



PATIENT

Cassie Bolen

SPECIES

Canine

BREED

Schnauzer

SEX

FS

AGE

11yr

WEIGHT

16.3lb

INTERPRETED BY

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

IMAGING PERFORMED BY

Pamela Harrigan,
RDCS, Certified
Veterinary
Sonographer (IVUSS)

HOSPITAL NAME

Fall River Animal
Hospital

REFERRING VET

Roberta Bolen, DVM

INVOICE

23734

DATE

01/31/2025

PRESENTING CLINICAL SIGNS

Hyporexic x 5 days. No V/D. History of bladder stones, struvite, 2024; history progressively elevated ALP, now 1247. Was on Denamarin with no change. LDDST WNL. Currently on low fat ZD diet. History pancreatitis. USG 1.032. *Sedated with torb

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2 cm exhibited normal thickness and tone. Anechoic urine was present in the lumen with mild dependent lumen accumulated mineral to small calculi. Minor non-obstructive proximal urethral lumen mineral present. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes was noted.

Mild fluid dilated uterine remnant vs potential mild vaginal urine pooling present.

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. Bilateral areas of mild medullary mineral were present. The left kidney measured 4.6 cm in length. The right kidney measured 4.6 cm in length.

The area of the aortic trifurcation was free of pathology.

Adrenal Glands

The left adrenal gland was mildly enlarged at the caudal pole with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.7 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 0.58 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 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 mild gallbladder neck to non-dependent, non-organized 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.



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The small intestine presented intact wall layering with mild altered jejunal wall layer ratio owing to propensity for mildly prominent jejunal muscularis layer. The lumen of the small intestine was empty with no signs of mechanical/metabolic ileus, obstruction or foreign material. The duodenum wall measured 0.49 cm width. The non-thickened jejunum wall measured 0.37 cm width.

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

Pancreas

BREED

Schnauzer

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

Free Abdomen

SEX

FS

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

ULTRASONOGRAPHIC FINDINGS

AGE

11yr

Primary

- Mild urinary bladder dependent lumen accumulated mineral, small calculi and mild non-obstructive proximal urethral lumen mineral.
- Mild fluid dilated uterine remnant vs mild vaginal urine pooling.
- Chronic renal changes with mild medullary mineral.
- Mildly enlarged left adrenal gland.
- Hepatopathy with mild non-organized gallbladder debris (non-mucocele)- hepatopathy suggestive of benign vacuolar or cholestatic hepatopathy criteria.
- Remodeled pancreas.
- Empty stomach with suspect possible mild IBD intestinal pattern.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

UA +/- C/S on a sterile urine sample as well as monitoring of urination pattern or for potential vaginal discharge is recommended.

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Sonographic monitoring of the possible mild uterine fluid vs vaginal urine pooling for evidence of progression is indicated.

No overt active pancreatitis flare-up or suspicion of neoplastic criteria. Chronic pancreatitis likely if evidence of cranial abdomen/subxiphoid discomfort present on palpation. Correlation with a full GI panel could be considered.

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Gastrointestinal support and empirical therapy for chronic pancreatitis with clinical monitoring would be reasonable. If gastrointestinal signs are stabilized and if tolerated, Ursodiol in addition to Denamarin may prove beneficial.

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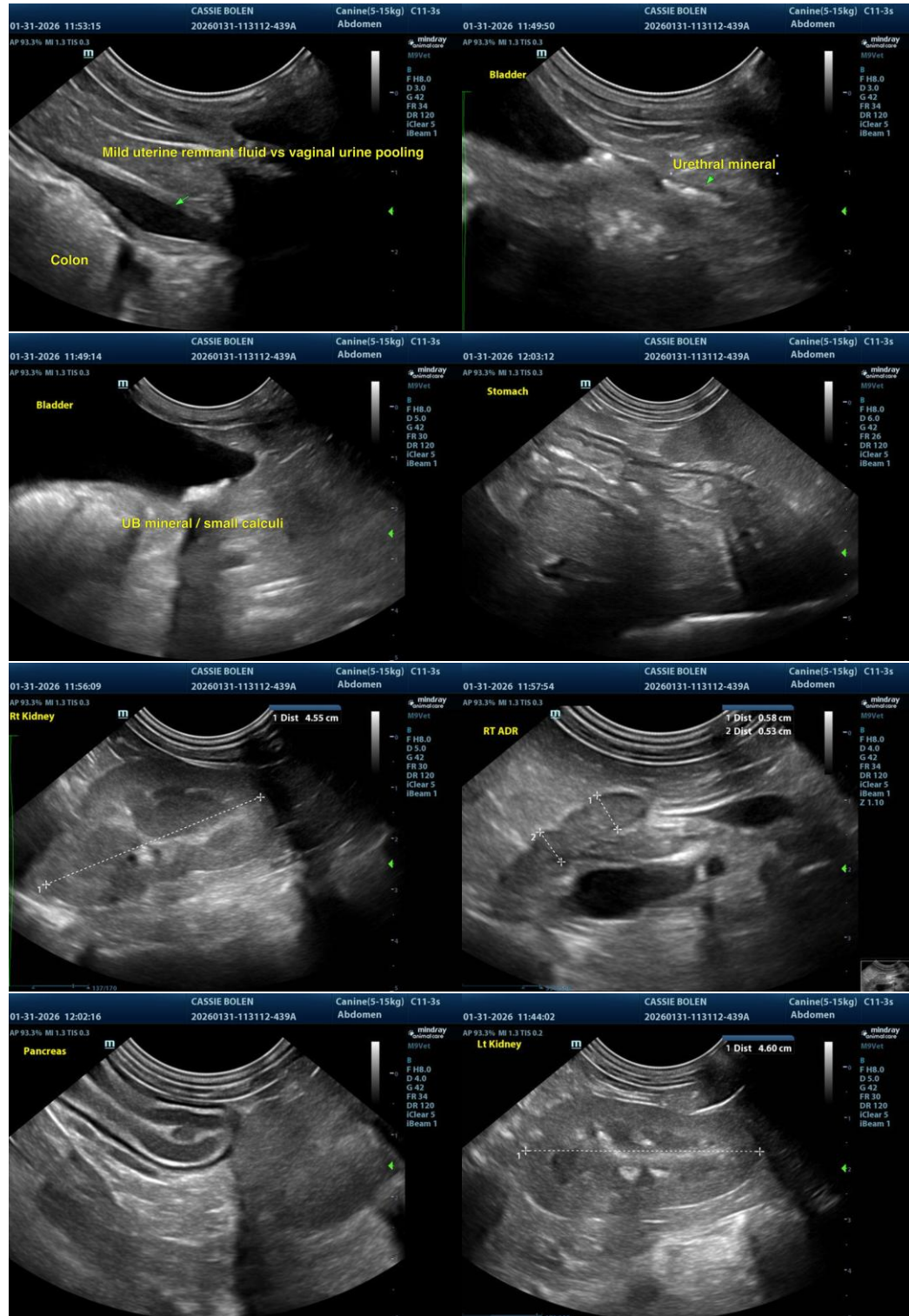
Roberta Bolen, DVM

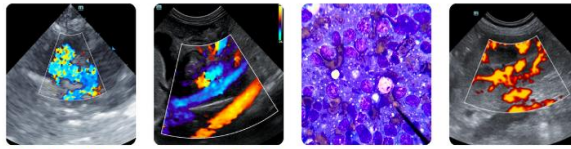
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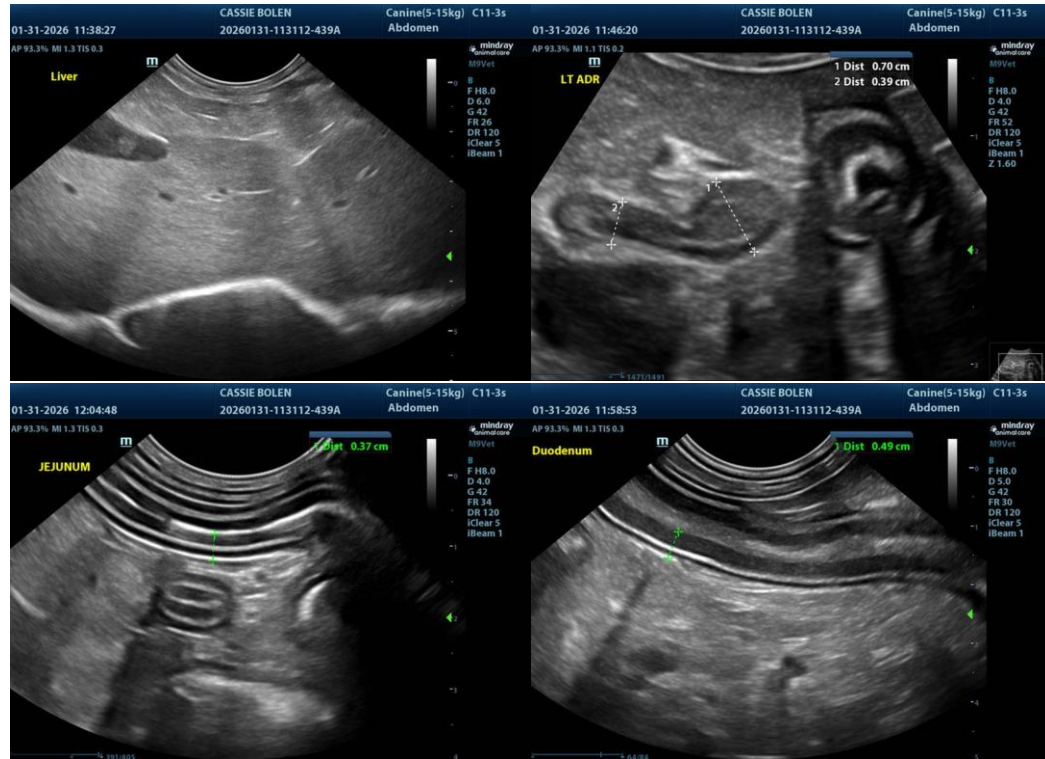
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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