



**PATIENT**

Delilah Clark

**SPECIES**

Canine

**BREED**

Mix

**SEX**

FS

**AGE**

14 years

**WEIGHT**

18 lbs.

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Jessica Miller

**HOSPITAL NAME**

Morris Hills VC

**REFERRING VET**

Dr. Hirshenson

**INVOICE**

15989

**DATE**

1/27/23

**PRESENTING CLINICAL SIGNS**

Pet exhibits periodic bouts of anorexia + shaking. BW done 1/23/23 elevated Amylase + PLI. Positive Lyme snap 4dx. Current meds: Doxycycline 100mg SID, Gaba 100 BID

Abnormal PE/Chem/CBC/UA Results: Alk Phos 207, Urea Nitrogen 45, Creatinine 2.2, Mg 3.1, Amylase 5796, Precision PSL 7961, Neut 11097

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

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.

The area of the aortic trifurcation was free of pathology.

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 4.0 cm in length. The right kidney measured 4.5 cm in length.

**Adrenal Glands**

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 2.0 cm length x 0.39 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 1.5 cm length x 0.53 cm width at the caudal pole.

**Spleen**

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.

**Liver/ Gallbladder**

The liver presented mildly 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 containing primarily anechoic content with mild echogenic nonorganized gallbladder debris. No evidence of gallbladder or peripheral gallbladder inflammatory criteria was noted. The cystic and common bile ducts were normal.



**PATIENT**

**Gastrointestinal**

Delilah Clark

The stomach presented intact wall layering with a normal wall layer ratio. Minor retained nonshadowing chyme was present. No evidence of mechanical pyloric outflow obstruction was noted.

**SPECIES**

Canine

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 mechanical / metabolic ileus, obstruction, or foreign material.

**BREED**

Mix

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

**SEX**

FS

**Pancreas**

The left pancreatic limb was mildly prominent in size exhibiting nonhomogeneous isoechoic parenchyma compared to the adjacent non-reactive omentum. The pancreas base and right pancreatic limb exhibited prominent size, asymmetrical contour, and mildly hypoechoic parenchyma compared to the adjacent mildly hyperechoic omentum.

**AGE**

14 years

**Free Abdomen**

No overt lymphadenopathy or peritoneal effusion was present.

**WEIGHT**

18 lbs.

**ULTRASONOGRAPHIC FINDINGS**

**INTERPRETED BY**

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

- Mild chronic renal changes
- Mild benign hepatopathy - suggestive of reactive or vacuolar hepatic changes
- Mild gallbladder debris (non-mucocele)
- Mixed pattern chronic to chronic active pancreatitis
- Sonographically normal gastrointestinal tract with possible mild gastric metabolic stasis

**IMAGING PERFORMED BY**

Jessica Miller

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

No evidence of intraabdominal neoplastic criteria was noted.

**HOSPITAL NAME**

Morris Hills VC

Therapy for chronic to chronic active pancreatitis with as-needed hepato-gastrointestinal support would be reasonable. Further renal staging to include urine C/S and protein: creatinine ratio on sterile urine sample may be considered.

**REFERRING VET**

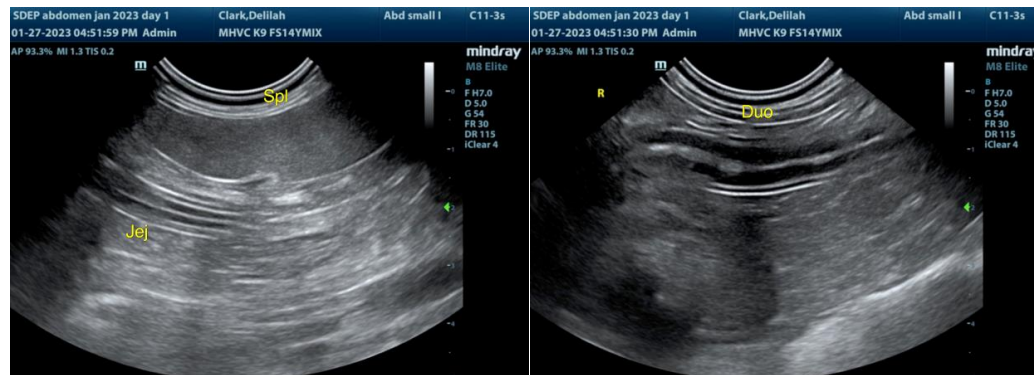
Dr. Hirshenson

**INVOICE**

15989

**DATE**

1/27/23





**PATIENT**

Delilah Clark

**SPECIES**

Canine

**BREED**

Mix

**SEX**

FS

**AGE**

14 years

**WEIGHT**

18 lbs.

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Jessica Miller

**HOSPITAL NAME**

Morris Hills VC

**REFERRING VET**

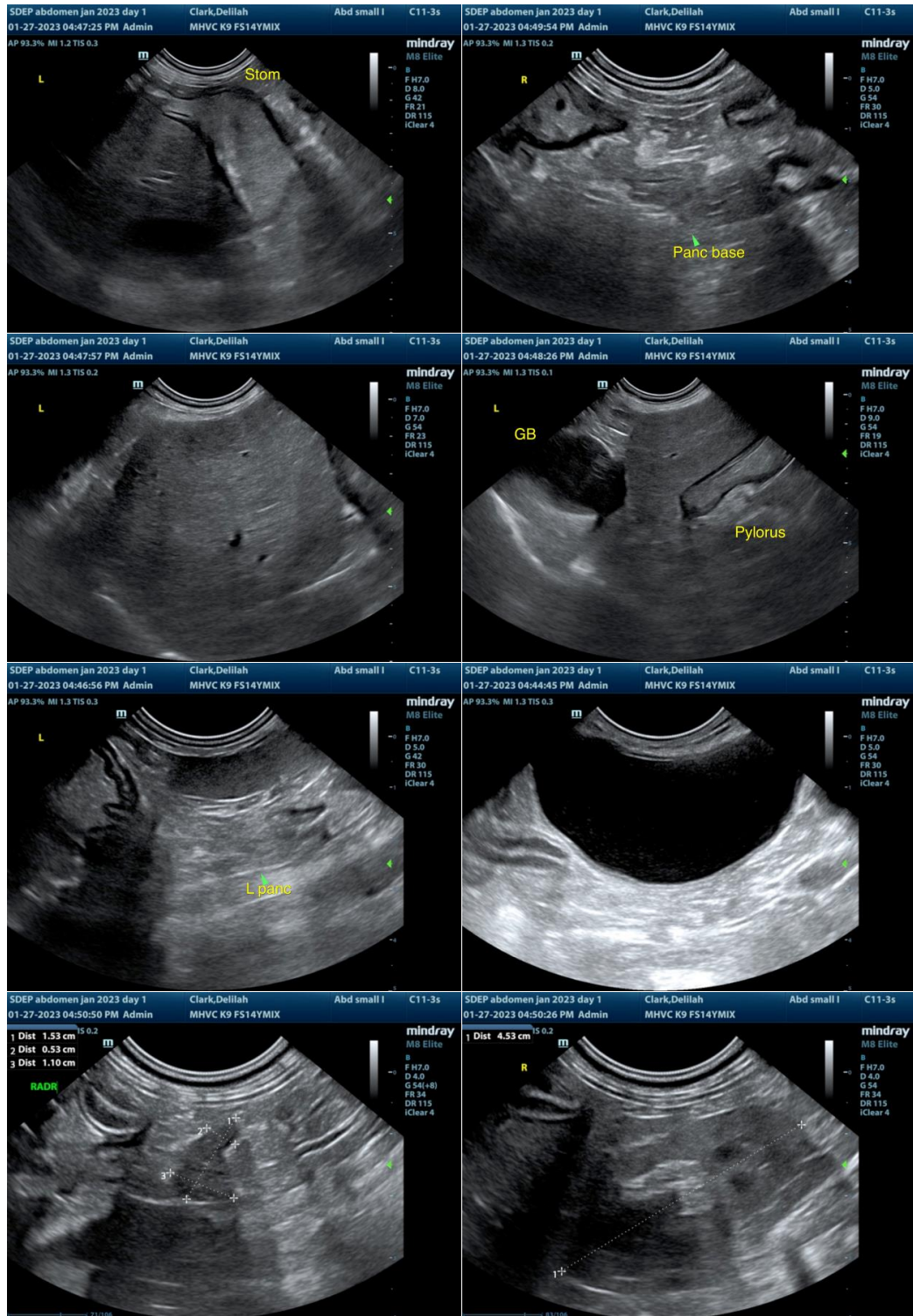
Dr. Hirshenson

**INVOICE**

15989

**DATE**

1/27/23





**PATIENT**

Delilah Clark

**SPECIES**

Canine

**BREED**

Mix

**SEX**

FS

**AGE**

14 years

**WEIGHT**

18 lbs.

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Jessica Miller

**HOSPITAL NAME**

Morris Hills VC

**REFERRING VET**

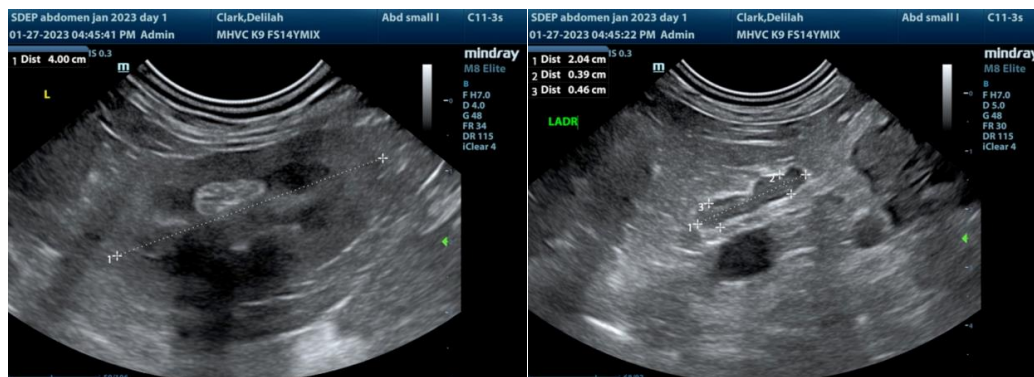
Dr. Hirshenson

**INVOICE**

15989

**DATE**

1/27/23



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.

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