



PATIENT PRESENTING CLINICAL SIGNS

Chase Knipe Vomiting, not eating Gabapentin, Trilostane 20mg

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

SPECIES

Canine

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 4 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.

BREED

Beagle

Normal size and margination was 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. No evidence of pelvic dilation was present. Bilateral pinpoint areas of medullary mineral and intermittent cortical cysts were present. The left kidney measured 5.7 cm in length. The right kidney measured 6.1 cm in length.

SEX

MN

AGE

2007

The area of the aortic trifurcation was free of pathology.

The residual prostate was free of pathology measuring 1.0 cm in diameter.

WEIGHT

35.7

Adrenal Glands

Bilateral symmetrical adrenal gland enlargement with uniformly hypoechoic parenchyma was present. The left adrenal gland measured 0.81 cm width at the caudal pole and 1.2 cm width at the cranial pole. The right adrenal gland measured 0.96 cm width at the caudal pole and 1.0 cm width at the cranial pole.

INTERPRETED BY

R. McKenzie Daniel,
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(Canine and Feline)

Spleen

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.

IMAGING PERFORMED BY

Rebekah Jakum, CVT
ARDMS/RVT

HOSPITAL NAME

Mill Pond VC

Liver

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.

REFERRING VET

Dr. Thayer

The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.

INVOICE

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Gastrointestinal

The stomach presented intact yet mild regional prominent wall layering with a normal wall layer ratio. The lumen of the stomach was empty with mild luminal gas and no signs of ileus, obstruction or foreign material. The ventral gastric body wall measured 0.43 cm in width.

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PATIENT

Chase Knipe

The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. Segmental propensity for mildly prominent duodenojejunal mucosa was present. The lumen of the small intestine was empty with no signs of ileus, obstruction or foreign material. The duodenum wall measured 0.46 cm in width. The jejunum wall measured 0.30 cm in width.

SPECIES

Canine

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

Pancreas

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The pancreas was normal in size and contour with isoechoic to heterogeneous parenchyma compared to adjacent omentum. No signs of active inflammation or neoplasia.

Free Abdomen

SEX

No overt lymphadenopathy or peritoneal effusion was present.

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ULTRASONOGRAPHIC FINDINGS

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- Bilateral chronic renal changes with intermittent cortical cysts
- Mild hepatosplenic parenchymal remodeling-benign
- Subjective mild gastroenteritis pattern, pattern for inflammatory bowel
- Mild heterogeneous pancreas-patient/age related variant, potential for low grade to chronic pancreatitis possible
- Bilateral prominent adrenal glands-suspect PDH given current Trilostane therapy, no evidence of adrenal neoplastic criteria

WEIGHT

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Overall, no evidence of significant abdominal GI or pancreatic pathology was present in this study as a definitive cause of the patient's clinical signs. Low grade to mild inflammatory gastroenteropathy is suspected. Low grade pancreatitis may be considered if discomfort on cranial abdominal or subxiphoid palpation.

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Rebekah Jakum, CVT
ARDMS/RVT

A spec cPL or a GI panel to include PLI/TLI/Cobalamin/Folate is recommended. A full CBC and chemistry panel with UA is recommended to assess for underlying metabolic cause. Three view chest radiographs suggested if not done to assess for thoracic pathology. Recheck ACTH stim test is advised if not recently done.

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Empirically as needed GI support is suggested.

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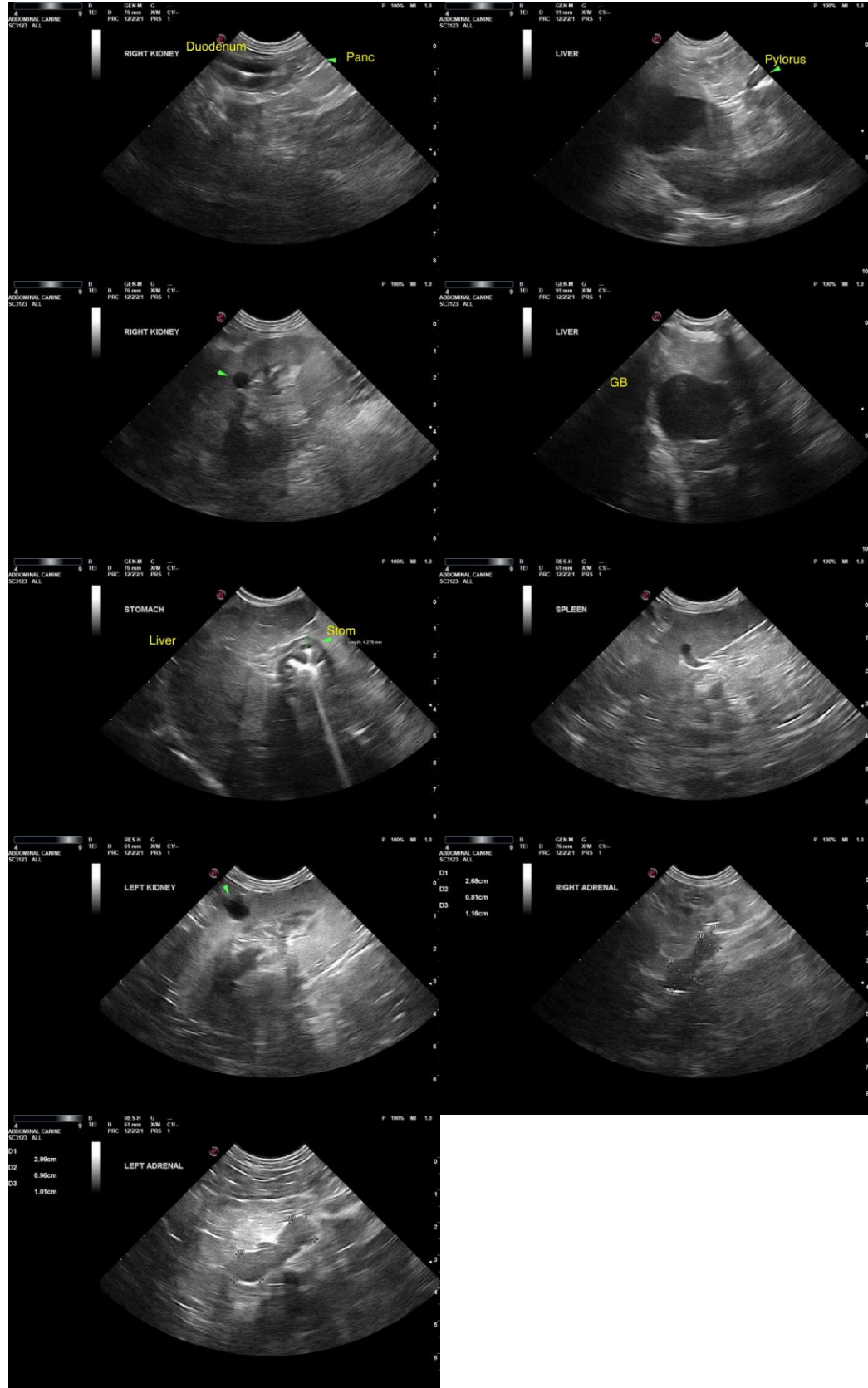
Dr. Thayer

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PATIENT

Chase Knife

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. 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

Beagle

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