



<b>PATIENT</b>	<b>PRESENTING CLINICAL SIGNS</b>
George Reekie	Very lethargic, weak, can barely stand. Low temperature on arrival., marked dehydration. Acute onset of vomiting last night.
<b>SPECIES</b>	Abnormal PE/Chem/CBC/UA Results: Elevated RBC, HCT, HGB, RDW, RETIC, Neuts, Creatinine, Urea and Total Protein, ALB, GLobulin and ALT. Decreased K and EOS.
Canine	
<b>BREED</b>	<b>ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN</b>
Labrador Retriever	<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.
Neutered Male	No overt pathology was noted in the area of the residual prostate.
<b>AGE</b>	The area of the aortic trifurcation was free of pathology.
3 years	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 6.6 cm in length. The right kidney measured 6.4 cm in length.
<b>WEIGHT</b>	
43 kg	
<b>INTERPRETED BY</b>	<b>Adrenal Glands</b>
R. McKenzie Daniel, DVM, DABVP	The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.99 cm width at the caudal pole and 0.95 cm width at the cranial pole.
<b>IMAGING PERFORMED BY</b>	The right adrenal gland was indistinctly visualized owing to patient size and conformation, without overt pathology, subjectively measuring 0.64 cm width at the caudal pole.
Crystal Hill	<b>Spleen</b>
<b>HOSPITAL NAME</b>	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.
Beatties PH Stoney Creek	<b>Liver/ Gallbladder</b>
<b>REFERRING VET</b>	The liver presented normal in size. The hepatic parenchyma revealed diffuse reduced echogenicity compared to the spleen and renal cortical parenchyma with a mild coarse echotexture. Increased portal vein prominence was evident. The capsule of the liver was normal in margination. Distinct masses or nodules were not evident. The hepatic and portal vasculature were normal in appearance. The gallbladder was non-distended in size with primarily anechoic luminal content. The cystic and common bile ducts were normal.
Dr. Mellish	
<b>INVOICE</b>	
12341	
<b>DATE</b>	
9/29/21	



**PATIENT**

***Gastrointestinal***

George Reekie

The stomach presented wall thickening secondary to echogenic mucosa hypertrophy. Intact wall layering was maintained and distinct. Mild gastric distension with mild retained anechoic to echogenic fluid was present.

**SPECIES**

Canine

The intestinal walls demonstrated intact wall layering and maintained 1:3 muscularis / mucosa ratio. Subjective, generalized, decreased duodenojejunal mucosa echogenicity was present. A mild segmental to generalized jejunal ileus without evidence of overt obstructive pattern or foreign material was present. Intact wall layering was maintained.

**BREED**

Labrador Retriever

Normal visible colon wall layers were present with mild non-formed to liquid feces, suggestive of diarrhea, present in the colon lumen.

**SEX**

Neutered Male

***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.

**AGE**

3 years

***Free Abdomen***

No overt lymphadenopathy or peritoneal effusion was present.

**WEIGHT**

43 kg

**ULTRASONOGRAPHIC FINDINGS**

***Primary Findings***

**INTERPRETED BY**

R. McKenzie Daniel,  
DVM, DABVP

- Acute gastroenteritis pattern with gastric and segmental mild nonobstructive jejunal hypomotility - acute enterotoxic insult, infectious gastroenteritis, dietary indiscretion, acute noninfectious or nontoxic inflammatory bowel, possible
- Subjective hypoechoic liver - reactive hepatopathy, acute hepatitis given the ALT elevation, hepatotoxic insult, or other hepatopathy possible
- Sonographically unremarkable bilateral kidneys - suspect prerenal azotemia given the dehydration

**IMAGING PERFORMED BY**

Crystal Hill

**HOSPITAL NAME**

Beatties PH Stoney  
Creek

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Hospitalization with rehydration and electrolyte supplementation with reassessment of lab work abnormalities is suggested.

**REFERRING VET**

Dr. Mellish

Potential for occult Addison's Disease is considered unlikely, given the decreased potassium levels, likely secondary to vomiting and decreased intake, as well as sonographically unremarkable bilateral adrenal glands. However, a resting cortisol level may be considered for a definitive assessment.

**INVOICE**

12341

As-needed GI support is recommended with clinical reassessment following supportive care. No indication for immediate surgical intervention, give the lack of obstructive gastrointestinal pattern or overt foreign material.

**DATE**

9/29/21



**PATIENT**

George Reekie

**SPECIES**

Canine

**BREED**

Labrador Retriever

**SEX**

Neutered Male

**AGE**

3 years

**WEIGHT**

43 kg

**INTERPRETED BY**

R. McKenzie Daniel,  
DVM, DABVP

**IMAGING  
PERFORMED BY**

Crystal Hill

**HOSPITAL NAME**

Beatties PH Stoney  
Creek

**REFERRING VET**

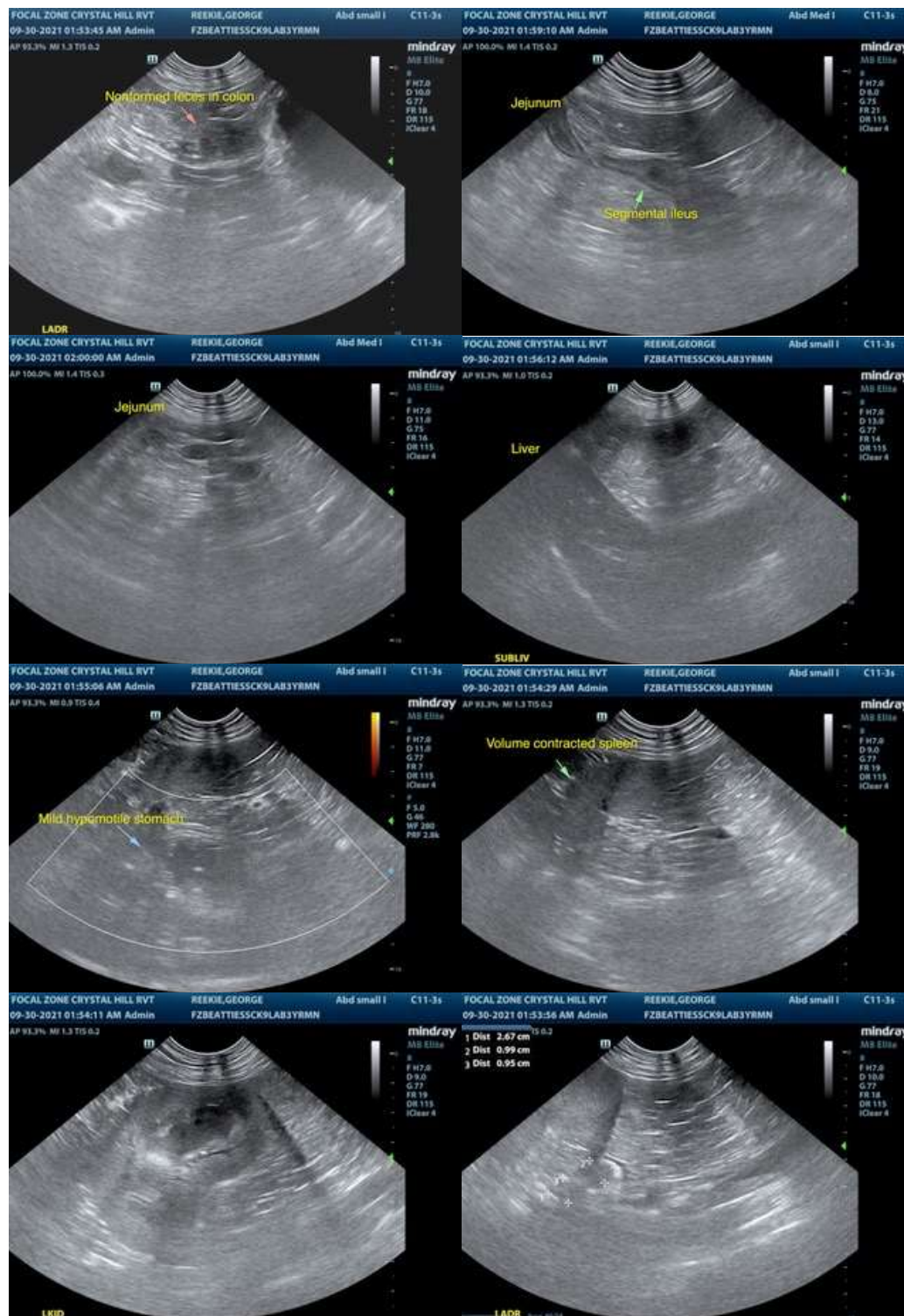
Dr. Mellish

**INVOICE**

12341

**DATE**

9/29/21





**PATIENT**

George Reekie

**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.**

**SPECIES**

Canine

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.

**BREED**

Labrador Retriever

**R. McKenzie Daniel, DVM, DABVP (Canine / Feline Practice)**  
**[info@SonoPath.com](mailto:info@SonoPath.com)**

**SEX**

Neutered Male

**AGE**

3 years

**WEIGHT**

43 kg

**INTERPRETED BY**

R. McKenzie Daniel,  
DVM, DABVP

**IMAGING  
PERFORMED BY**

Crystal Hill

**HOSPITAL NAME**

Beatties PH Stoney  
Creek

**REFERRING VET**

Dr. Mellish

**INVOICE**

12341

**DATE**

9/29/21