



PATIENT PRESENTING CLINICAL SIGNS

Wrecker Cressman Less active, nasal congestion, pale mm, 10# weight loss

SPECIES

Canine

Abnormal PE/Chem/CBC/UA Results: HCT 32.1, Retics 33, WBC 9.8, PLT 481, ALB 2.6, ALP 460, Na:K 26, T4 1.2

BREED

Rottweiler

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

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.

SEX

MN

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 6.9 cm in length. The right kidney measured 6.8 cm in length.

AGE

2013

The area of the aortic trifurcation was free of pathology.

WEIGHT

130

The residual prostate was free of pathology measuring 1.5 cm in diameter.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.82 cm width at the caudal pole and 3.3 cm length. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.87 cm width at the caudal pole and 2.8 cm length.

INTERPRETED BY

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

Spleen

The spleen exhibited normal size and contour with subtle parenchyma heterogeneity. A solitary non-disruptive non-expansive nodule was present in the mid caudal spleen measuring 0.96 in diameter. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis.

IMAGING PERFORMED BY

Rebekah Jakum, CVT
ARDMS/RVT

Liver

HOSPITAL NAME

Alburtis AH

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 and minor non-dependent echogenic debris. The cystic and common bile ducts were normal.

REFERRING VET

Dr. Borelli

Gastrointestinal

INVOICE

11589ag

The stomach presented regional prominent to hypoechoic wall layering in the mid gastric body and pylorus measuring 0.76 cm in width. The lumen of the stomach was empty with no signs of ileus, obstruction or foreign material.

DATE

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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.



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

Wrecker Cressman

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 was evident.

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Canine

Free Abdomen

BREED

No omental masses, overt lymphadenopathy or peritoneal effusion was present.

Rottweiler

ULTRASONOGRAPHIC FINDINGS

SEX

- Mildly prominent gastric walls
- Sonographically unremarkable visualized small bowel
- Benign hepatopathy
- Minor gallbladder walls (non-mucocele)
- Non-specific splenic nodule

MN

AGE

2013

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

WEIGHT

130

The mildly prominent gastric walls are of unclear significance given reported lack of GI signs. This may suggest gastritis, potential for early infiltrative criteria is considered less likely with potential for patient variant.

INTERPRETED BY

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

No overt evidence of significant hepatopathy. Assuming normal clotting status and using a 25g needle a hepatic FNA could be considered or screening cytology.

Potential etiologies for the splenic nodule may include benign processes such as nodular hyperplasia, extramedullary hematopoiesis, hematoma, infection, infarction, or neoplasia. Ultrasound guided FNA of the nodule using 25-gauge needle and assuming normal coagulation parameters may be considered. Otherwise, sonographic monitoring of the splenic nodule for any changes in size or appearance with initial recheck in 3-4 weeks would be a more conservative approach.

IMAGING PERFORMED BY
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ARDMS/RVT

A GI panel to include PLI/TLI/Cobalamin/Folate as well as three view chest radiographs and neurological / musculoskeletal examination are recommended to assess for or rule out occult disease which may cause weight loss.

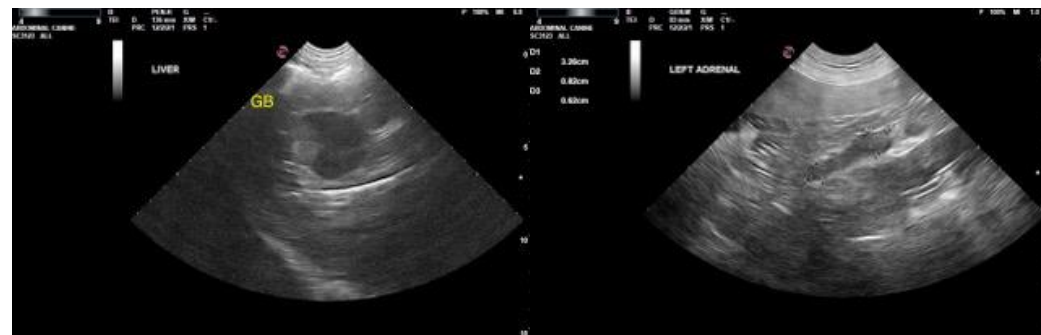
HOSPITAL NAME

Alburtis AH

Overall, no evidence of significant abdominal visceral pathology was present in this study as a definitive cause of the patient's clinical signs.

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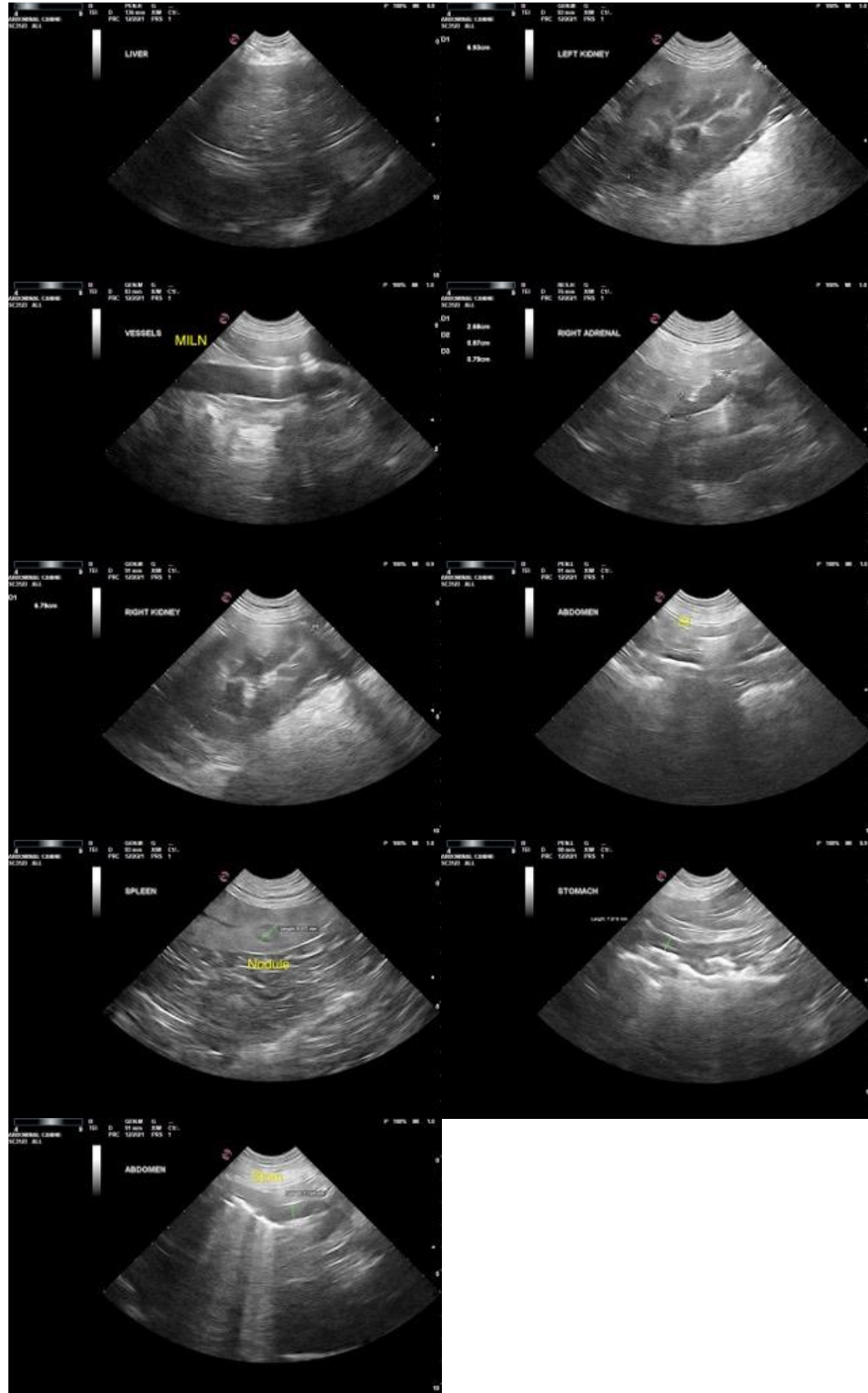
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PATIENT

Wrecker Cressman

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

Rottweiler

R. McKenzie Daniel, DVM, DABVP (Canine/Feline Practice)
mac.daniel@sonopath.com

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