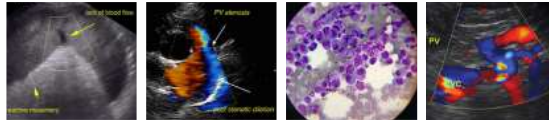
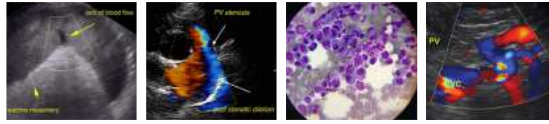


<b>PATIENT</b>	<b>PRESENTING CLINICAL SIGNS</b>
Jack Brenaman	loss of appetite, lethargic. originally vomiting. Started on the 5th, initially responded to Cerenia and bland food - but lost appetite again Saturday. ABNORMAL Laboratory Findings CBC/ Chemistry normal
<b>SPECIES</b>	Radiographic Findings lateral and VD abdomen, no significant findings
Canine	Abnormal PE/Chem/CBC/UA Results: none
<b>BREED</b>	<b>ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN</b>
Jack Russell Terrier	<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.
MN	
<b>AGE</b>	
10 years	The residual prostate was symmetrically normal in size with uniform parenchyma and slight coarse echotexture measuring 1.2 cm in diameter.
<b>WEIGHT</b>	The area of the aortic trifurcation was free of pathology.
20 lbs.	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 4.6 cm in length. The right kidney measured 4.3 cm in length.
<b>INTERPRETED BY</b>	<b>Adrenal Glands</b>
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 1.8 cm length x 0.58 cm width at the caudal pole. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 1.7 cm length x 0.52 cm width at the caudal pole.
<b>IMAGING PERFORMED BY</b>	
Jenna Walsh, CVT	
<b>HOSPITAL NAME</b>	<b>Spleen</b>
Q Street AH	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.
<b>REFERRING VET</b>	
Dr. Bretschneider	
<b>INVOICE</b>	<b>Liver/ Gallbladder</b>
13013	
<b>DATE</b>	The liver was subjectively normal in size, structure, and contour. The liver parenchyma was uniform and hypoechoic to the spleen with a mild coarse echotexture. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non distended in size with
1/10/22	



<b>PATIENT</b>	mild, echogenic, nonmineralized biliary sludge. The cystic duct and common bile ducts were normal without evidence of dilation.
Jack Brenaman	
<b>SPECIES</b>	<b><i>Gastrointestinal</i></b>
Canine	The stomach presented intact wall layering with a normal wall layer ratio. Minor retained anechoic fluid and luminal gas were present. The gastric body wall width measured 0.30 cm.
<b>BREED</b>	The small intestine exhibited primarily intact wall layering with a maintained 1:3 muscularis/mucosa ratio. A segment of the small intestine subjectively within the mid to potential cranial abdomen exhibited mild mural hypertrophy with indistinct to loss of discernable wall layer detail, measuring an estimated 3.0 cm length with wall width measuring up to 0.77 cm. By comparison, the duodenum wall width measured 0.37 cm. Normal-appearing jejunum wall width measured 0.34 cm.
Jack Russell Terrier	
<b>SEX</b>	
MN	Normal visible colon wall layers were present with subjective formed feces in lumen.
<b>AGE</b>	<b><i>Pancreas</i></b>
10 years	The pancreas base was normal in size and contour with subtle hypoechoic parenchyma compared to adjacent omentum.
<b>WEIGHT</b>	<b><i>Free Abdomen</i></b>
20 lbs.	Associated regional peri intestinal reactive mesentery along with small pockets of scant free fluid were noted around the abnormal segment of intestine, as well as in the caudal abdomen around the outer apical urinary bladder.
<b>INTERPRETED BY</b>	Intermittent jejunal lymph nodes were present. The lymph nodes were essentially isoechoic to adjacent omentum without evidence of peripheral inflammation and maintaining a normal width: length ratio (<0.5). An example lymph node measured 0.97 cm diameter.
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	
<b>IMAGING PERFORMED BY</b>	<b>ULTRASONOGRAPHIC FINDINGS</b>
Jenna Walsh, CVT	<b><i>Primary Findings</i></b>
<b>HOSPITAL NAME</b>	<ul style="list-style-type: none"> <li>• Segmental mild thickened small intestine exhibiting indistinct to loss of discernable wall layer detail</li> <li>• Associated peri intestinal reactive mesentery and scant free fluid</li> <li>• Possible low-grade pancreatitis</li> <li>• Intermittent nonspecific jejunal lymphadenopathy - secondary hyperplasia, reactive lymphadenitis suspected, potential for early neoplastic lymphadenopathy cannot be definitively excluded</li> </ul>
Q Street AH	
<b>REFERRING VET</b>	
Dr. Bretschneider	
<b>INVOICE</b>	<b><u>INTERPRETATION OF THE FINDINGS &amp; FURTHER RECOMMENDATIONS</u></b>
13013	The segmentally thickened intestine may indicate inflammatory granulomatous or neoplastic etiologies. Intestinal biopsies would be required for a definitive diagnosis with potential for resection anastomosis of the abnormal intestine.
<b>DATE</b>	
1/10/22	



**PATIENT**

Jack Brenaman

**SPECIES**

Canine

**BREED**

Jack Russell Terrier

**SEX**

MN

**AGE**

10 years

**WEIGHT**

20 lbs.

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Jenna Walsh, CVT

**HOSPITAL NAME**

Q Street AH

**REFERRING VET**

Dr. Bretschneider

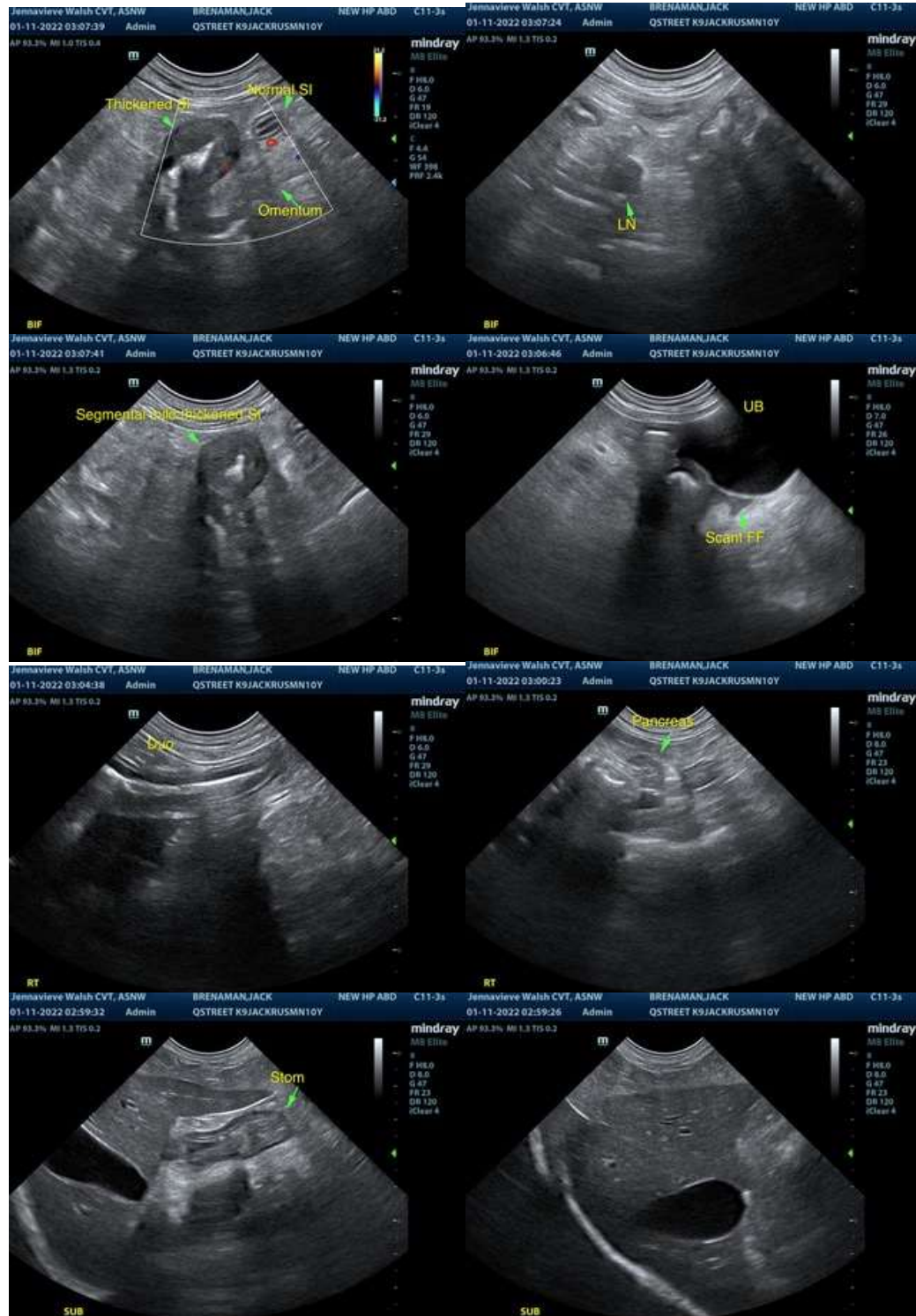
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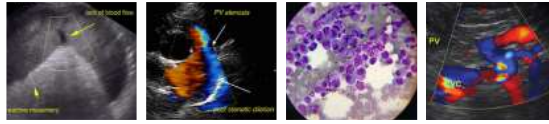
13013

**DATE**

1/10/22

Lymphatic biopsies are also recommended if intestinal biopsies are elected. Three view chest radiographs are suggested prior to surgical considerations.





**PATIENT**

Jack Brenaman

**SPECIES**

Canine

**BREED**

Jack Russell Terrier

**SEX**

MN

**AGE**

10 years

**WEIGHT**

20 lbs.



**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Jenna Walsh, CVT

**HOSPITAL NAME**

Q Street AH

**REFERRING VET**

Dr. Bretschneider

**INVOICE**

13013

**DATE**

1/10/22

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