



PATIENT	PRESENTING CLINICAL SIGNS
Wynonna Dulbow	History: Dog came in June for "acting off" Just moved from out of town so thought maybe stress was contributing.
SPECIES	Abnormal PE/Chem/CBC/UA Results: 4dx-negative for all, 6/15: PLT=146, put on pred and doxycycline 6/22: SBC=22.51, PLT=124 end of June added azathioprine 7/28: PLT=121, RBC=5.1, WBC=18.2 Dog is having the side effects of prednisone at 20mg BID, owner reports still having lethargy at home
Canine	
BREED	ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN
Australian Shep	Urinary System
SEX	The urinary bladder was mildly distended in size yet subjective normal tone. The trigone, cystourethral junction, and visible pelvic urethra to a depth of 4 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.
FS	
AGE	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 in length. The right kidney measured 6.2 cm in length.
3	
WEIGHT	The area of the aortic trifurcation was free of pathology.
57	
INTERPRETED BY	Adrenal Glands
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	The left adrenal gland was indistinctly visualized. The left adrenal gland measured 0.60 cm width at the caudal pole. The right adrenal gland was not visualized potentially owing to suppression from prednisone.
IMAGING PERFORMED BY	Spleen
Nocole Gotfredson	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.
HOSPITAL NAME	Liver
Buffalo Veterinary Clinic	The liver was moderately enlarged in size with normal structure mildly rounded contour. The liver parenchyma was uniform with increased echogenicity with a mild coarse echotexture. The hepatic and portal vasculature were normal in appearance without signs of congestion. No masses or nodules noted. The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content with mild hyperechoic luminal debris. The cystic and common bile ducts were normal.
REFERRING VET	Gastrointestinal
Dr. Garry Gotfredson	The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained moderate echogenic, nonshadowing ingesta without signs of obstruction or foreign material.
INVOICE	
11272ag	
DATE	
08/05/2022	



PATIENT

Wynonna Dulbow

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.

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

SPECIES

Canine

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

Australian Shep

Free Abdomen

No omental masses or overt lymphadenopathy was present. Focal to several scant pockets of anechoic perihepatic free fluid were noted.

SEX

FS

ULTRASONOGRAPHIC FINDINGS

AGE

3

- Hepatomegaly with uniform parenchyma hyperechogenicity
- Minor gallbladder debris (non-mucocele)
- Scant perihepatic free fluid
- Normal spleen
- Gastric ingesta-suspect post prandial presentation

WEIGHT

57

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The liver presentation is suspected to be consistent with steroid hepatopathy given the current prednisone administration with minor potential for inflammatory hepatopathy.

INTERPRETED BY

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

Assessment of hepatic enzymes is suggested if not recently done. An ultrasound guided FNA of the liver could be considered for screening cytology. Three view chest radiographs are recommended if not done.

IMAGING PERFORMED BY

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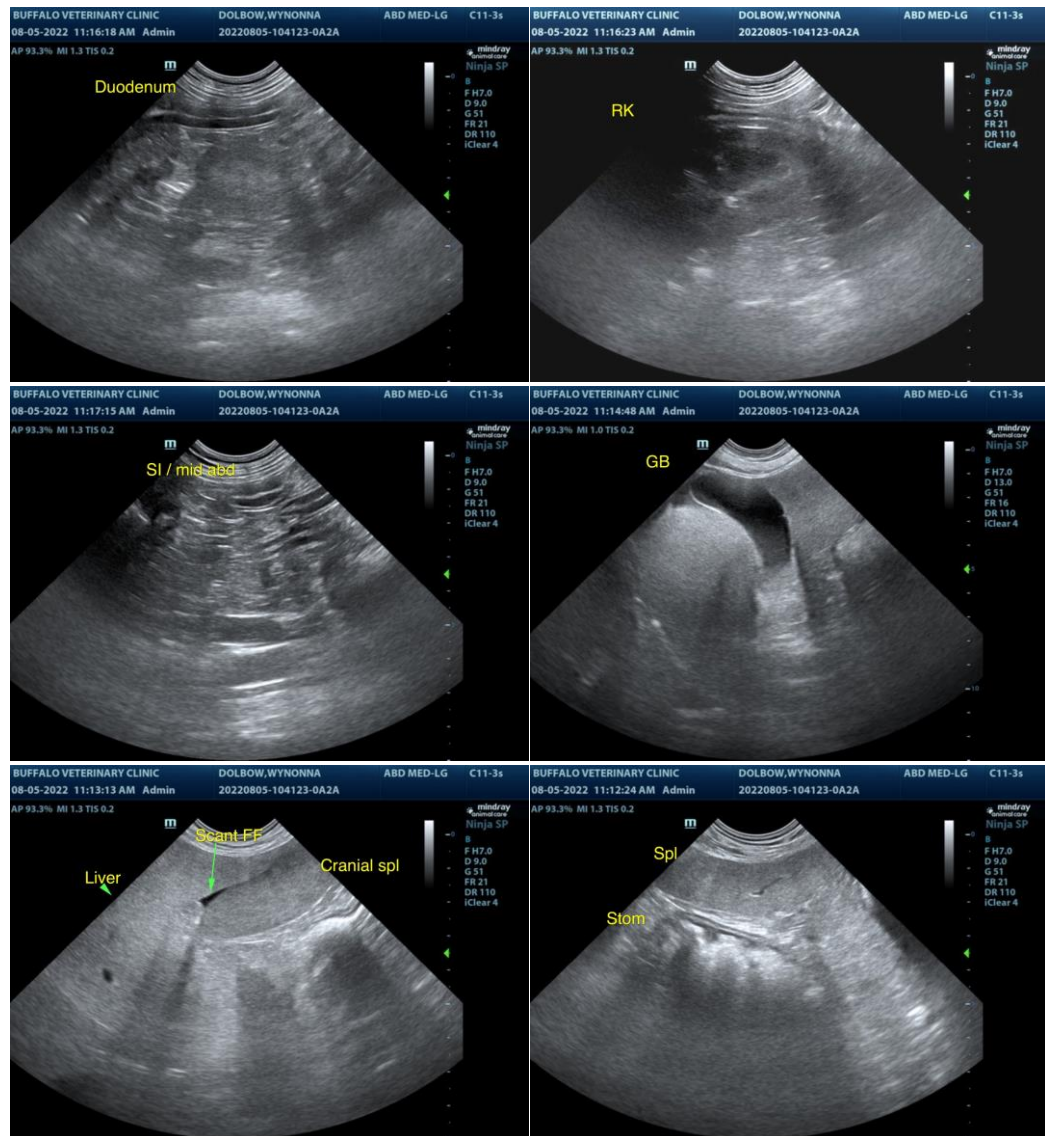
Dr. Garry Gotfredson

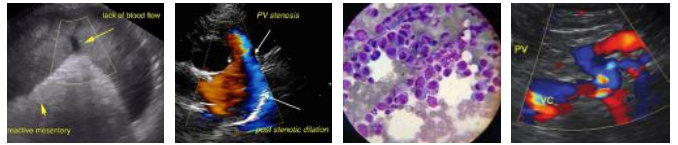
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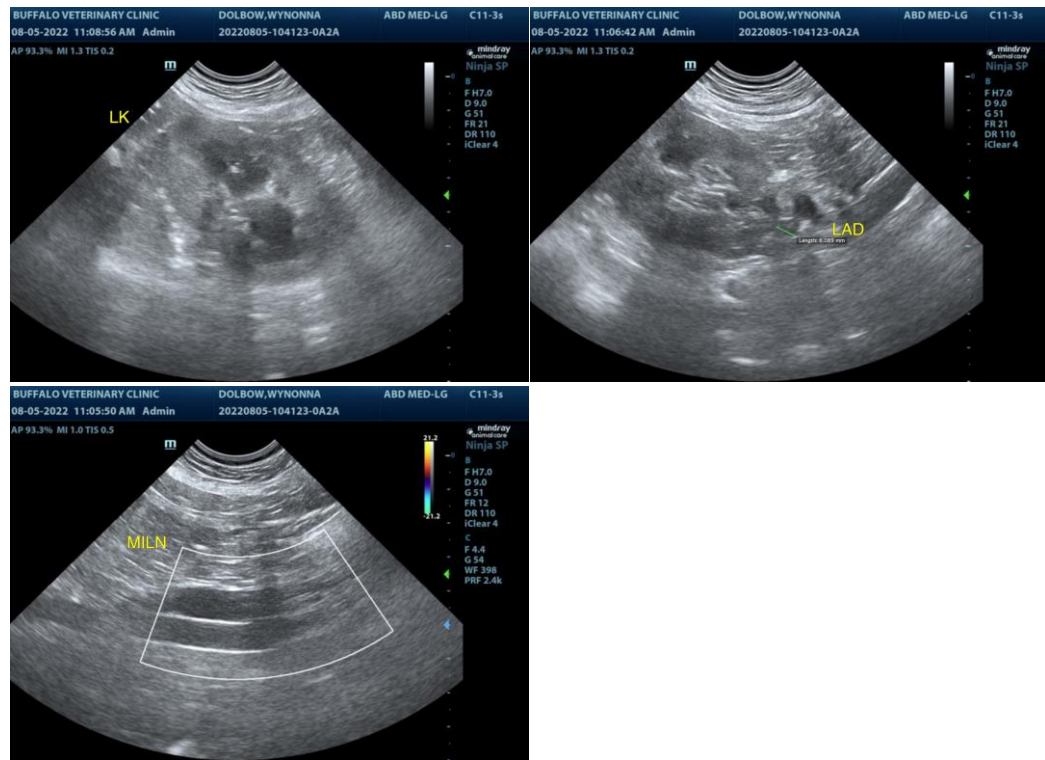
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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