



PATIENT

Joaquin Rivers

SPECIES

Canine

BREED

Labrador Retriever

SEX

Neutered Male

AGE

6 Years

WEIGHT

92 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Loetitia Saint-Jacques, RVT
LVT

HOSPITAL NAME

Brighton Greens VH

REFERRING VET

Dr. Robin Janeway

INVOICE

17127

DATE

9/1/22

PRESENTING CLINICAL SIGNS

History: Decreased appetite, ADR, vomiting. Blood panel 8/29/22 hypoalbuminemia 2.2 g/dL, hyperglobulinemia 4.6 g/dL, A/G ratio 0.5, leukopenia 3,600/uL, 15 nRBCs noted, marked neutropenia 180/uL, urine SpGr elevated @ 1.055, urine pH increased @ 8.0, 2+ proteinuria noted, 2+ bilirubinuria (concentrated urine sample); fecal negative; Accuplex 4dx neg x 4. UPC 0.2 (<0.5) Thorax: the VD view is prominently oblique. There is the impression of mild cardiomegaly, but without particular chamber enlargement. Pulmonary vascular character is normal. There are a few pinpoint densities scattered within the lung which are compatible with benign and unimportant pleural osteomas. Mediastinal character is normal. Abdomen: detail is satisfactory. The stomach and small bowel appear empty except for mild gas. The colon contains moderate formed normal character fecal balls. Radiopaque G.I. foreign material is not identified. There is no evidence of abdominal organomegaly or detected mass lesions. The kidneys and other visceral features are within normal limits. Conclusion Possible mild cardiomegaly. If real, there is no evidence of decompensation. There is no evidence of bronchitis or bronchopneumonia. Empty gastric and small bowel character may be consistent with the reported anorexia. Complicating G.I. abnormalities are not identified. Other abdominal viscera are of normal character.

Abnormal PE/Chem/CBC/UA Results: Sedation_ Ace'torb for echo and added dexdormitor only once got to abdominal scan

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

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 were noted.

The residual prostate was symmetrically normal in size with uniform parenchyma and slight coarse echotexture measuring 0.73 cm in diameter.

The area of the aortic trifurcation was normal with normal appearing visualized medial iliac lymph nodes.

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 6.8 cm in length. The right kidney measured 6.8 cm in length.

Adrenal Glands

The left adrenal gland was indistinctly visualized, owing to subjective potential for subnormal size. The left adrenal gland measured 0.25 cm at the caudal pole in width.

The right adrenal gland was not definitively visualized, potentially secondary to subnormal size.

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



PATIENT

Joaquin Rivers 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.

SPECIES *Liver*

Canine The liver exhibited potential for borderline to mild subnormal size with normal 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.

BREED

Labrador Retriever The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.

SEX

Neutered Male The stomach exhibited sonographically unremarkable visualized wall layering. The stomach appeared to be primarily empty with mild luminal gas. No overt evidence of gastric distention with retained ingesta, fluid or foreign material.

AGE

6 Years The small intestine presented intact wall layering and subjective maintained 1:3 muscularis/mucosa ratio. No evidence of loss of intestinal wall layering, mechanical/metabolic ileus, intestinal masses or evidence of foreign material.

WEIGHT

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

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.

Free Abdomen

Regional mildly hyperechoic mesentery was present in the mid abdomen, adjacent to intestinal loops. Small pockets of scant periintestinal free fluid were present, which may be physiologic, given albumin levels <1.5. Effusion is potentially secondary to segmental intestinal inflammation and concurrent hyperechoic to reactive mesentery is possible.

Intermittent, mildly prominent to enlarged mesenteric lymph nodes were present. The lymph nodes were essentially isoechoic to adjacent omentum without evidence of peripheral inflammation and maintaining a normal width: length ratio (<0.5). An example of lymph node size measured 0.46 cm in diameter. The lymph nodes were not consistent with inflammatory or neoplastic criteria.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Gastroenteritis pattern
- Regional periintestinal, mildly hyperechoic to reactive mesentery and scant periintestinal free fluid
- Intermittent, subjectively benign/reactive minor mesenteric lymphadenopathy

INVOICE

17127

DATE

9/1/22

INTERPRETED BY

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

IMAGING PERFORMED BY

Loetitia Saint-Jacques, RVT
LVT

HOSPITAL NAME

Brighton Greens VH

REFERRING VET

Dr. Robin Janeway



PATIENT

Joaquin Rivers

- Indistinctly visualized bilateral adrenal glands, potentially owing to subnormal adrenal size

SPECIES

Canine

Secondary Findings

- Subjective borderline to mild subnormal liver size- nonspecific, suspect patient variant

BREED

Labrador Retriever

SEX

Neutered Male

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The appearance of the gastrointestinal tract is suggestive of mild inflammatory criteria, such as gastroenteritis with potential for inflammatory bowel. Given the hypoalbuminemia in this patient, without evidence of significant proteinuria, potential for intestinal protein loss is possible. Adrenal screening with resting cortisol is recommended in light of the indistinctly visualized adrenal glands +/- full ACTH stimulation test if resting cortisol is <2.0 to screen for or rule out Addisons disease. Pending resting cortisol level, a GI panel to include PLI/TLI/Cobalamin/Folate could be considered.

AGE

6 Years

Empirically, a hydrolyzed diet trial with potential long term dietary therapy, prophylactic deworming (i.e., Panacur at 50 mg/kg PO SID for 5 consecutive days with potential for repeat protocol in 3 weeks even if fecal testing is negative) and as needed gastrointestinal support is recommended. Pending additional diagnostics and empirical therapy, endoscopic intestinal biopsies may be indicated if clinical signs continue.

WEIGHT

92 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Loetitia Saint-Jacques, RVT
LVT

HOSPITAL NAME

Brighton Greens VH

REFERRING VET

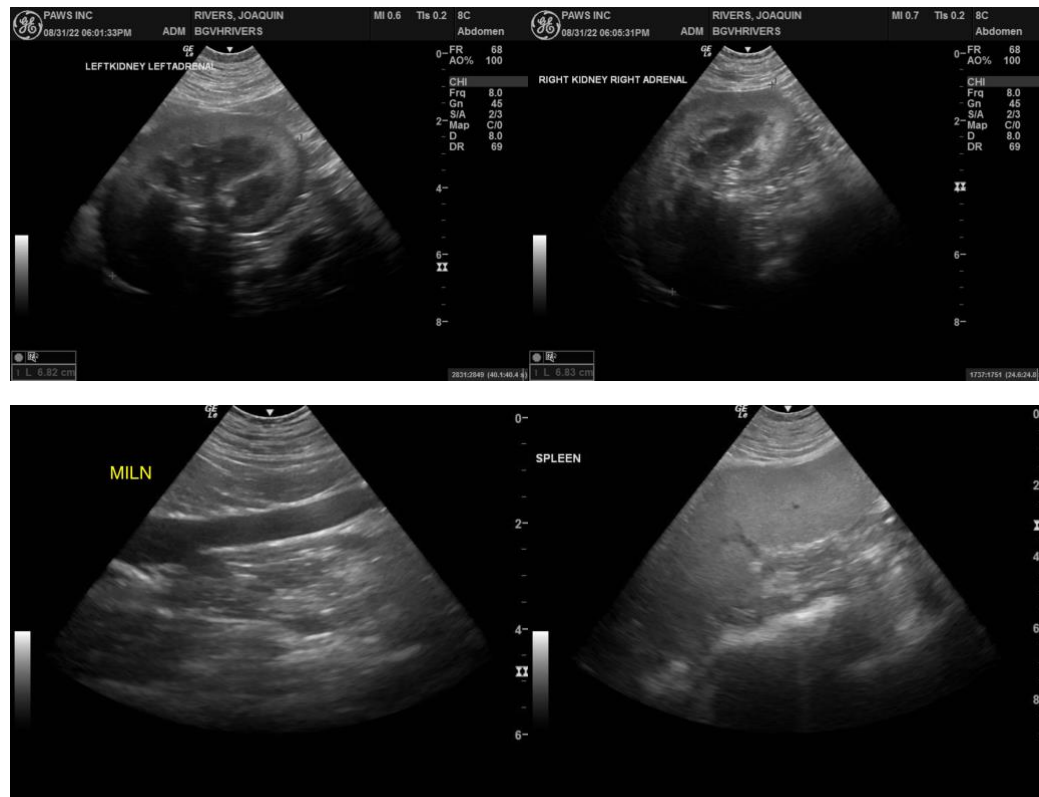
Dr. Robin Janeway

INVOICE

17127

DATE

9/1/22





PATIENT

Joaquin Rivers

SPECIES

Canine

BREED

Labrador Retriever

SEX

Neutered Male

AGE

6 Years

WEIGHT

92 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Loetitia Saint-Jacques, RVT
LVT

HOSPITAL NAME

Brighton Greens VH

REFERRING VET

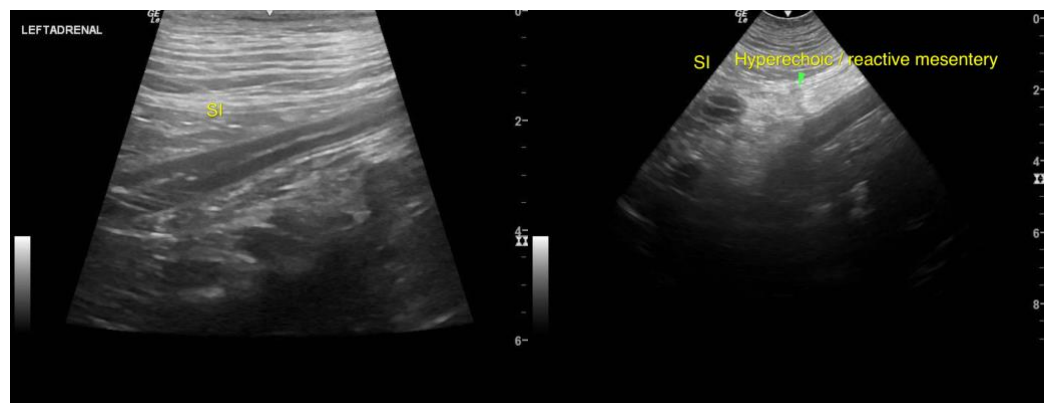
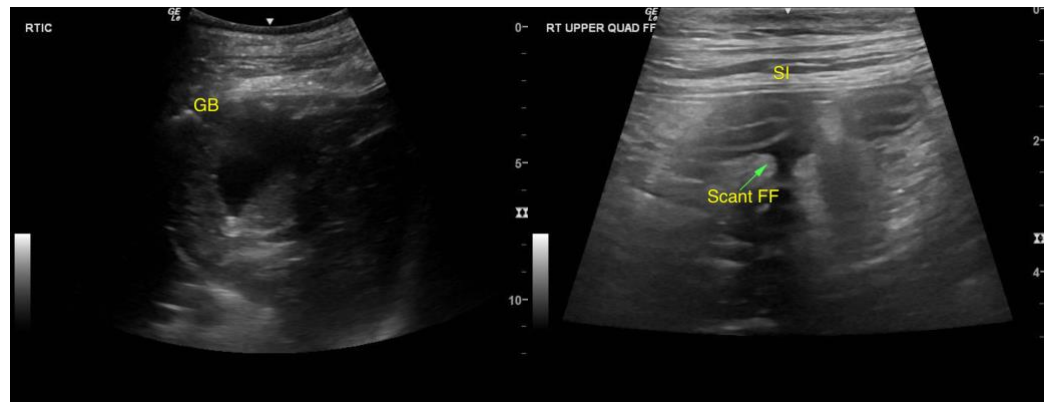
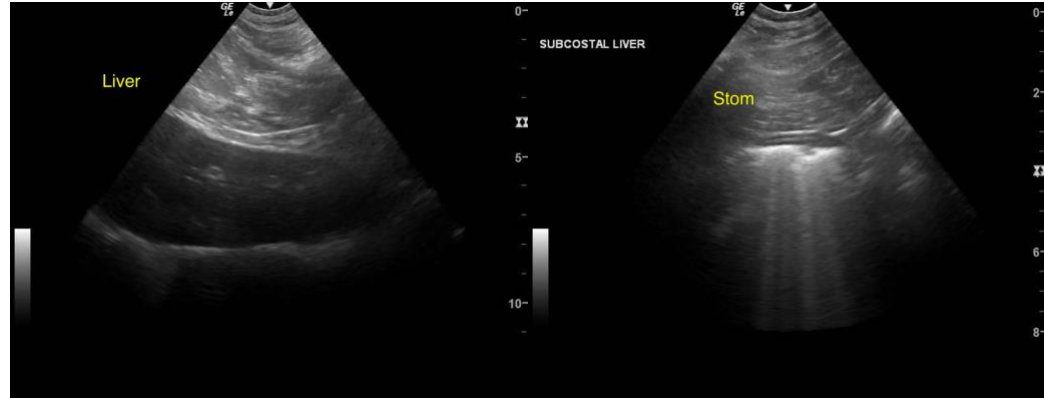
Dr. Robin Janeway

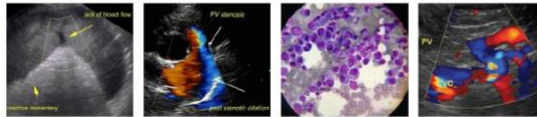
INVOICE

17127

DATE

9/1/22





PATIENT

Joaquin Rivers

SPECIES

Canine

BREED

Labrador Retriever

SEX

Neutered Male

AGE

6 Years

WEIGHT

92 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Loetitia Saint-Jacques, RVT
LVT

HOSPITAL NAME

Brighton Greens VH

REFERRING VET

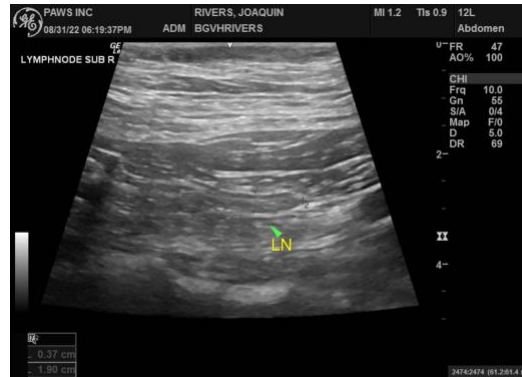
Dr. Robin Janeway

INVOICE

17127

DATE

9/1/22



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.

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