



PATIENT	PRESENTING CLINICAL SIGNS
Sam Blanchnik	Bar, not eating well, vomiting, painful abdomen Recently diagnosed as diabetic and going through curves. Current Medications Insulin 3 units BID. CERENIA injection yesterday.
SPECIES	Abnormal PE/Chem/CBC/UA Results: GGT elevation
Canine	ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN
BREED	Urinary System
Jack Russel Terrier	The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 3.0 cm exhibited normal thickness and tone. Primarily anechoic urine was present in the lumen. Minor nondependent, particulate to focally hyperechoic sediment was present without evidence of calculus formation. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic mural changes were noted.
SEX	
MN	
AGE	The residual prostate was symmetrically normal in size with uniform parenchyma and slight coarse echotexture measuring 0.80 cm in diameter.
11.5 years	The area of the aortic trifurcation was free of pathology.
WEIGHT	
16.7 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 pyelectasia was present. The left kidney measured 5.1 cm in length. The right kidney measured 5.0 cm in length.
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 1.7 cm length x 0.63 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 1.6 cm length x 0.58 cm width at the caudal pole.
IMAGING PERFORMED BY	Spleen
Jenna Walsh, CVT	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.
HOSPITAL NAME	Liver/ Gallbladder
Pawsitive Wellness VC	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 mild to moderate, nondependent, particulate yet nonorganized gallbladder debris. The cystic and common bile ducts were normal.
REFERRING VET	
Dr. Hardy	
INVOICE	
12963	
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Gastrointestinal

The stomach presented intact and overall sonographically unremarkable wall layering. The stomach contained a moderate amount of retained echogenic fluid and chyme along with areas of nonspecific shadowing ingesta. No evidence of mechanical pyloric outflow obstruction was noted. The pylorus wall width measured 0.40 cm. The ventral gastric body wall width measured 0.30 cm.

The small intestine presented intact wall layering with generalized propensity for mildly prominent mucosa along with generalized mild to moderate mucosal hyperechoic speckling. The small intestine contained generalized retained chyme. Areas of peristalsis were noted yet the potential for decreased peristalsis is suspected. The jejunum wall width measured 0.39 cm. The duodenum wall width measured 0.53 cm.

Normal visible colon wall layers were present with subjective semi-formed feces in lumen.

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.

Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Mild particulate to focally hyperechoic urinary bladder sediment
- Bilateral mild chronic renal changes - no overt pyelonephritis
- Hypomotile stomach containing moderate retained fluid / chyme and areas of nonspecific shadowing ingesta
- Generalized small bowel mucosal speckling, potential for decreased to inefficient peristalsis
- Mild heterogeneous pancreas - age-related pancreatic changes, parenchymal remodeling owing to previous inflammation or low-grade to chronic pancreatitis possible

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The appearance of the pancreas was not overtly consistent with active or significant pancreatitis and was without neoplastic criteria.

Urine culture and sensitivity on a sterile urine sample is recommended if history of glucose urea.

The small bowel presentation may indicate generalized enteritis or other inflammatory enteropathy. Assuming normal albumin levels, potential for emerging PLE is considered unlikely, yet monitoring of albumin levels going forward is recommended. Generalized gastrointestinal inefficient peristalsis to



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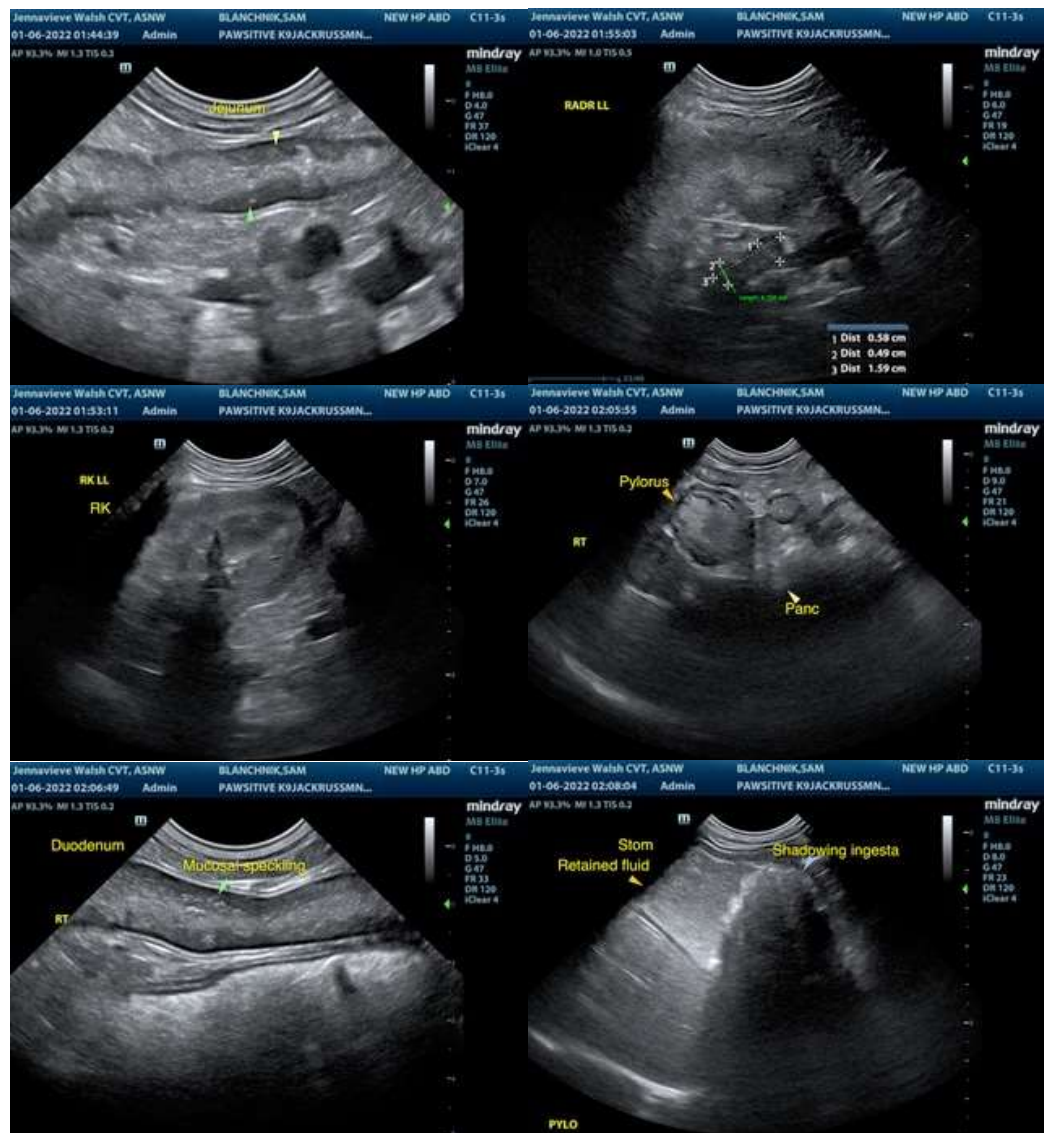
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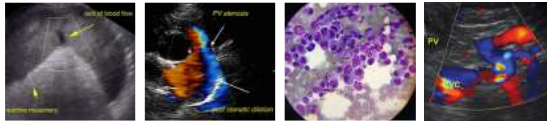
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ileus is suspected. The possibility of potential nonobstructive gastric foreign material, given the nonspecific shadowing ingesta, is considered less likely yet cannot be definitively excluded. Ideally, hospitalization with as-needed supportive care and monitoring of gastrointestinal emptying is recommended.

Recheck sonogram if persistent retained gastric fluid / ingesta or continued clinical signs or to assess for progressive inflammatory gastrointestinal changes if clinical signs continue despite supportive care is recommended.





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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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VC

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R. McKenzie Daniel, DVM, DABVP (Canine / Feline Practice)
info@SonoPath.com