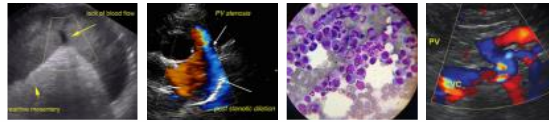


<b>PATIENT</b>	<b>PRESENTING CLINICAL SIGNS</b>
Jet Johnston	- Low energy - Previous chronic IBD/Diarrhea - Recent UTI and abx
<b>SPECIES</b>	Current Medications Triamcinalone 2 mg/ml - 0.17 ml SID; Thyro-Tabs 0.4 mg - 1 tab BID
Canine	Primary Question/Differential to Be Answered in This Exam Suspect abnormal pancreatic function
<b>BREED</b>	Abnormal PE/Chem/CBC/UA Results: BUN high at 34 (-31) Chloride low at 107 (108-119) ALT high, 145 (18-121) ALP high, 814 (5-160) Lipase high 1012 (0-250) Lymphocytes and Eosinophils low Spec cPL - High at 1362
Australian Shepherd	
<b>SEX</b>	<b>ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN</b>
MN	<b>Urinary System</b>
<b>AGE</b>	The lack of urinary bladder distension prohibited full evaluation of the bladder walls. The urinary bladder presented uniformly thickened urinary bladder wall isoechoic to the adjacent normal urinary bladder wall. The luminal margin of the thickened urinary bladder wall was mildly asymmetrical in contour. Mineralization or echogenic foci within the thickened areas of urinary bladder wall was not present. The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra exhibited normal tone. Anechoic urine was present in the lumen with possible particulate or sediment. The sediment may indicate cellular debris / protein, crystalline debris, lipid, or mucus. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of urinary bladder tumors.
12yr	
<b>WEIGHT</b>	
39lb	
<b>INTERPRETED BY</b>	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 5.2 cm in length. The right kidney measured 5.0 cm in length
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	
<b>IMAGING PERFORMED BY</b>	The area of the aortic trifurcation was free of pathology.
Jenna Walsh CVT	The area of the residual prostate appeared normal and free of pathology.
<b>HOSPITAL NAME</b>	<b>Adrenal Glands</b>
Balanced Veterinary Care	The bilateral adrenal glands were subnormal in size with normal position and shape. The left adrenal gland measured 0.40 cm width at the caudal pole and 2.3 cm length. The right adrenal gland measured 0.32 cm width at the caudal pole and 1.7 cm length.
<b>REFERRING VET</b>	<b>Spleen</b>
Dr. Wright	The spleen exhibited primarily finely textured parenchyma which was hyperechoic to the liver and renal cortical parenchyma. Mild generalized parenchyma heterogeneity was present without evidence of nodular changes. 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. The parenchymal heterogeneity is likely consistent with benign changes such as extramedullary hematopoiesis or age related remodeling with minor potential for inflammatory or neoplastic disease.
<b>INVOICE</b>	<b>Liver/Gallbladder</b>
12611ag	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
<b>DATE</b>	
01/06/2023	



**PATIENT**

Jet Johnston

**SPECIES**

Canine

**BREED**

Australian Shepherd

**SEX**

MN

**AGE**

12yr

**WEIGHT**

39lb

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Jenna Walsh CVT

**HOSPITAL NAME**

Balanced Veterinary  
Care

**REFERRING VET**

Dr. Wright

**INVOICE**

12611ag

**DATE**

01/06/2023

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 primarily anechoic luminal content. 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 gastric body wall measured 0.40 cm in width.

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. The duodenum wall measured 0.49 cm width. The jejunum wall measured 0.38 cm width.

Normal visible colon wall layers were present with apparent 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 omental masses, overt lymphadenopathy or peritoneal effusion was present.

**ULTRASONOGRAPHIC FINDINGS**

- Cystitis urinary bladder pattern with minor particulate sediment
- Mild chronic renal changes-no evidence of pyelectasia
- Subnormal bilateral adrenal glands-consistent with suppression secondary to steroid administration
- Benign hepatopathy
- Heterogeneous pancreas
- Sonographically unremarkable GI tract

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

A recheck urine C/S if 7 days post antibiotic therapy is suggested if not done. Pancreatitis may be considered if there is evidence of cranial abdominal or subxiphoid discomfort on palpation. Correlation with a spec cPL or a GI panel to include PLI/TLI/Cobalamin/Folate is recommended.

Empirically, low fat or hydrolyzed trial in conjunction with current GI therapy and hepatosupportive medications may prove beneficial.



**PATIENT**

Jet Johnston

**SPECIES**

Canine

**BREED**

Australian Shepherd

**SEX**

MN

**AGE**

12yr

**WEIGHT**

39lb

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Jenna Walsh CVT

**HOSPITAL NAME**

Balanced Veterinary  
Care

**REFERRING VET**

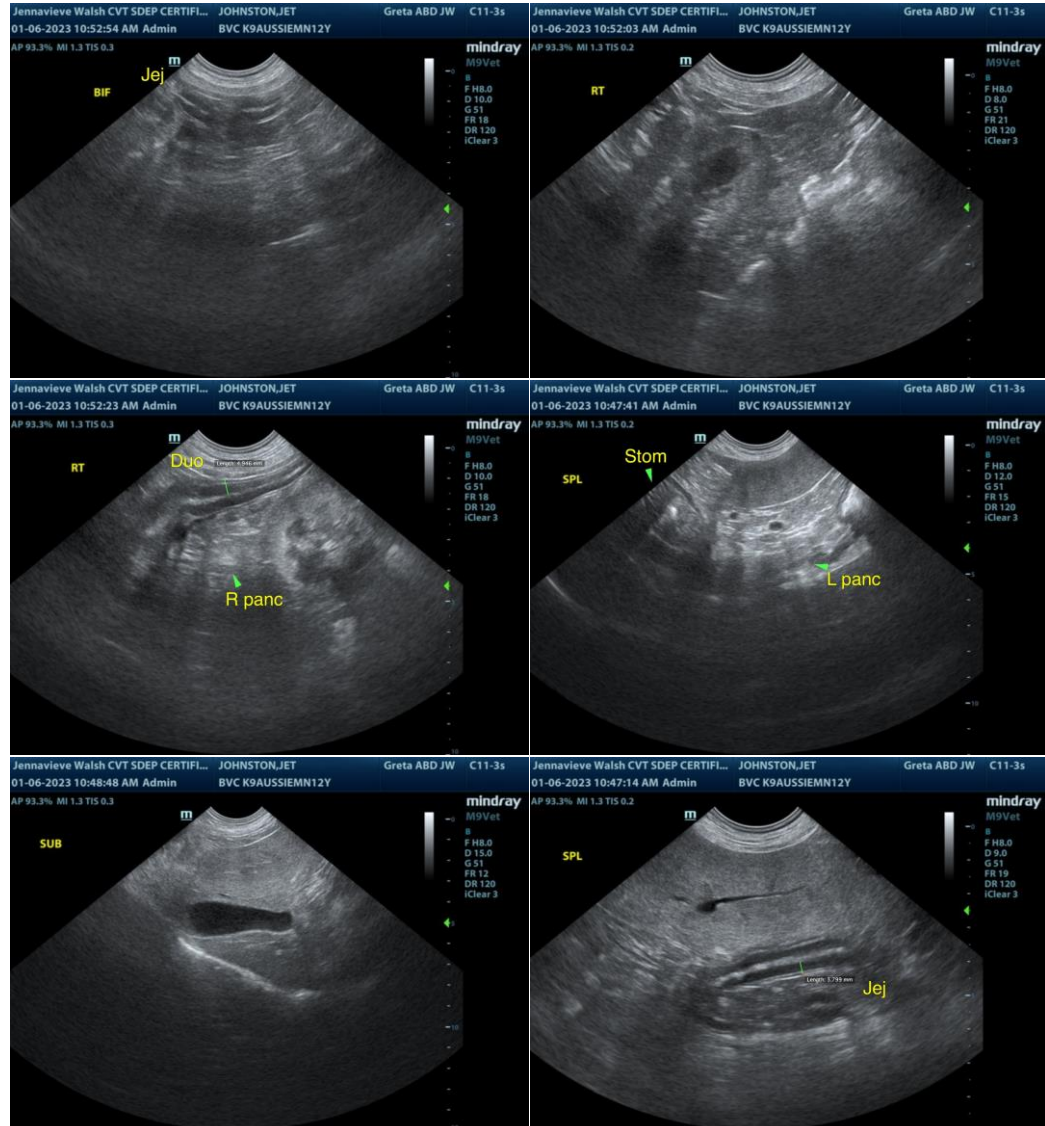
Dr. Wright

**INVOICE**

12611ag

**DATE**

01/06/2023





**PATIENT**

Jet Johnston

**SPECIES**

Canine

**BREED**

Australian Shepherd

**SEX**

MN

**AGE**

12yr

**WEIGHT**

39lb

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Jenna Walsh CVT

**HOSPITAL NAME**

Balanced Veterinary  
Care

**REFERRING VET**

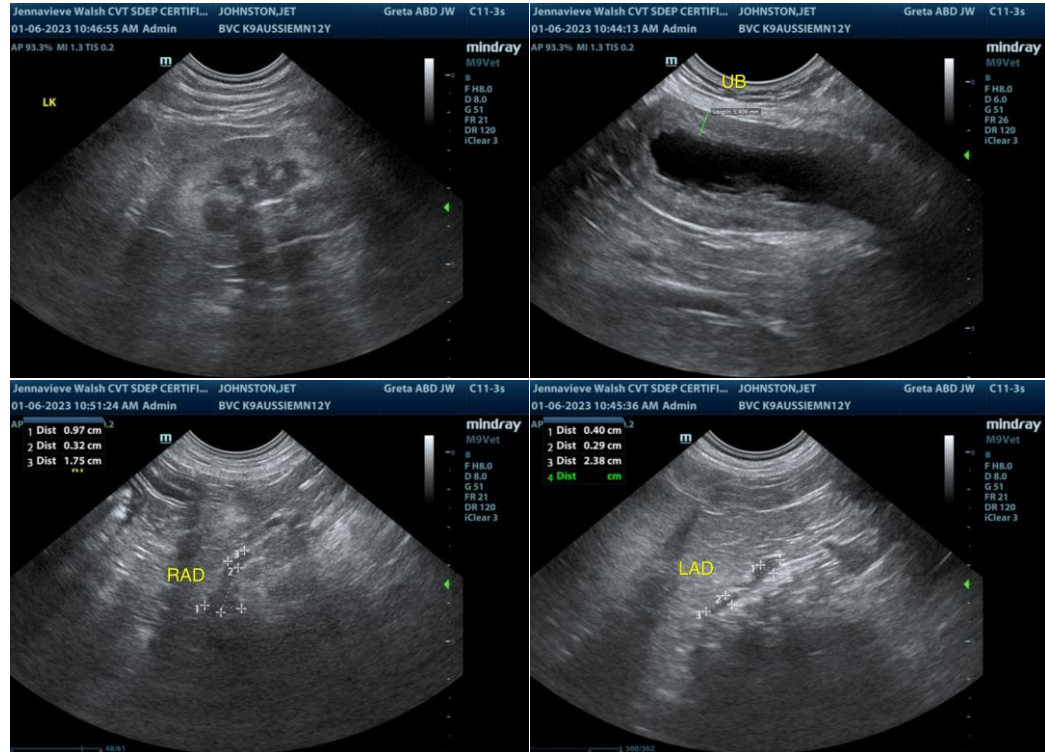
Dr. Wright

**INVOICE**

12611ag

**DATE**

01/06/2023



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