



**PATIENT PRESENTING CLINICAL SIGNS**

Josie Graves

S:O feeds roasted turkey breast, hard boiled egg, sweet potato, and canned HA sprinkled on top of food BID. O thinks pet may be a little better, but is still concerned with pets weight loss. O did add in Diamond Natural limited ingredient hard dog food (chicken and sweet potato) for 5 days, but on day 5 pet got diarrhea, so O stopped adding in that food and gave metronidazole for a couple days. -sjn Has recheck exam w/ Dr. Litton soon. No V/D/C/S. Good A & E. No change in H2O or urine. Diet =see above O: Wt=38.8# Att - BAR; BCS= 4.25/9; hydration wnl Oral - no calculus, no inflammation mm - pk, crt 1 sec \*\*\*Eyes - Mature cataracts OU, appears non-visual.; no inflammation; no discharge Ears - no discharge; no inflammation; pinnas wnl CV - no murmurs; pulses wnl; rate and rhythm wnl, P=120 Resp - nares clear, no discharge; no dyspnea; lungs auscult clear, RR=20 GI - NSL on abdominal palpation; GU - no discharge; genitals wnl; kidneys palpate wnl M/S - Ambulating normally; no lameness; muscle tone wnl, no pain on manipulation PLN - wnl \*\*\*Integ - coat clean, no odor; no erythema; no other lesions. \*Bilateral flank short hair. (SWO and she blows her coat twice yearly like this, not new) Neuro - mentation wnl; no neuro deficits Anal Glands - dne A: weight loss leveling off w/ B12 injections and increased portions r/o IBD vs. other (neoplasia) blind P: dwo rec abdominal ultrasound, but ok to wait a bit if she wants to try our diet plan...rec switching over slowly to just Purina HA kibble and canned with a little turkey during transition. If starts gaining weight then good chance she's got IBD. If not gaining weight back rec abd u/s.

**SPECIES**

Canine

**BREED**

Lab X

**SEX**

Spayed Female

**AGE**

12 years

**WEIGHT**

39.4 lbs.

**Urinary System**

The urinary bladder, trigone, and cystourethral junction 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.

The area of the aortic trifurcation was free of pathology.

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 moderate loss of corticomedullary symmetry and definition expected for the age of the patient. Minor dystrophic medullary mineralization was present in both kidneys. Mild pyelectasia was noted in both kidneys. The left kidney measured 4.6 cm in length. The right kidney measured 5.2 cm in length.

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Loetitia Saint-Jacques, RVT

**HOSPITAL NAME**

Grass Valley VH

**REFERRING VET**

Dr. Kristi Cortright

**Adrenal Glands**

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.53 cm width at the caudal pole and 0.48 cm width at the cranial pole. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.56 cm width at the caudal pole and 0.26 cm width at the cranial pole.

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**DATE**

9/16/21

**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



**PATIENT**

thrombosis. Acute to chronic inflammatory, neoplastic, or benign parenchyma changes were not noted.

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***Liver/ Gallbladder***

**SPECIES**

The liver was subjectively normal in size, structure, and contour. The liver parenchyma was mildly nonuniform and hypoechoic to the spleen with a moderate coarse echotexture and subjective mild to benign parenchymal remodeling. The hepatic and portal vasculature were normal in appearance without signs of congestion. A large cystic lesion in the area of the right lateral to caudate liver lobe was present, measuring approximately 5.8 cm x 5.0 cm. This large cystic lesion exhibited potential for mild hepatic capsule distortion, yet without evidence of parenchymal escape. Anechoic fluid was present. The possibility of a large pancreatic cyst is possible yet considered less likely. A concurrent intraparenchymal cyst was noted subjectively caudal to lateral to the gallbladder, containing primarily anechoic fluid along with a potential mild cellular component. The Intraparenchymal cyst measured approximately 3.6 cm in diameter. The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.

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**AGE**

***Gastrointestinal***

12 years

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 0.35 cm.

**WEIGHT**

39.4 lbs.

The small intestine exhibited intact wall layering with subjective propensity for mild to generalized prominent to echogenic submucosa layer. The jejunum wall width measured 0.39 cm - 0.45 cm.

**INTERPRETED BY**

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

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

***Pancreas***

**IMAGING PERFORMED BY**

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.

Loetitia Saint-Jacques, RVT

***Free Abdomen***

No overt lymphadenopathy or peritoneal effusion was present.

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**ULTRASONOGRAPHIC FINDINGS**

**REFERRING VET**

Dr. Kristi Cortright

***Primary Findings***

- Moderate chronic renal changes with mild pyelectasia
- Moderate to large right mid to lateral or caudate hepatic cysts
- Possible chronic inflammatory enteropathy

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

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The pyelectasia in both kidneys may be owing to chronic renal changes, potential pelvic scarring possibly owing to previous calculi passage, IV fluid therapy (if applicable). Urine C/S and protein:creatinine ratio on sterile urine sample is recommended.



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The small intestine exhibited subtle mural changes specifically subjective mild prominent to echogenic submucosa, sometimes seen with chronic inflammatory enteropathy. However, given the lack of gastrointestinal signs with only weight loss present, these findings are nonspecific.

**SPECIES**

Canine

Assuming normal cobalamin levels, continued conservative therapy for inflammatory enteropathy / IBD would be appropriate with monitoring of weight. Further renal staging to include urine C/S and protein: creatinine ratio on sterile urine sample may be considered.

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No evidence of intraabdominal neoplasia was noted. Correlation with full recheck CBC/Chemistry Panel/T4 Is suggested if not recently done.

**SEX**

Spayed Female

**AGE**

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**WEIGHT**

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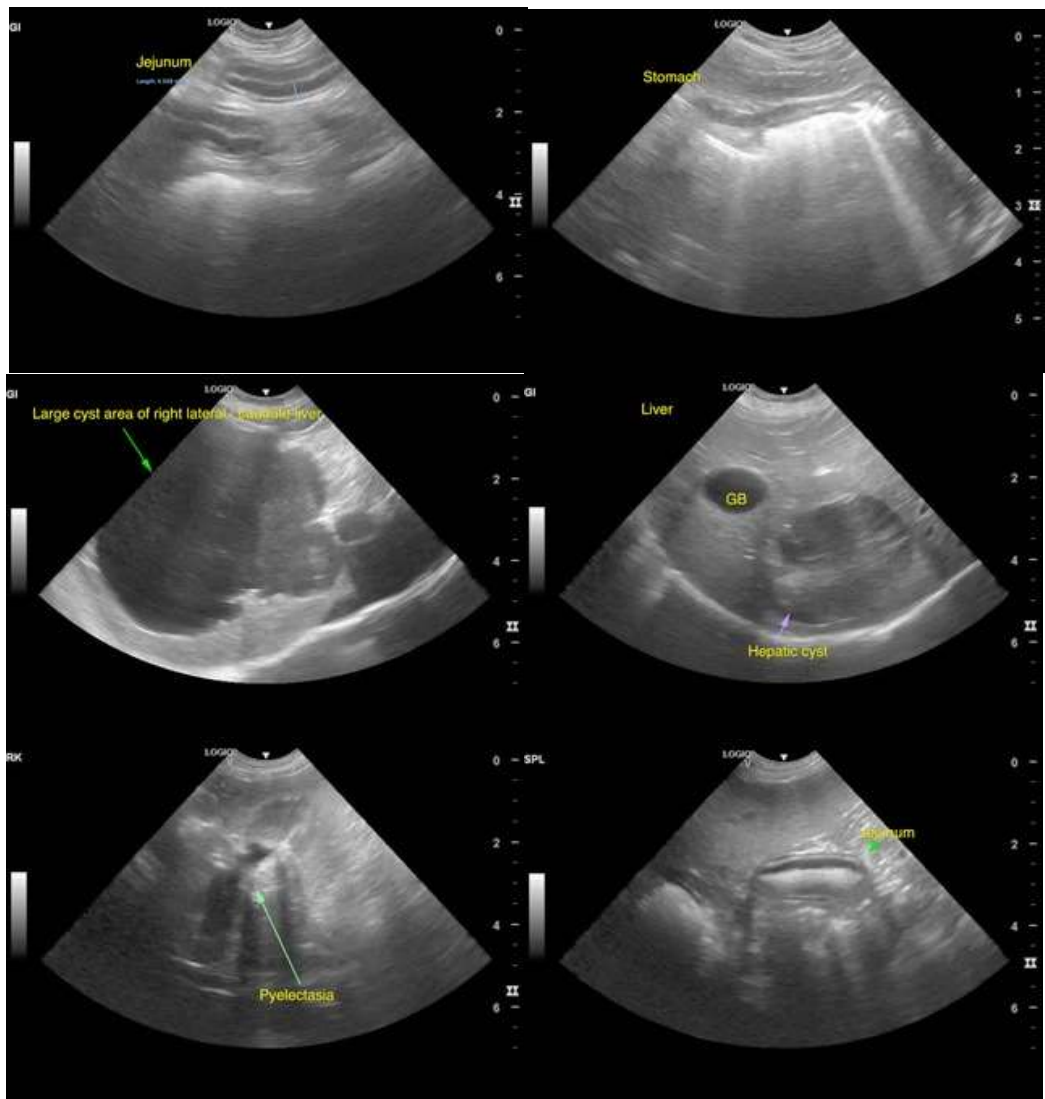
Dr. Kristi Cortright

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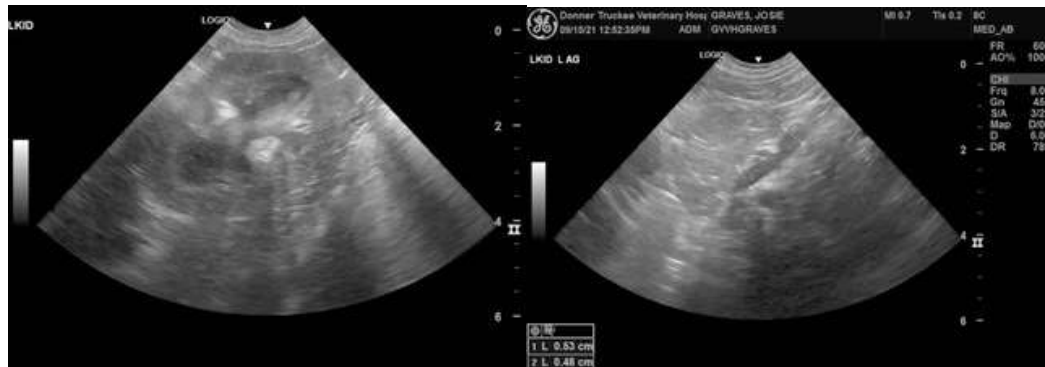
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)**  
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