



PATIENT	PRESENTING CLINICAL SIGNS
Rembrandt AKA Remy Jeffers	History: P has had increasing ALT values and mild weight loss (21.6->20.1) in last 5 months. Otherwise BAR.
SPECIES	Abnormal PE/Chem/CBC/UA Results: Physical exam unremarkable. 9/15/21: ALT 210 U/L 1/18/22: ALT 386 U/L. Rest of Chem 27 (BUN, GGT, Globulins, AST, Albumin, T.Bili) WNL
Canine	ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN
BREED	Urinary System
Cairn Terrier	The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2.0 cm exhibited normal thickness and tone. Primarily anechoic urine was present in the lumen. Mild nondependent particulate sediment was present without evidence of calculus formation, which may indicate mild cellular or crystalline debris. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic mural changes were noted. Aortic trifurcation was normal.
SEX	No overt pathology in the area of the residual prostate.
Neutered Male	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 5.0 cm in length. The right kidney measured 5.3 cm in length.
AGE	Adrenal Glands
11 Years	Both the left and right adrenal glands were indistinctly visualized yet without overt pathology. The left adrenal gland measured 0.51 cm in width. The right adrenal gland measured 0.47 cm in width.
WEIGHT	Spleen
20.1 Lbs.	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.
INTERPRETED BY	Liver
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	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.
IMAGING PERFORMED BY	Gastrointestinal
Dr. Saum Hadi	The visualized gastric body walls were normal. Mild to moderate non-shadowing ingesta/chyme present in the stomach lumen along with mild luminal gas. The pylorus wall measured 0.43 cm.
HOSPITAL NAME	DATE
Bethany Family PC	1/31/22
REFERRING VET	The small intestine presented intact wall layering and primarily maintained 1:3 muscularis/mucosa ratio with subjective propensity for potential segmental prominent mucosa. No evidence of loss of intestinal
Dr. Saum Hadi	
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PATIENT

Rembrandt AKA Remy
Jeffers

wall layering, intestinal masses or mechanical/metabolic ileus. 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.

SPECIES

Canine

Pancreas

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

BREED

Cairn Terrier

Free Abdomen

Intermittent, mildly prominent to enlarged jejunal lymph nodes was 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 of lymph node size measured 0.42 cm width.

SEX

Neutered Male

Subtle evidence of mild regional periintestinal reactive mesentery. No overt free fluid was present.

ULTRASONOGRAPHIC FINDINGS

AGE

11 Years

- Hepatopathy, exhibiting mild parenchymal remodeling- subjectively benign, low-grade to progressive inflammatory hepatopathy suspected.
- Mild gallbladder debris (non-mucocele)
- Gastric ingesta
- Possible segmental inflammatory enteropathy with intermittent associated benign/reactive jejunal lymph nodes.

WEIGHT

20.1 Lbs.

INTERPRETED BY

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

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The gallbladder debris may indicate nonclinical cholestasis and may potentially coincide with inflammatory hepatobiliary disease or cholangiohepatitis. Ultrasound guided FNA of the liver, assuming normal clotting status, could be considered for screening cytology and assessment for inflammatory cell type (if present). Empirically, hepatosupportive medications, including Denamarin and Ursodiol may prove beneficial.

IMAGING PERFORMED BY

Dr. Saum Hadi

The presence of gastric ingesta likely coincides with history of small meal prior to the ultrasound.

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Although not definitive, the small intestine exhibited potential for subtle inflammatory mural changes. However, without reported gastrointestinal signs (i.e., vomiting, diarrhea, etc.) this finding is nonspecific. Further assessment may include a GI panel, to include PLI, TLI, cobalamin and folate, as well as three-view chest radiographs (if not done) to rule out occult thoracic pathology as the potential cause of weight loss.

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HOSPITAL NAME

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REFERRING VET

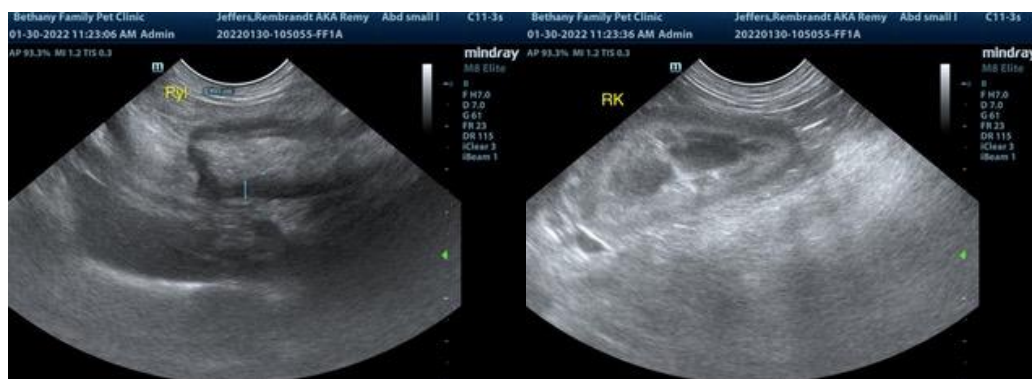
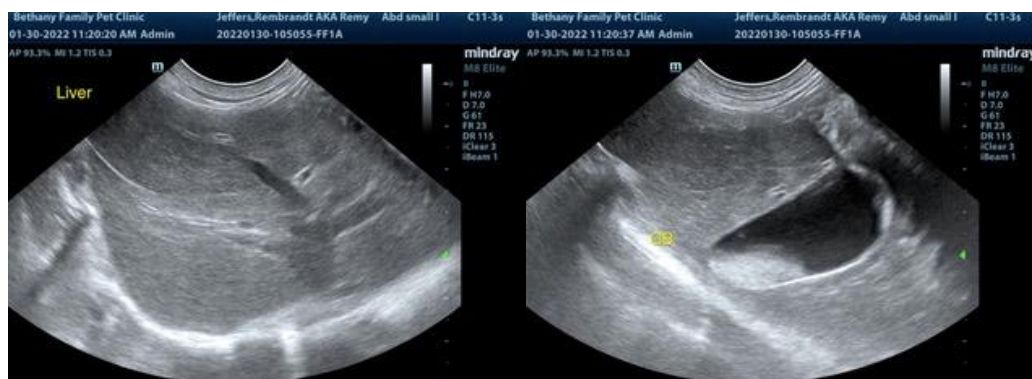
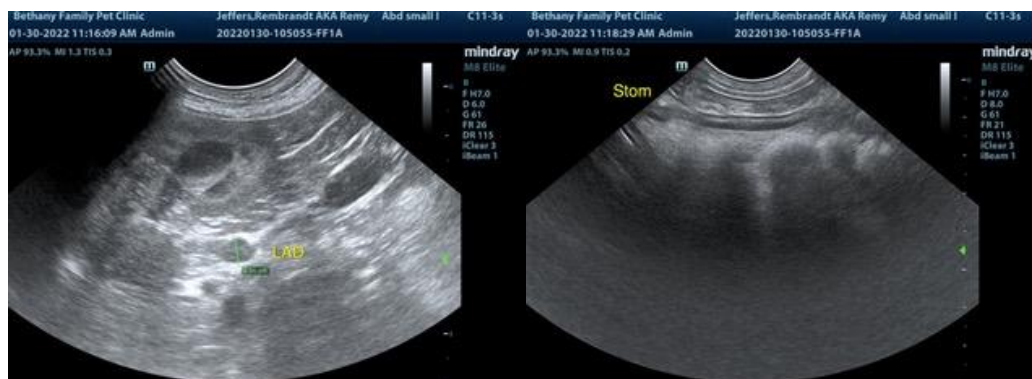
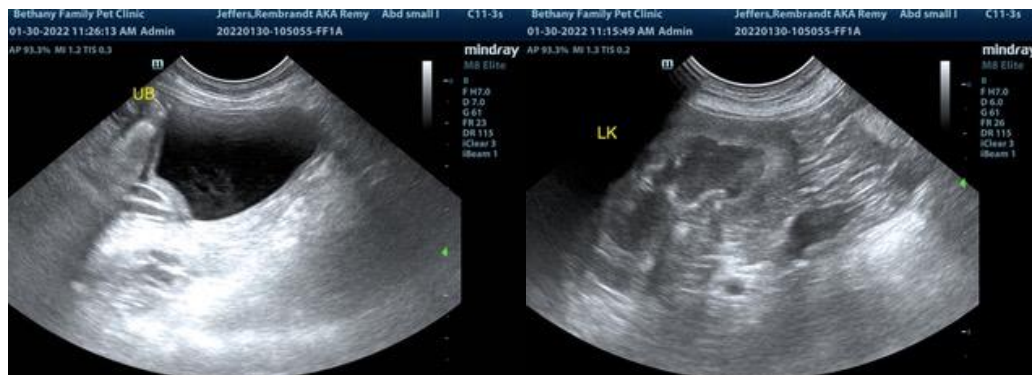
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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info@SonoPath.com