



| <b>PATIENT</b>                    | <b>PRESENTING CLINICAL SIGNS</b>   |
|-----------------------------------|--|
| Daisy Kong                        | Vomiting and diarrhea for about 1 week. Cerenia was given for 4 days. Rads suspicious of abdominal mass on lateral view.   |
| <b>SPECIES</b>                    | Abnormal PE/Chem/CBC/UA Results: Low Lymphs and Eosinophils, elevated AlkPhos, Low Amylase, Low sodium low Chloride and CPL normal.  |
| Canine                            |  |
| <b>BREED</b>                      | <b>ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN</b>   |
| Mastiff                           | <b>Urinary System</b>  |
| <b>SEX</b>                        | 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 was noted.   |
| Spayed Female                     | The area of the aortic trifurcation was free of pathology.   |
| <b>AGE</b>                        | 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 7.0 cm in length. The right kidney measured 6.5 cm in length. |
| 8 years                           |  |
| <b>WEIGHT</b>                     | <b>Adrenal Glands</b>  |
| 42.5 kg                           | The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 2.5 cm length x 0.74 cm width at the caudal pole. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 2.2 cm length x 0.49 cm width at the caudal pole.  |
| <b>INTERPRETED BY</b>             | <b>Spleen</b>  |
| R. McKenzie Daniel,<br>DVM, DABVP | 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.  |
| <b>IMAGING PERFORMED BY</b>       | <b>Liver/ Gallbladder</b>  |
| Crystal Hill, RVT                 | 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.                               |
| <b>HOSPITAL NAME</b>              | <b>Gastrointestinal</b>  |
| Queensway AH                      | The visualized gastric walls were sonographically unremarkable. The lumen of the stomach contained mild, echogenic ingesta with subtle progressive distal acoustic shadowing.  |
| <b>REFERRING VET</b>              |  |
| Dr. Bilinsky                      |  |
| <b>INVOICE</b>                    |  |
| 12233                             |  |
| <b>DATE</b>                       |  |
| 9/14/21                           |  |



**PATIENT**

Daisy Kong

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 formed to shadowing 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 were evident.

**BREED**

Mastiff

***Free Abdomen***

No intraabdominal masses, lymphadenopathy or effusion was noted.

**SEX**

Spayed Female

**ULTRASONOGRAPHIC FINDINGS**

***Primary Findings***

**AGE**

8 years

- Benign hepatopathy
- Sonographically unremarkable gastrointestinal tract and colon with mild gastric ingesta

**WEIGHT**

42.5 kg

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

No evidence of significant visceral, specifically gastrointestinal, pathology. No evidence of intraabdominal masses. Dietary indiscretion / food intolerance, occult parasitism, or structurally insignificant inflammatory bowel disease or episode are possible.

**INTERPRETED BY**

R. McKenzie Daniel,  
DVM, DABVP

The presence of mild gastric ingesta is nonspecific and may indicate recent meal ingestion. The potential for some degree of mild gastric hypomotility may be possible if documented NPO and in light of the patient's vomiting. No evidence of gastrointestinal foreign material.

**IMAGING  
PERFORMED BY**

Crystal Hill, RVT

Empirically, a limited antigen or hydrolyzed diet trial with potential long term dietary therapy, prophylactic deworming (Panacur 50 mg/kg SID x 5 consecutive days with repeat protocol in 3 weeks even if fecal testing is negative), high colony count probiotic (Proviale or Visbiome), antibiotic trial and as needed gastrointestinal support with assessment of clinical response may prove beneficial. Intestinal biopsies may be indicated if GI signs continue despite empirical therapy. Occult Addison's disease is considered unlikely, given the lymphopenia, yet resting cortisol may be considered if persistent or recurrent gastrointestinal signs are noted.

**HOSPITAL NAME**

Queensway AH

**REFERRING VET**

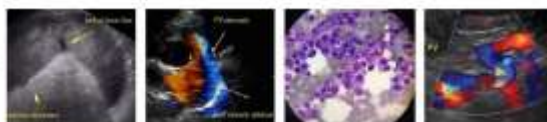
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Daisy Kong

**SPECIES**

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**BREED**

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**SEX**

Spayed Female

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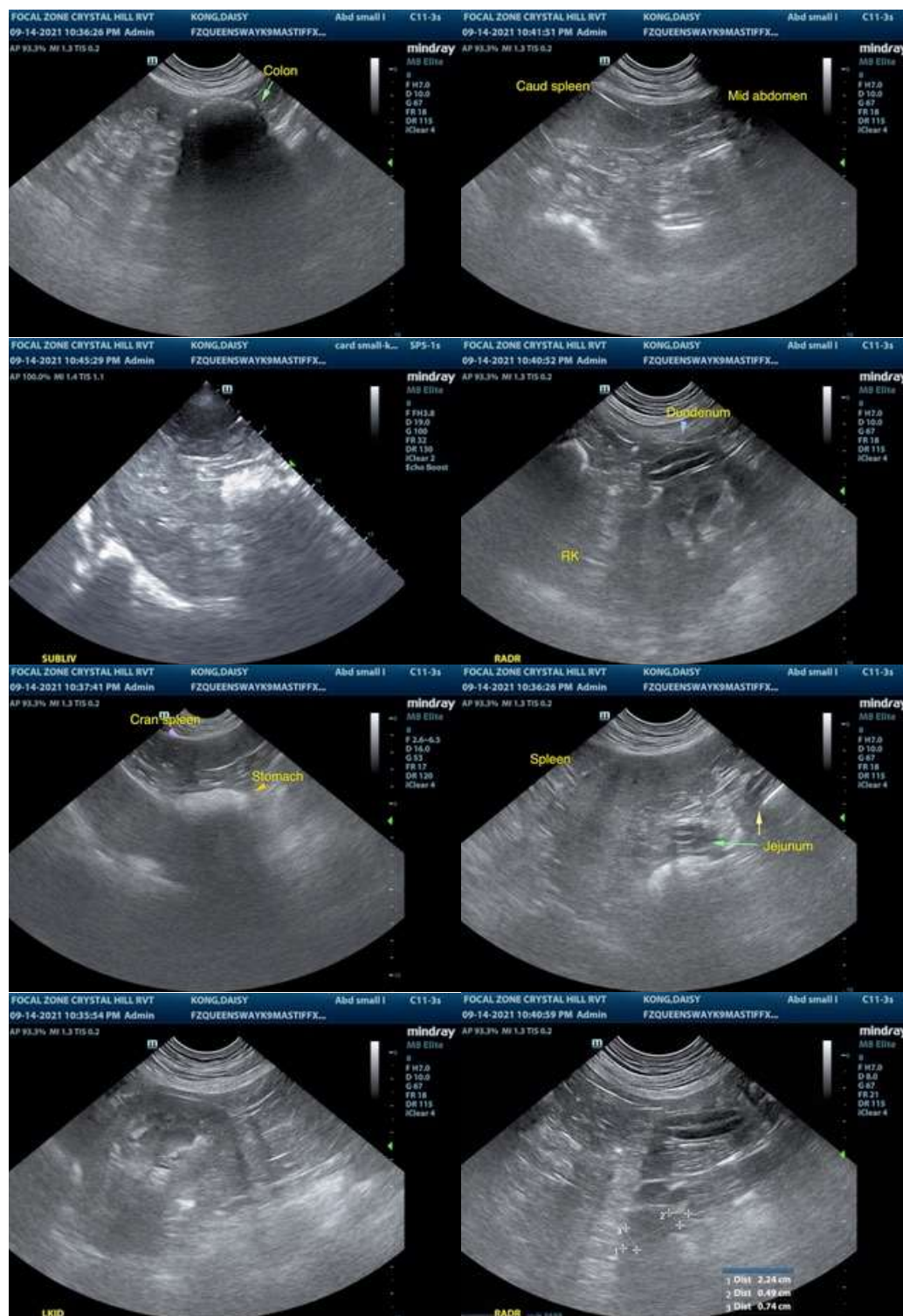
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Canine

**BREED**

Mastiff

**SEX**

Spayed Female

**AGE**

8 years

**WEIGHT**

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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.

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

**INTERPRETED BY**

R. McKenzie Daniel,  
DVM, DABVP

**IMAGING PERFORMED BY**

Crystal Hill, RVT

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