



PATIENT

Sammy Deakin

PRESENTING CLINICAL SIGNS

SPECIES

Canine

BREED

Poodle X

Sammy Scott Deakin Female, spayed DOB=2012 Poodle mix Diagnosed with hypothyroid and has been on 0.3mg Bid. Overweight. Visual impairment. Urinating in house. Bloating belly, although owners say she has always had that. Belly tap (neg) small amount of blood on second tap with pcv of 43 and tp of 7.0. A venous pcv was 47 and tp was 8.3. (blood from belly tap may have been from prior hemorrhage) Idexx results show probable stress leukogram. Received 0.6cc s. received 0.6 s.q (5mg/ml) meloxicam -14 and 9-15 She weight 16.55 kg
Abnormal PE/Chem/CBC/UA Results: RADS attached since there was so much gas/food and dog had been panting. RADS as supplemental use. FASTED for 8hours. LABS also attached. WBC 17.2 w/mild neutrophilia, platelets 487, Chem – ALP 247, Total Protein 7.6, Sodium/Potassium ratio 36.

SEX

Spayed Female

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

AGE

9 Years

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of – 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.

WEIGHT

16.55 kg

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 loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The left kidney measured 5.6 cm. The right kidney measured 5.9 cm.

INTERPRETED BY

R. McKenzie Daniel,
DVM. DABVP

Adrenal Glands

The adrenal glands were uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.64 cm at the cranial pole and 0.62 cm at the caudal pole. The right adrenal gland measured 0.63 cm at the cranial pole and 0.53 cm at the caudal pole.

IMAGING BY

Loetitia Saint-Jacques,
LVT

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

Roundhill AH

REFERRING VET

Dr. Carl Kelly

Liver

The liver was moderately enlarged. 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.

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PATIENT

Sammy Deakin **Gastrointestinal**

SPECIES

Canine

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained moderate, variably echogenic ingesta exhibiting mild progressive distal acoustic shadowing. Gastric body wall measured 0.45 cm. Pylorus wall measured 0.47 cm. No evidence of mechanical pyloric outflow obstruction.

BREED

Poodle X

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. Duodenum wall measured 0.49 cm. Jejunum wall measured 0.36 cm.

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

SEX

Pancreas

Spayed Female

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.

AGE

9 Years

Free Abdomen

No peritoneal free fluid, omental masses, or lymphadenopathy noted.

WEIGHT

16.55 kg

ULTRASONOGRAPHIC FINDINGS

- Moderate vacuolar hepatopathy pattern
- Moderate retained gastric ingesta

INTERPRETED BY

R. McKenzie Daniel,
DVM. DABVP

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The presence of gastric ingesta is nonspecific and may correlate with unknown post-prandial presentation. However, given the patient's history of 8 hour fast prior to the ultrasound, some degree of metabolic gastric stasis or hypomotility may be possible. No overt evidence of structural pyloric outflow pathology or upper small intestinal obstructive pathology. Without evidence of lymphadenopathy or effusion, the reported bloated belly in this patient is suspected to be secondary to hepatomegaly. The overall appearance of the liver was non-specific, yet suggestive of benign hepatomegaly with possible idiopathic vacuolar hepatopathy given the ALP elevation. Inflammatory hepatic parenchymal disease or less likely neoplasia possible, yet considered less likely.

IMAGING BY

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Assuming normal clotting status, ultrasound guided FNA of the liver may be considered for screening cytology. Screening blood pressure recommended. No evidence of adrenal hyperplasia or tumors. Given the inappropriate urination, urinalysis +/- urine culture and sensitivity and screening UCCR (if evidence of PU/PD) may be considered.

REFERRING VET

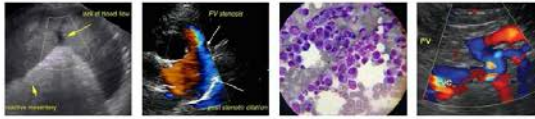
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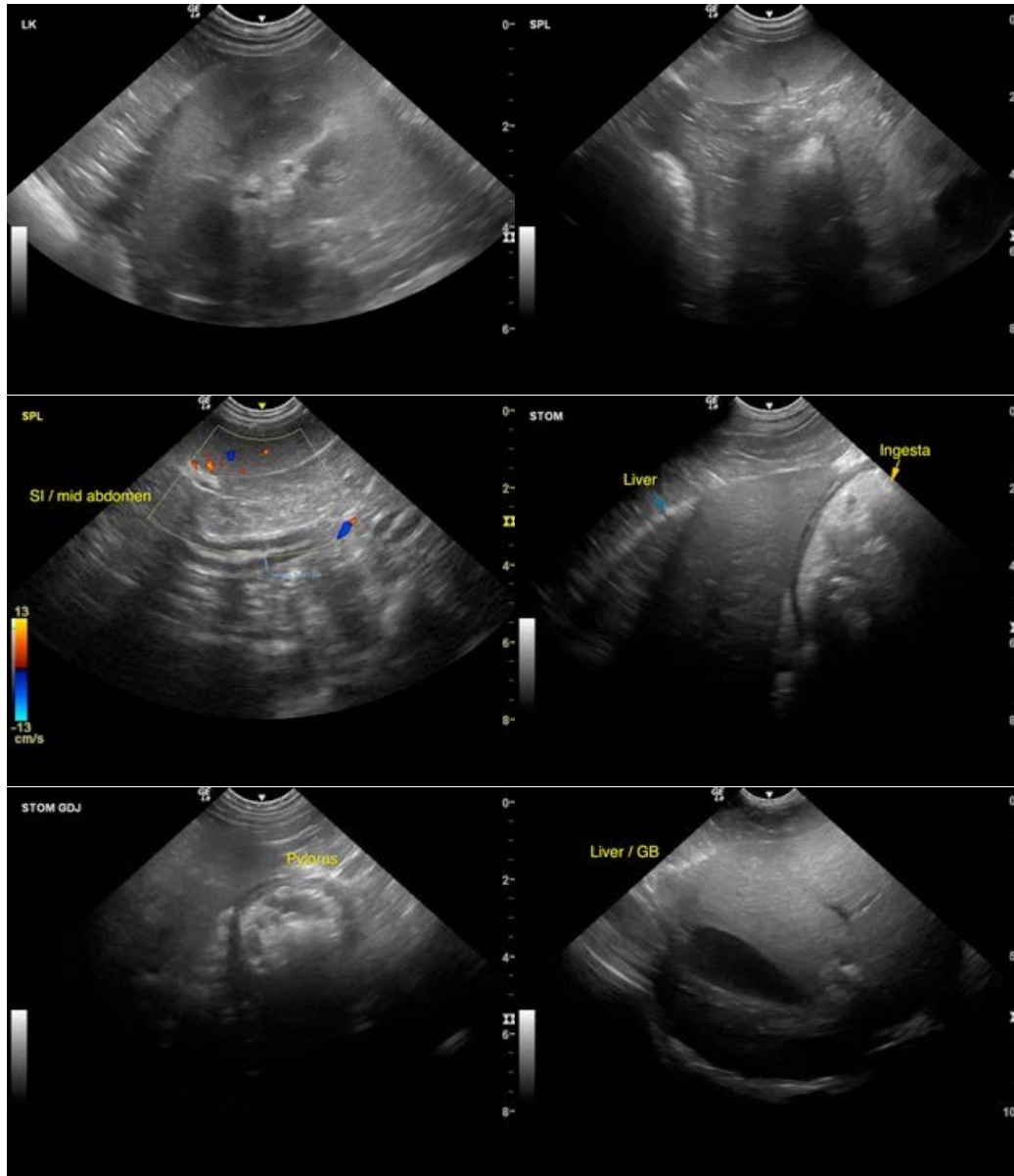
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SEX

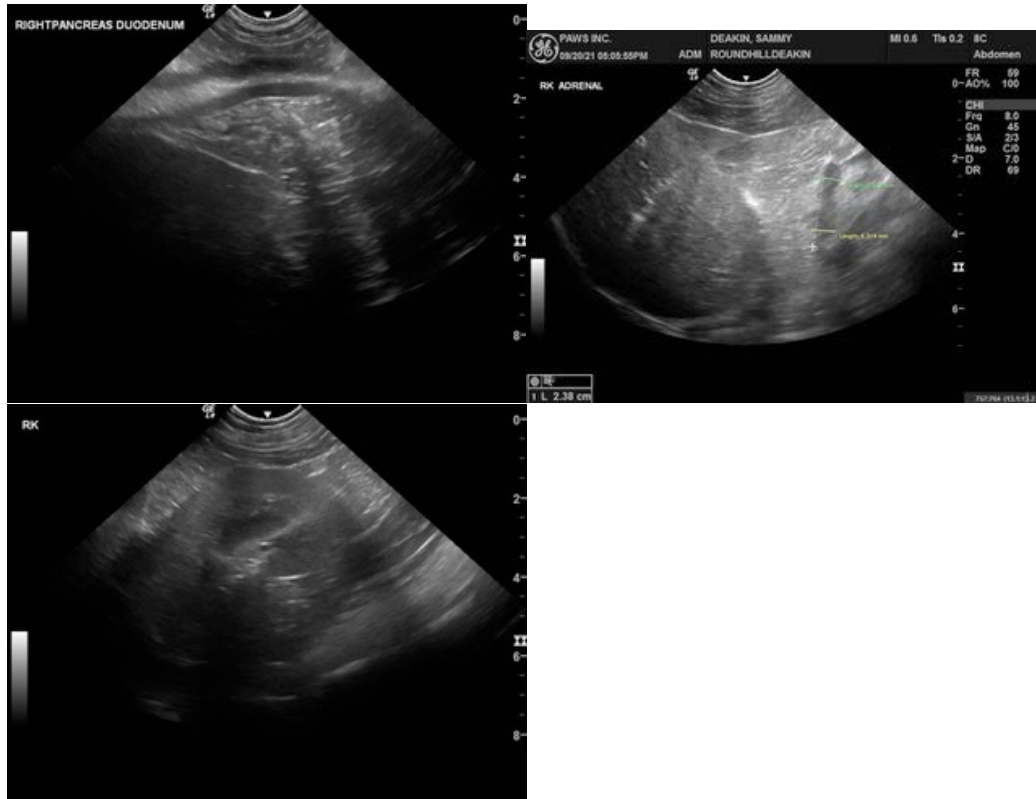
Spayed Female

AGE

9 Years

WEIGHT

16.55 kg



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DVM, DABVP

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.

IMAGING BY

Loetitia Saint-Jacques,
LVT

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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