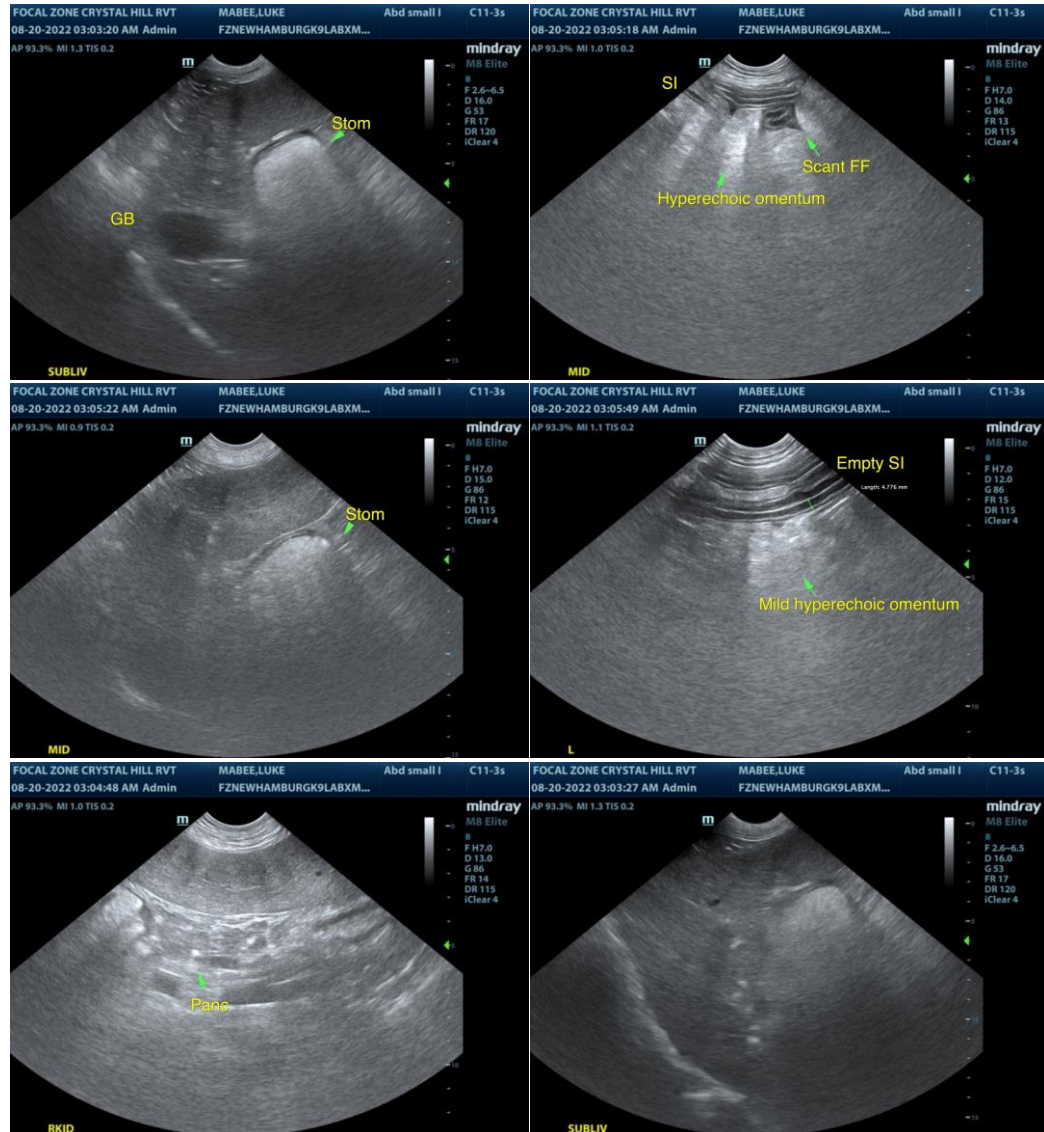
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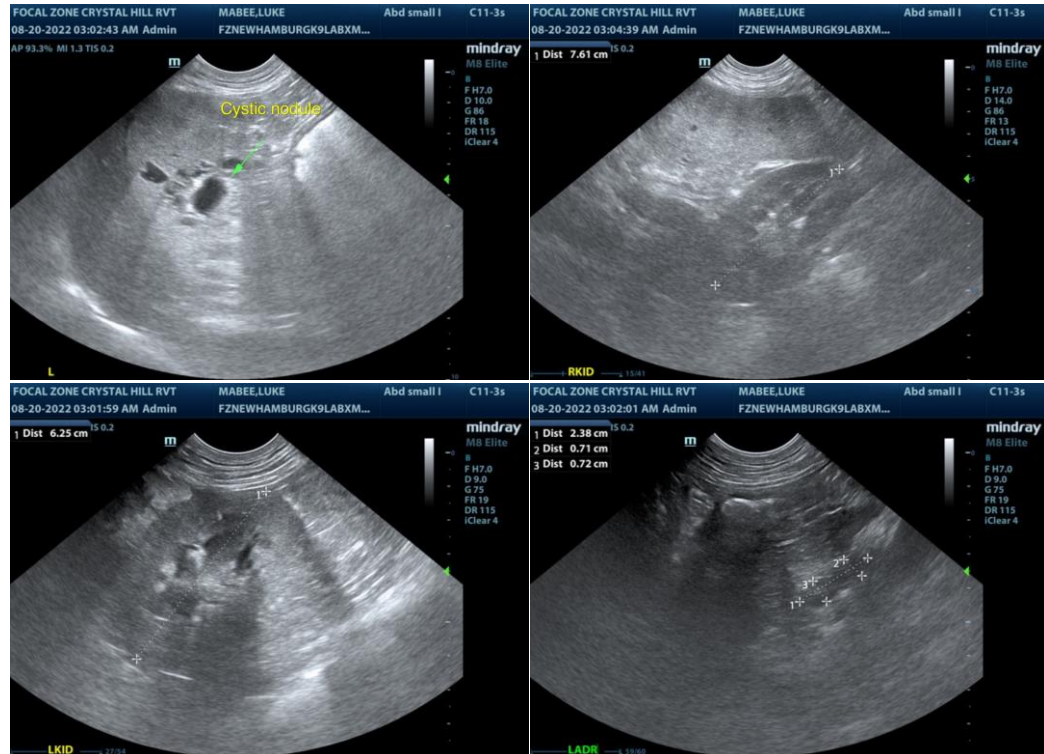
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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