



PATIENT

Gracie Weider

PRESENTING CLINICAL SIGNS

History: Lethargic, vomiting, mucous in stools, weak hind end

SPECIES

Canine

Medication: Hepatobenefit, Galliprant, Soloxine, Dasuquin, Ursodial

5/27/21- ALP 2069, Cholesterol 515, Triglycerides 786, unremarkable CBC

Urine Specific Gravity- 1026

BREED

Golden Retriever

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

SEX

FS

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 3.0 cm exhibited normal thickness and tone. Minor mineral was present in the dependent lumen. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes was noted.

AGE

12 years

The area of the aortic trifurcation was free of pathology.

WEIGHT

69 Pounds

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 mild loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The left kidney measured 6.6 cm in length. The right kidney measured 6.8 cm in length.

Adrenal Glands

INTERPRETED BY

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

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.66 cm width at the caudal pole and 0.68 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 0.73 cm width at the caudal pole and 0.73 cm width at the cranial pole.

IMAGING

PERFORMED BY

Rebekah Jakum, CVT
ARDMS/RVT

Spleen

HOSPITAL NAME

Pocono Peak VC

The spleen exhibited primarily finely textured parenchyma which was hyperechoic to the liver and renal cortical parenchyma. Mild generalized parenchyma heterogeneity was present without evidence of nodular changes. 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. The parenchymal heterogeneity is likely consistent with benign changes such as extramedullary hematopoiesis or age-related remodeling with minor potential for inflammatory or neoplastic disease.

REFERRING VET

Dr. Thompson

Liver/ Gallbladder

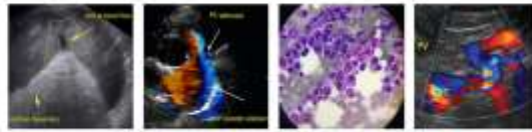
INVOICE

12289

The liver exhibited generalized enlargement with subjective maintained symmetrical capsule contour. Subtle generalized overall increased hepatic parenchyma echogenicity compared to the falciform fat with generalized parenchymal remodeling was present. Chronic parenchymal changes and indistinct parenchymal nodules were noted.

DATE

9.23.2021



PATIENT

The gallbladder was non-distended in size with mild gallbladder debris. The cystic and common bile ducts were normal.

Gracie Weider

Gastrointestinal

SPECIES

The stomach presented intact wall layering with a normal wall layer ratio. Minor retained ingesta and chyme were present in the gastric lumen.

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.

BREED

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

Golden Retriever

Pancreas

SEX

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.

FS

AGE

Free Abdomen

12 years

No overt lymphadenopathy or peritoneal effusion was present.

WEIGHT

ULTRASONOGRAPHIC FINDINGS

69 Pounds

Primary Findings

- Mild urinary bladder dependent mineral
- Mild age-related kidneys
- Hepatomegaly with chronic remodeled to indistinctly nodular parenchyma
- Mild gallbladder debris (non-mucocele)
- Sonographically unremarkable gastrointestinal tract with minor retained gastric ingesta / chyme

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HOSPITAL NAME

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The overall liver was nonspecific with considerations including chronic vacuolar hepatitis, nonspecific hepatitis (Infectious, immune-mediated or other), cholangiohepatitis, mild fibrosis, cirrhosis with areas of hematopoiesis, or nodular / regenerative hyperplasia. Hepatic neoplasia cannot be excluded.

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Pending hepatic FNA cytology obtained during the ultrasound, continued hepatosupportive medications +/- antibiotic trial if evidence of inflammatory cells may be considered. Hepatic core biopsy is likely required for a definitive diagnosis.

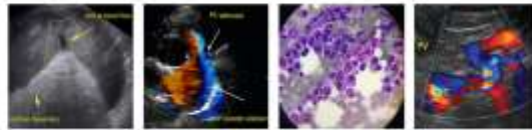
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Correlation with a recheck CBC/Chemistry Panel/T4/Urinalysis +/- Urine C/S and baseline UPS is warranted.

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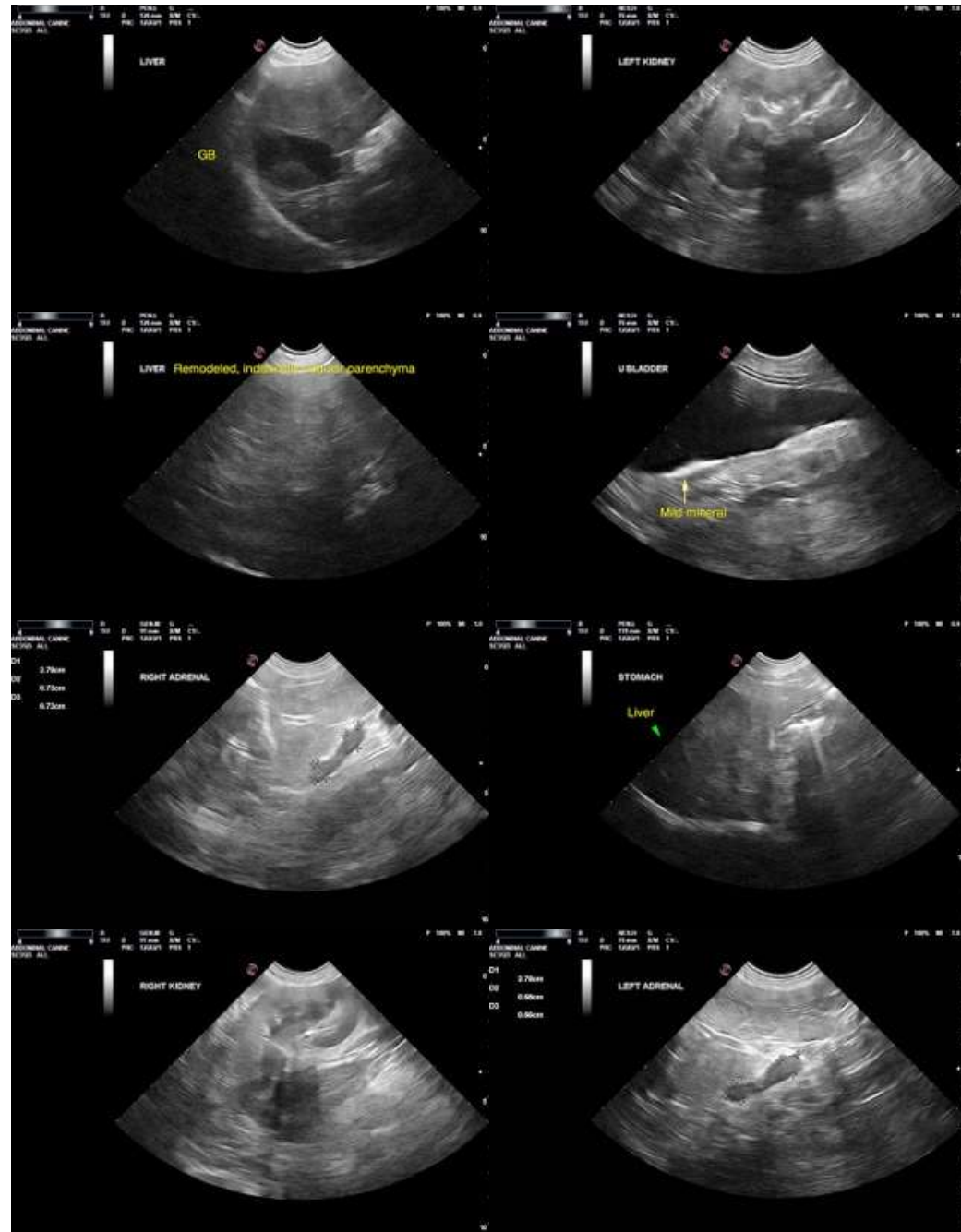
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)
mac.daniel@sonopath.com