



PATIENT PRESENTING CLINICAL SIGNS

Radar Beaton Very painful on abdominal palpation esp cranial abdomen. Panting more, multiple sq soft lumps(lipomas) on chest and abdomen. Has been on Gabapentin 300mg 1-2 caps BID.

SPECIES Abnormal PE/Chem/CBC/UA Results: BW unremarkable U/A - WBCs 5/hpf, RBCs 3/hpf, bacteria rods and cocci present. Rad report: Gastroenteritis or pancreatitis are primary concerns, scant peritoneal fluid is possible, occult neoplasia cannot be ruled out, normal thorax for age of patient.
Canine

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

BREED

Labrador Retriever

Urinary System

SEX

MN

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.

AGE

11yr

Normal size and margination were 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 6.5 cm in length. The right kidney measured 6.5 cm in length.

WEIGHT

40kg

The area of the aortic trifurcation was free of pathology.

The area of the residual prostate appeared normal and free of pathology.

Adrenal Glands

INTERPRETED BY

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

The left adrenal gland was normal in size. Mild parenchyma heterogeneity and mild capsule asymmetry was present without suspicion for overt neoplasia. The left adrenal gland measured 0.66 cm width in the caudal pole. The right adrenal gland was indistinctly visualized owing to isoechoic adrenal echogenicity and patient size/conformation subjectively measuring 0.72 cm width in the caudal pole.

IMAGING PERFORMED BY

Crystal Hill

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.

HOSPITAL NAME

Beatties PH Stoney
Creek

Liver/Gallbladder

REFERRING VET

Salib

The liver presented enlarged in size. The parenchyma of the liver was subjectively normal in echogenicity compared to the spleen and renal cortices. The liver parenchyma was uniform with a mildly coarse echotexture. The capsule of the liver was symmetrically rounded to mildly swollen in margination. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended in size with primarily anechoic luminal content. The cystic and common bile ducts were normal.

INVOICE

14513ag

Gastrointestinal

DATE

08/08/2023

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach was empty with mild luminal gas and no signs of ileus, obstruction or foreign material.



PATIENT

Radar Beaton

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 pancreas was normal in size and contour with mild heterogeneous parenchyma compared to adjacent omentum. No signs of active inflammation or neoplasia.

BREED

Labrador Retriever

Free Abdomen

No omental masses, overt lymphadenopathy or peritoneal effusion was present.

SEX

MN

- Mild chronic renal changes.
- Mild hepatic parenchymal remodeling- benign.
- Mild heterogenous to remodeled pancreas- patient/ age related variant, remodeling owing to previous inflammatory episode or mild to chronic pancreatitis possible.
- Normal urinary bladder.
- Structurally unremarkable GI tract.

AGE

11yr

ULTRASONOGRAPHIC FINDINGS

WEIGHT

40kg

Largely a geriatric abdomen with no overt evidence of significant abdominal visceral pathology as a definitive cause of the patient's clinical signs.

Further renal staging to include urine C/S and protein: creatinine ratio on sterile urine sample may be considered.

INTERPRETED BY

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DVM, DABVP
(Canine and Feline)

Assessment for evidence of cranial abdominal/subxiphoid discomfort on palpation +/- abnormal spec cPL which may allude to low grade pancreatitis is recommended. A thorough musculoskeletal and neurological examination is suggested if not done to assess for an extra-abdominal source of the discomfort as a contributing factor. No evidence of intra-abdominal neoplastic criteria.

IMAGING PERFORMED BY

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HOSPITAL NAME

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Creek

REFERRING VET

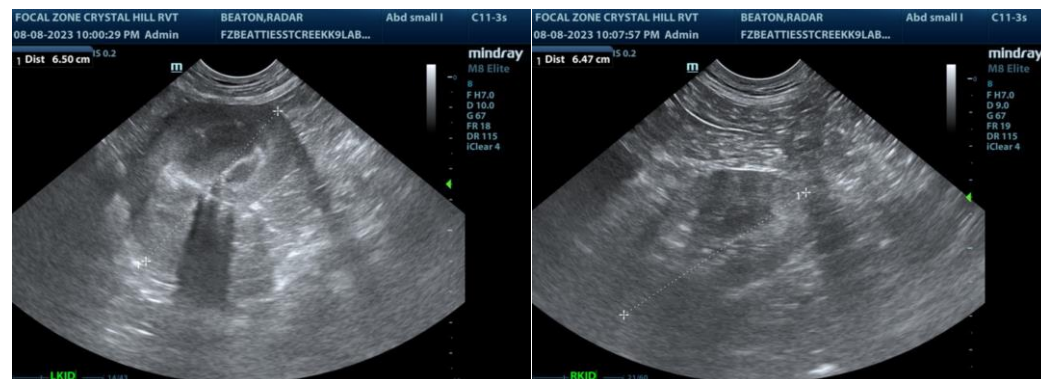
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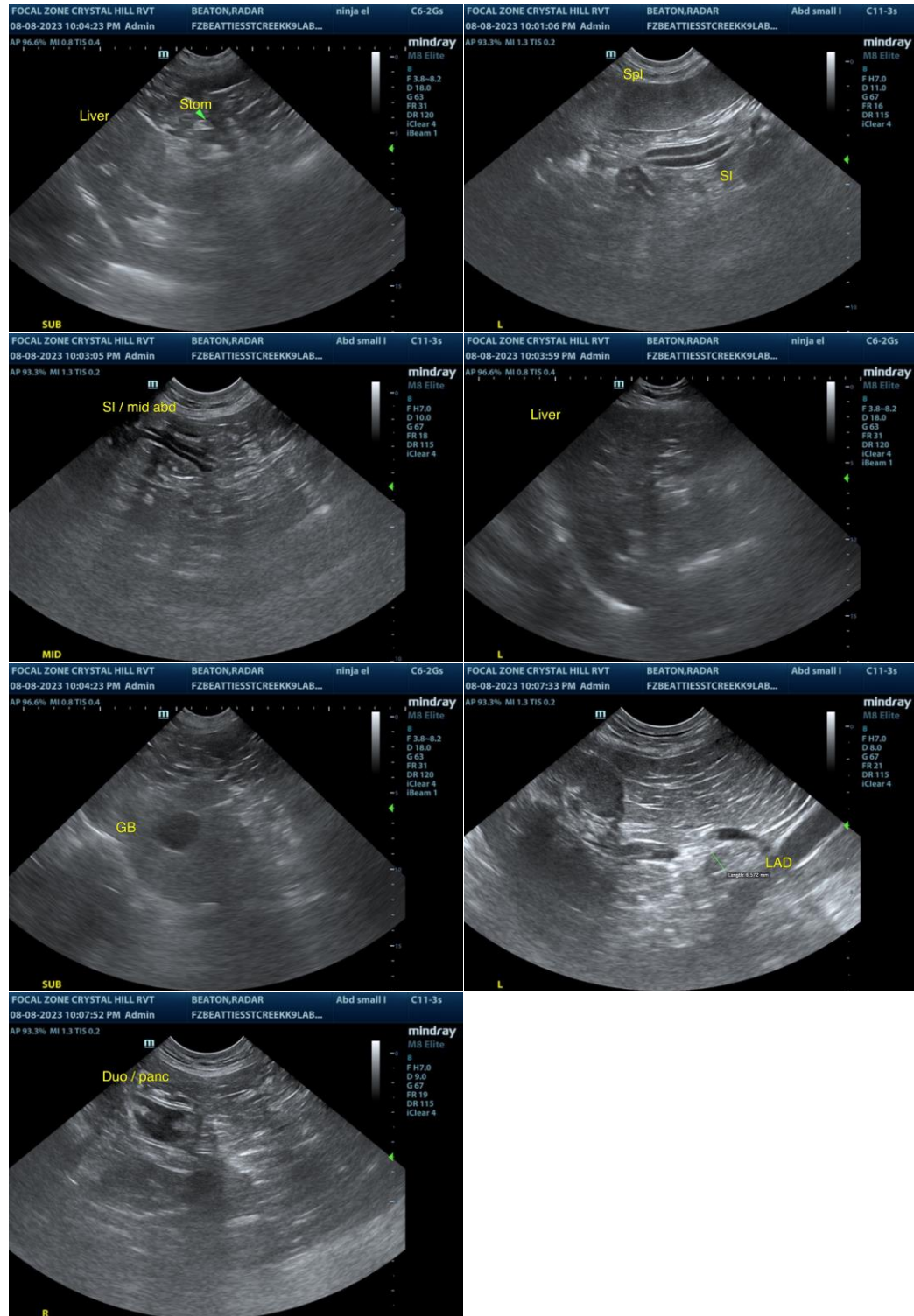
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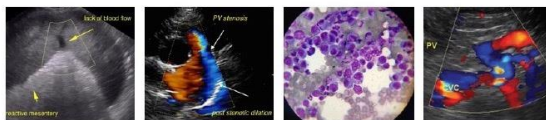
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

Thank you for this referral. If the clinical or image interpretation does not parallel your findings or if I



PATIENT

Radar Beaton

can be of any further assistance please contact me.

R. McKenzie Daniel, DVM, DABVP (Canine / Feline Practice)

info@SonoPath.com

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