

PATIENT PRESENTING CLINICAL SIGNS

Spot Logan
Presented 8/10 for vomiting and diarrhea, cranial abdomen painful, anorexia. O reports history of GI issues over the last year. Was seen 7/24 for skin issues and has lost 3# in about 2 week span. Lab work from 7/24 showed mild hypoalbuminemia, rechecked lab work and it has since normalized. Current Medications Cerenia 60 mg SID, Metronidazole 500 mg 1t PO BID (last 8/22 in AM), Panacur (finished)
SPECIES
Canine
Radiographic Findings None taken, O elected ultrasound Primary Question/Differential to Be Answered in This Exam What is causing P to continue to not want to eat and not act normal? Evidence of chronic bowel disease with hx of last year on and off diarrhea/vomiting? Any signs of FB?
BREED
Aussie
Abnormal PE/Chem/CBC/UA Results: CBC/Chemistry WNL upon rechecking, will email CPL- normal Fecal cytology: sporulated rods Fecal- Giardia positive; just finishing medications for tx so haven't rechecked yet

SEX ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

MN
Urinary System

AGE
10 Years
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.

WEIGHT
45
The area of the residual prostate appeared normal and free of pathology.
No evidence of pathology in the area of the aortic trifurcation.

INTERPRETED BY
R. McKenzie Daniel,
DVM, DABVP
(Canine and Feline)
Normal size and margination was 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 5.2 cm in length. The right kidney measured 6.0 cm in length.

IMAGING PERFORMED BY
Adrenal Glands

Jenna Walsh
The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.43 cm width at the caudal pole and 0.34 cm width at the cranial pole.

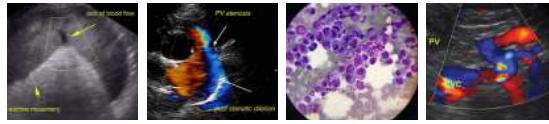
HOSPITAL NAME
Willakenzie Animal
Clinic
The right adrenal gland exhibited subtle overall prominent size primarily in the caudal pole of the right adrenal gland with maintained capsule integrity without evidence of parenchymal escape or parenchymal mineralization. Mild parenchyma heterogeneity and mild capsule asymmetry was present without suspicion for overt neoplasia. The right adrenal gland measured 0.68 cm width in the cranial pole and 1.1 cm width in the caudal pole.

REFERRING VET
Spleen

Dr. Stacy DeWall
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.

INVOICE
Liver

47090
The liver presented mildly enlarged in size with symmetrical yet swollen contour. The parenchyma exhibited conserved uniform parenchyma with normal echogenicity isoechoic to the spleen and falciform
DATE
8-23-21



PATIENT

Spot Logan

fat. The hepatic vasculature exhibited subjective mild prominence. The cranial abdominal caudal vena cava exhibited subjective distension measuring 1.6 cm in diameter. Color Doppler assessment of the cranial abdominal caudal vena cava revealed subjective primarily laminar blood flow without evidence of overt thrombosis, neoplasia, or other pathology.

SPECIES

Canine

The gallbladder was non distended in size with mild echogenic, nonmineralized gallbladder debris. The cystic duct and common bile ducts were normal without evidence of dilation.

BREED

Aussie

Gastrointestinal

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 0.41 cm width.

SEX

MN

The small intestine exhibited intact wall layering and maintained 1:3 muscularis/mucosa ratio with subjective propensity for mildly prominent to echogenic submucosa layer. The lumen of the small intestine was empty with no signs of ileus, obstruction or foreign material. The jejunum wall measured 0.34 cm width.

AGE

10 Years

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

WEIGHT

45

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.

INTERPRETED BY

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Free Abdomen

No evidence of intraabdominal masses, lymphadenopathy, or peritoneal effusion was present.

IMAGING PERFORMED BY

Jenna Walsh

Brief sonographic assessment of the thorax revealed moderate to significant subjectively mildly cellular pleural effusion. No overt evidence of significant left or right heart chamber enlargement or overt systolic dysfunction. No evidence of pericardial or thoracic mass in the visible window.

ULTRASONOGRAPHIC FINDINGS

- Mild hepatomegaly with minor hepatic vasculature congestion - likely compensated given the lack of concurrent ascites.
- Mild gallbladder debris (nonmucocele).
- Prominent to dilated cranial abdominal caudal vena cava.
- Subjective mild right adrenomegaly - patient variant, subtle adenomatous change, benign hyperplasia, other.
- Possible low grade inflammatory bowel / IBD.
- Pleural effusion.

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Dr. Stacy DeWall

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SPECIES

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Aussie

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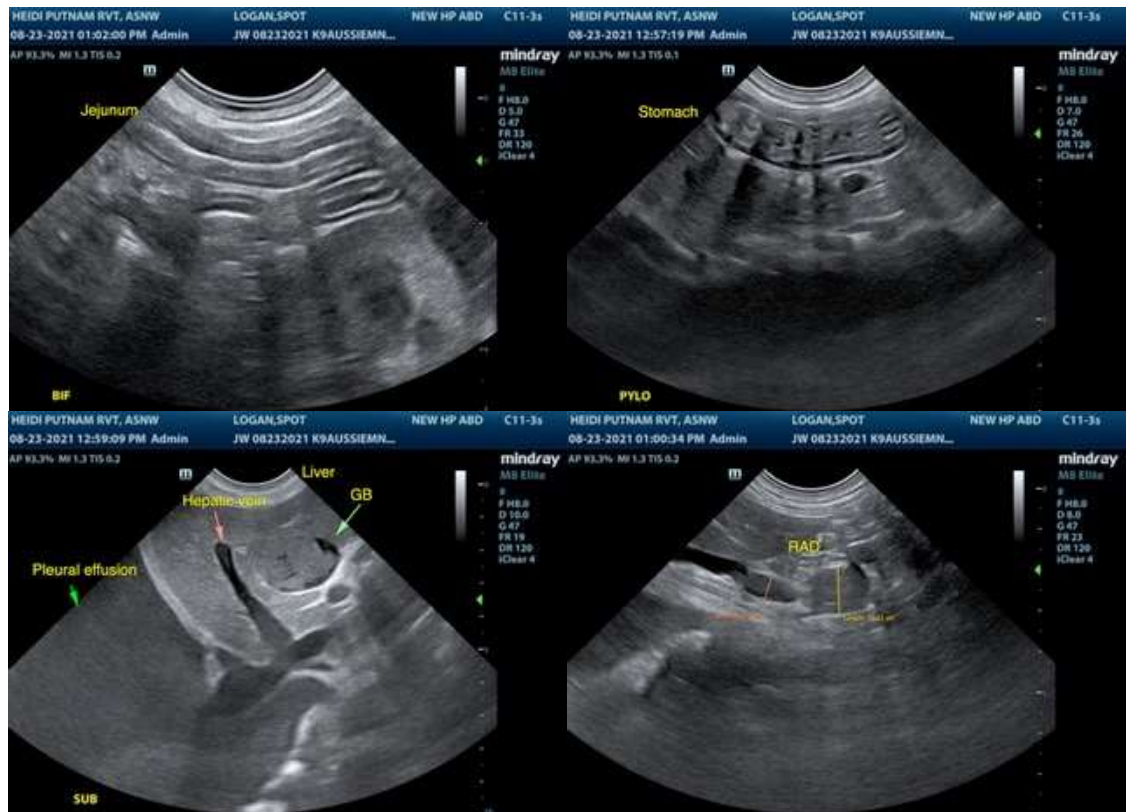
Dr. Stacy DeWall

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The right adrenal gland was not overtly consistent with neoplastic criteria which is considered less likely, although possible.

An obvious cause of the pleural effusion was not definitively evident yet did not overtly appear to be obviously cardiogenic in nature. Infectious/inflammatory effusion, thromboembolic disease, neoplasia, idiopathic, or other possible assuming normal albumin levels. Pleural effusion analysis, cytology, +/- culture and sensitivity indicated for further clarification. A coagulation panel may be considered if hemorrhagic pleural effusion is confirmed.

Although no evidence of right heart cardiomegaly, some degree of elevated pulmonary pressure may be present given the subjective mild yet compensated congestive hepatopathy and dilated caudal vena cava. Full echocardiographic workup, +/- CT may be indicated.

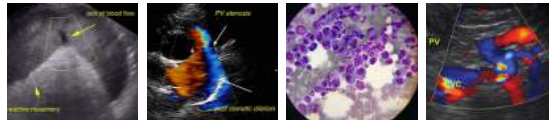


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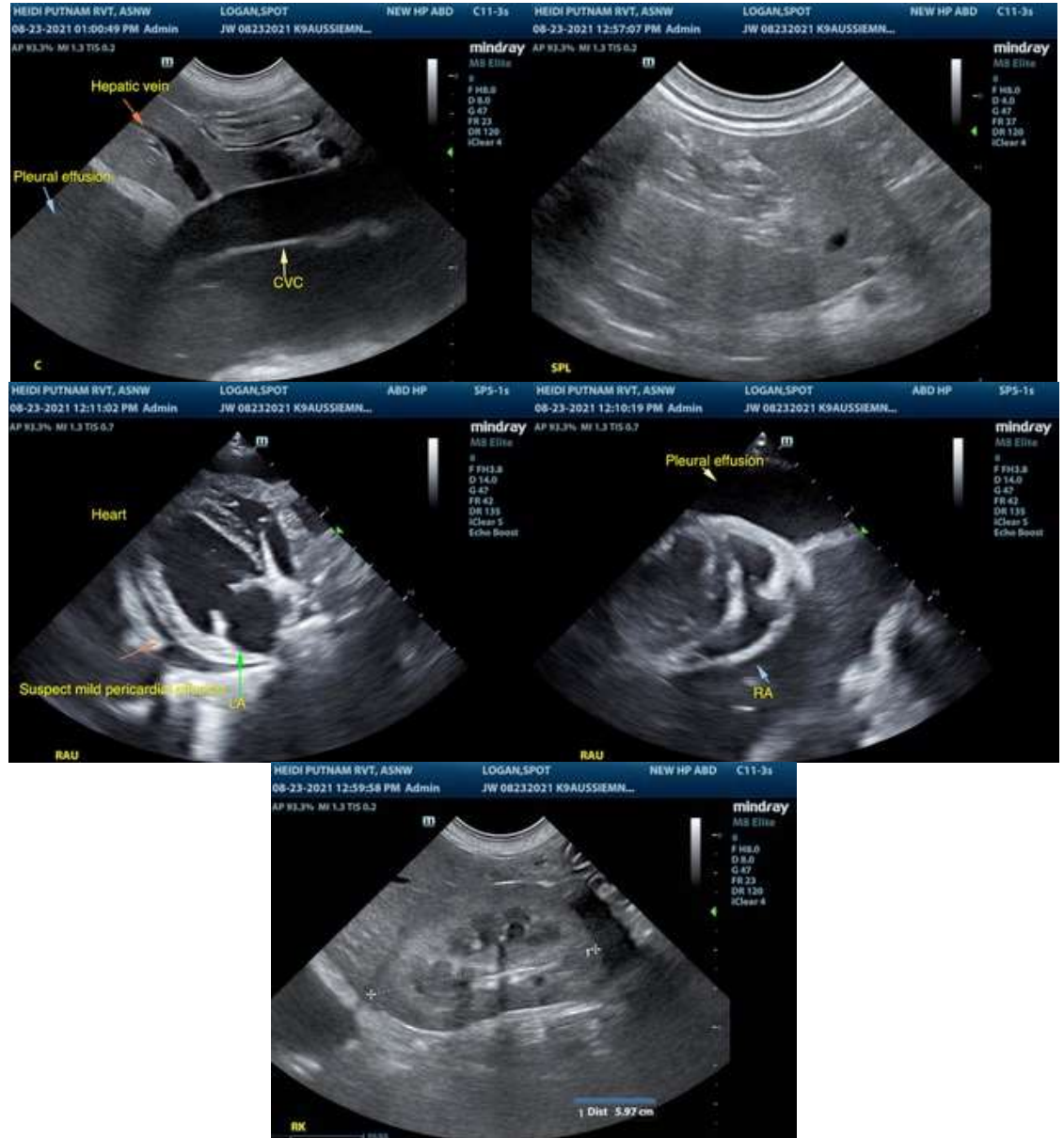
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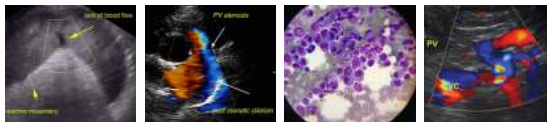
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

SPECIES

Canine

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.

BREED

Aussie

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info@SonoPath.com

SEX

MN

AGE

10 Years

WEIGHT

45

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