



PATIENT	PRESENTING CLINICAL SIGNS
Jocko Scheel	Senior screening. Recovered from UTI (pyuria and bacteriuria) and pancreatitis (based on abnormal SpeCPL test) 12/28/2021 while travelling, full test results not available. No current concerns. Blind, arthritic geriatric dog with sedentary lifestyle. Current Medications Galliprant 20 mg q 24hr
SPECIES	Abnormal PE/Chem/CBC/UA Results: Recheck UA: 1/8/22 USG = 1.015, with hematuria considered a likely cysto collection artifact, otherwise normal.
Canine	
BREED	ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN
Bi hon Frise x Poodle	Urinary System
SEX	The urinary bladder, trigone, and cystourethral junction 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	
AGE	The area of the aortic trifurcation was free of pathology.
16 years	
WEIGHT	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 moderate loss of corticomedullary symmetry and definition expected for the age of the patient. A moderately sized, thinly walled cyst occupying the mid to cranial left kidney containing anechoic fluid measuring 2.2 cm in diameter, was present. No evidence of pelvic dilation was present. The left kidney measured 3.5 cm in length. The right kidney measured 4.1 cm in length.
17 lbs	
INTERPRETED BY	Adrenal Glands
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 0.54 cm width at the caudal pole and 0.37 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 0.47 cm width at the caudal pole and 0.53 cm width at the cranial pole.
IMAGING PERFORMED BY	
Jenna Walsh, CVT	
HOSPITAL NAME	Spleen
VCA Salem AH	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.
REFERRING VET	
Dr. Hallden	
INVOICE	Liver/ Gallbladder
13089	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
DATE	
1/18/22	



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Canine

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Bi hon Frise x Poodle

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without signs of congestion. The gallbladder was non-distended in size with minor, nonmineralized gallbladder debris. The cystic and common bile ducts were normal.

Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach was empty with no signs of ileus, obstruction, or foreign material.

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.

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

Pancreas

The pancreas was normal in size and contour with heterogeneous to mildly echogenic parenchyma noted in the pancreas base was present. No evidence of peripheral pancreatic omental reactivity was noted.

Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Bilateral chronic renal changes with left kidney cyst
- Mild hepatic parenchymal remodeling with minor gallbladder debris - incidental
- Heterogeneous to mildly mixed echogenic pancreas - age or patient-related variant, potential for parenchymal remodeling owing to previous inflammatory episode or possible persistent low-grade to chronic pancreatitis possible
- Sonographically unremarkable urinary bladder

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Overall, largely geriatric abdomen without evidence of significant visceral pathology. The potential for persistent low-grade to chronic pancreatitis would be suspected if evidence of cranial abdominal or subxiphoid discomfort on palpation, or persistent mild elevated cPL.

Aside from the left kidney cyst, which is considered incidental, along with moderate expected chronic renal changes, no overt evidence of upper or lower urinary tract pathology was evident.



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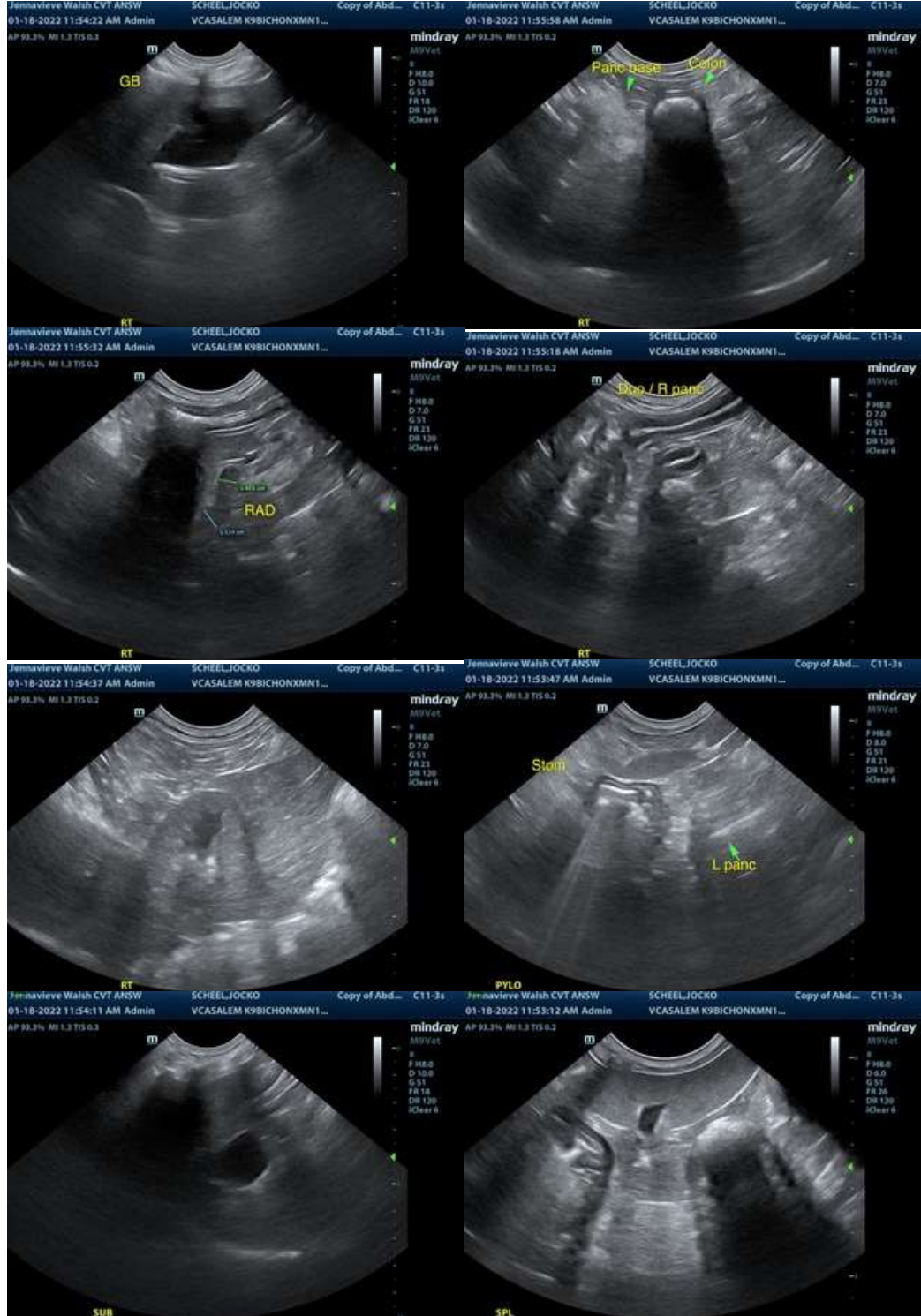
Dr. Hallden

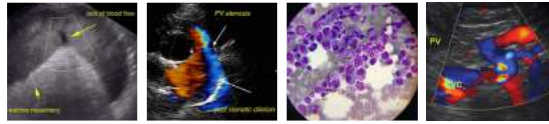
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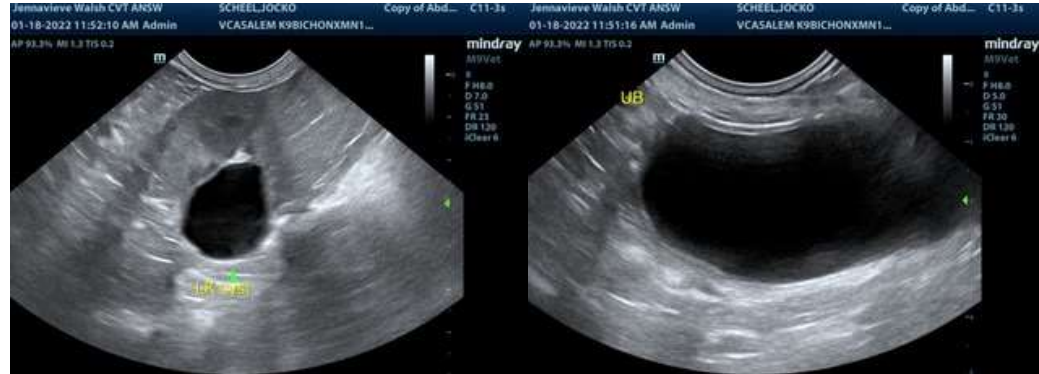
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)
info@SonoPath.com