



PATIENT PRESENTING CLINICAL SIGNS

Abby Savercool Weight loss, hypoalbuminemia, history of skin infections Amoxicillin, Cefpodoxime

SPECIES ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Canine **Urinary System**

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The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 4.0 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 was noted.

SEX

The area of the aortic trifurcation was free of pathology.

FS

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 7.2 cm in length. The right kidney measured 7.4 cm in length.

AGE

2014

WEIGHT

72 kg

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 3.5 cm length x 0.96 cm width at the caudal pole. The right adrenal gland was indistinctly visualized owing to subjective isoechoic adrenal echogenicity compared to adjacent omentum, without overt pathology. The right adrenal gland subjectively measured 0.55 cm width at the caudal pole.

INTERPRETED BY

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

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 PERFORMED BY

Rebekah Jakum, CVT
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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 with thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.

REFERRING VET

Dr. Gerenser

Gastrointestinal

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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 width measured 0.48 cm.

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The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. The duodenum wall measured 0.49 cm width. The jejunum wall measured 0.44 cm width.

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

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Canine

Pancreas

The pancreas base and right pancreatic limb exhibited subjective mild prominent size with mild hyperechoic parenchyma compared to adjacent omentum with diffuse parenchyma remodeling. The pancreas capsule margination was mildly asymmetrical without evidence of peripancreatic inflammation. These changes may suggest chronic inflammation, fibrosis, or saponification if previous history of pancreatitis. No overt signs of pancreatic neoplasia.

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Free Abdomen

No omental masses, lymphadenopathy, or evidence of peritoneal free fluid were noted.

AGE

2014

ULTRASONOGRAPHIC FINDINGS

- Overtly normal gastrointestinal tract with mild subjective nonobstructive duodenal ileus
- Mildly hyperechoic to prominent pancreas base and right pancreatic limb - suspect chronic pancreatitis, potential for mild pancreatic fibrosis

WEIGHT

72 kg

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Sonographically, the liver was overtly normal without evidence of subnormal liver size, portosystemic vascular anomaly, or overt hepatic structural pathology. Given the decreased albumin, cholesterol, and glucose levels, fasting and post prandial bile acids to assess hepatic functionality, given the hypoalbuminemia, could be considered. If normal hepatic function, and assuming no evidence of significant proteinuria, intestinal protein loss despite lack of GI signs may be considered a primary differential diagnosis. UPC level for further assessment of the trace proteinuria is recommended.

INTERPRETED BY

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(Canine and Feline)

A GI panel to include PLI/TLI/Cobalamin/Folate, as well as three-view chest radiographs to rule out occult thoracic pathology as a contributing factor to the weight loss and pending additional diagnostics is recommended.

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Although considered unlikely adrenal screening with resting cortisol level to rule out occult Addison's Disease may be considered.

REFERRING VET

Dr. Gerenser

Empirical deworming i.e., Panacur 50 mg/kg PO SID for at least 5 consecutive days even if fecal testing is negative would be reasonable. Intestinal biopsies may be indicated pending additional diagnostics, especially if progressive hypoalbuminemia and/or weight loss are noted.

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REFERRING VET

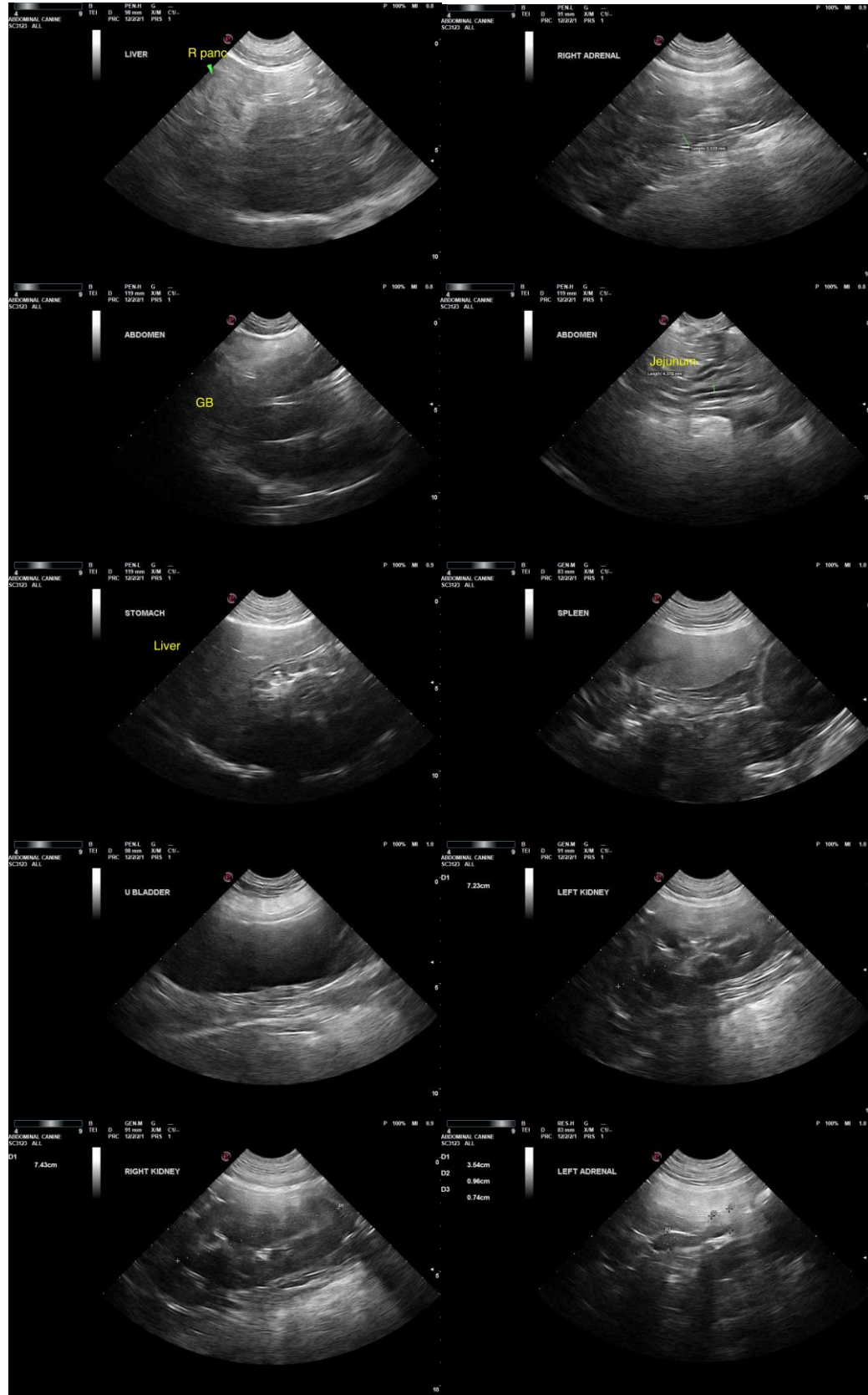
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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

Newfoundland

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