



**PATIENT**

Riley Finch

**SPECIES**

Canine

**BREED**

Labrador Retriever

**SEX**

Spayed Female

**AGE**

8 years

**WEIGHT**

75.8 lbs.

**INTERPRETED BY**

R. McKenzie Daniel,  
DVM, DABVP

**IMAGING  
PERFORMED BY**

Crystal Hill

**HOSPITAL NAME**

Dog and Cat Clinic of  
Niagara

**REFERRING VET**

Dr. Haidy

**INVOICE**

12270

**DATE**

9/21/21

**PRESENTING CLINICAL SIGNS**

Losing weight - 10 lbs since may. On Doxycycline and Prednisone.  
Abnormal PE/Chem/CBC/UA Results: Regenerative anemia, 4DX neg, Leukocytes. Decreased RBC, MCV, MCH, Plateletcrit, Platelets. Elevated WBCs and Neuts.

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

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.

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 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 5.5 cm in length. The right kidney measured 6.4 cm in length.

**Adrenal Glands**

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.79 cm width at the caudal pole and 0.80 cm width at the cranial pole.

The right adrenal gland was indistinctly visualized owing to patient size, subjectively measuring 0.51 cm width at the caudal pole and 0.76 cm width at the cranial pole.

**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. Focal hyperechoic nodule exhibiting distal acoustic shadowing was present, measuring 0.50 cm in diameter. 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. No splenic masses were noted.

**Liver/ Gallbladder**

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.



<b>PATIENT</b>	<b><i>Gastrointestinal</i></b>
Riley Finch	The visualized stomach exhibited intact wall layering and was without evidence of overt mural pathology. Mild echogenic ingesta along with area of shadowing ingesta or echo measuring approximately 2.5 -3.0 cm in diameter was present. No evidence of mechanical pyloric outflow obstruction, as the stomach was nondistended.
<b>SPECIES</b>	
Canine	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. The jejunum wall width measured 0.43 cm.
<b>BREED</b>	
Labrador Retriever	Normal visible colon wall layers were present with apparent formed feces in lumen.
<b>SEX</b>	<b><i>Pancreas</i></b>
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 were evident.
<b>AGE</b>	<b><i>Free Abdomen</i></b>
8 years	No omental masses, lymphadenopathy or peritoneal effusion was present.
<b>WEIGHT</b>	<b>ULTRASONOGRAPHIC FINDINGS</b>
75.8 lbs.	<b><i>Primary Findings</i></b>
<b>INTERPRETED BY</b>	<ul style="list-style-type: none"> <li>• Vacuolar hepatopathy pattern</li> <li>• Nondistended stomach with echogenic to shadowing ingesta or potential luminal echo</li> <li>• Sonographically unremarkable small bowel</li> <li>• Focal hyperechoic to shadowing splenic nodule - likely benign, mineralization, myelolipoma, previous infarction, nodular hyperplasia possible</li> </ul>
R. McKenzie Daniel, DVM, DABVP	<b><u>INTERPRETATION OF THE FINDINGS &amp; FURTHER RECOMMENDATIONS</u></b>
<b>IMAGING PERFORMED BY</b>	An obvious cause of the regenerative anemia in this patient was not definitively evident within the abdominal cavity. Expanded infectious serology and CBC pathology review may be considered.
Crystal Hill	Ideally, recheck sonogram of the stomach following documented NPO to assess for persistent shadowing ingesta or echo in 24 hours is recommended, given the patient's weight loss, a GI panel to include PLI/TLI/Cobalamin/Folate, and three view chest radiographs to rule out occult thoracic pathology are recommended.
<b>HOSPITAL NAME</b>	
Dog and Cat Clinic of Niagara	
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Dr. Haidy	
<b>INVOICE</b>	
12270	For an additional charge, internal medicine consult can be utilized through Sonopath.com. You can select the internal medicine drop down at <a href="http://spa.sonopath.com/">http://spa.sonopath.com/</a> .
<b>DATE</b>	
9/21/21	



**PATIENT**

Riley Finch

One of the world's top internists & SonoPath associate Dr. Remo Lobetti BVSc, MMedVet, PhD, DECVIM can evaluate your case through SonoPath. <https://sonopath.com/resources/sonopath-services/internal-medicine-teleconsultation-services>

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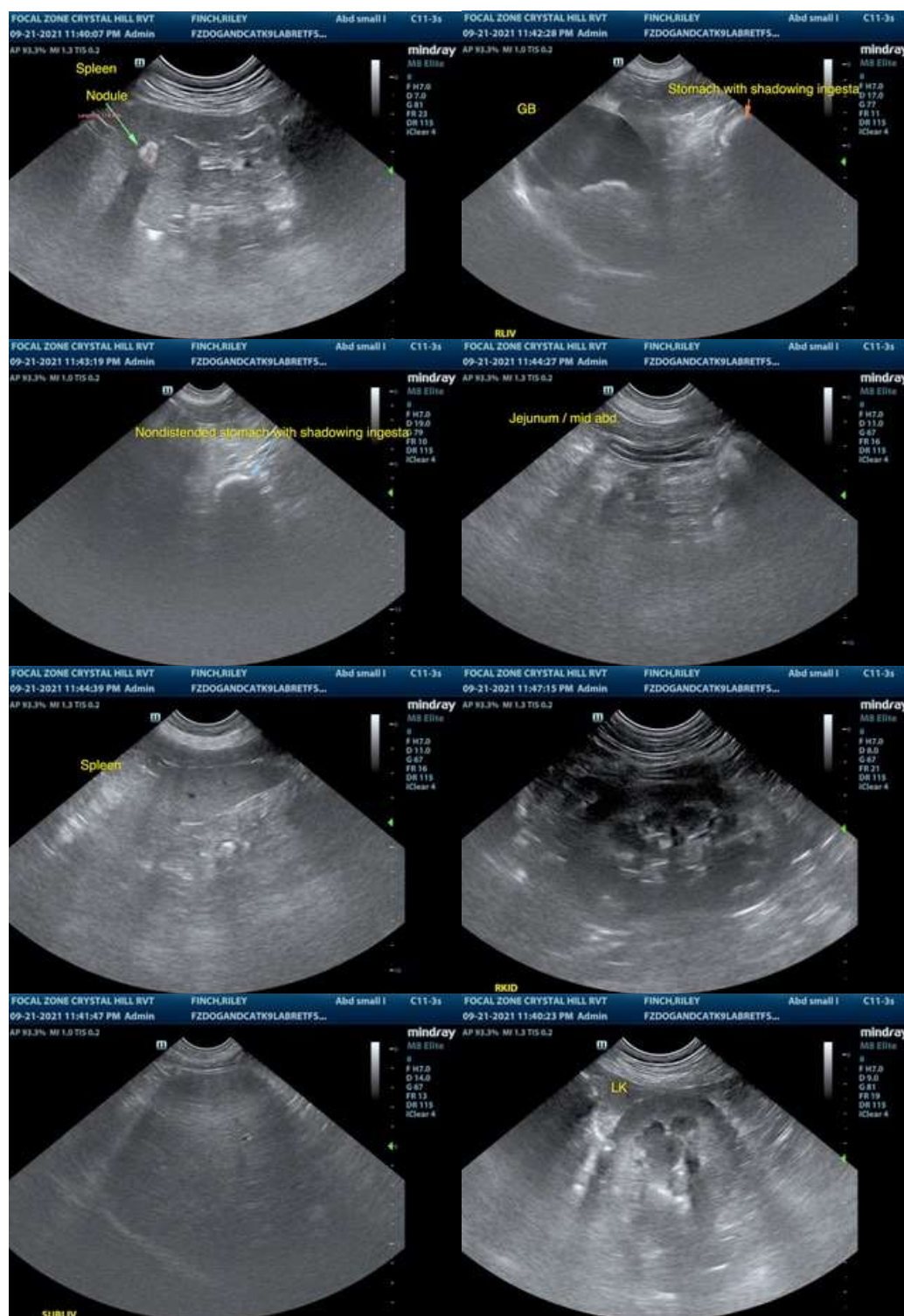
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**The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.**

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)**  
**info@SonoPath.com**