



PATIENT

Perseus Troung

SPECIES

Canine

BREED

Jack Russell Terrier
Mix

SEX

Neutered Male

AGE

13 Years

WEIGHT

20 kg

INTERPRETED BY

R. McKenzie Daniel,
DVM, DABVP

IMAGING PERFORMED BY

Catherine Alexander
CVT

HOSPITAL NAME

NorthStar Veterinary
Sonography PLLC

REFERRING VET

Dr. Koehne

INVOICE

12999

DATE

01/07/2026

PRESENTING CLINICAL SIGNS

Percy presents for acute inability to use hind legs, which began approximately 20 minutes prior to arrival. Pt was lying in bed when he began acting erratically in an uncoordinated manner. Owner placed him on the ground when he began stumbling and seemed disoriented which prompted owner to bring him in to be evaluated. V- 1x after am breakfast.

Abnormal PE/Chem/CBC/UA Results: Chem 17, Azotemia (BUN 37, Cr 2.3) Low P Hight TP (8.3) High Glob (4.6) Incr ALT (226), ALP (>2000) and GGT (29) Hypercholesterolemia (369) IDEXX: Electrolytes, Low Chloride (108) IDEXX: CBC, NSF - RBC values at top of range SNAP: cPL, ABNORMAL - 767.9ng/mL Idexx SNAP Lepto: positive Radiograph report: A radiographic cause of the clinical signs is not apparent. Given the history, a neurologic cause such as a disc herniation is one consideration.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2.0 cm exhibited normal thickness and tone. Anechoic urine was present in the lumen with no urine mineral or calculi. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic change were noted.

The area of the residual prostate appeared normal and free of pathology.

Normal size and margination was 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. Focal areas of medullary mineral were present bilaterally. The left kidney measured 5.1 cm in length. The right kidney measured 5.6 cm in length.

Adrenal Glands

The left adrenal gland was borderline to mildly enlarged in size and normal contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.73 cm width at the caudal pole. No evidence of adrenal tumors bilaterally.

The right adrenal gland was borderline to mildly enlarged in size and normal contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.71 cm width at the caudal pole.

Spleen

The spleen exhibited primarily finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. Several to coalescing perihilar hyperechoic nodules were present. 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 or neoplastic changes were not noted. The hyperechoic nodules tend to trend benign and are most consistent with benign hyperplasia or myelolipomas. A solitary noncapsule deforming discrete hypoechoic lateral splenic nodule was present measuring 0.65 cm in diameter.

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



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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.

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The gallbladder was mildly distended in size with normal walls. No evidence of wall edema. The gallbladder lumen was primarily occupied by congealed to mildly striated nonmineralized gallbladder debris. The cystic and common bile ducts were normal.

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Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained mild nonshadowing pyloric ingesta without evidence of obstruction to the pyloric outflow.

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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.

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Normal visible colon wall layers were present with mild gas distention and apparent formed feces in lumen.

Pancreas

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

Free Abdomen

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No overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

- Hepatopathy- subjective benign.
- Gallbladder mucocele.
- Variably echogenic splenic nodules- hyperechoic nodules consistent with myelolipomas with the hypoechoic nodule indicative of incidental lymphoid hyperplasia, hematopoiesis, inflammation, potential for emerging splenic tumor (not excluded yet thought less likely at this stage).
- Bilateral mild chronic renal changes.
- Nonspecific mild adrenomegaly.
- Mild heterogeneous remodeled pancreas.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

A definitive intra-abdominal cause of the patient's clinical or potential neurological signs was not obvious. Adrenal workup if clinical signs are consistent with Cushing's syndrome is warranted. No evidence of active pancreatitis although chronic pancreatitis may be suspected if clinically indicated or cranial abdomen/subxiphoid discomfort on palpation. Hepatorenal support +/- empirical therapy for leptospirosis if clinically indicated with serial sonographic monitoring of the gallbladder if progressive hepatopathy or cholestasis is recommended.

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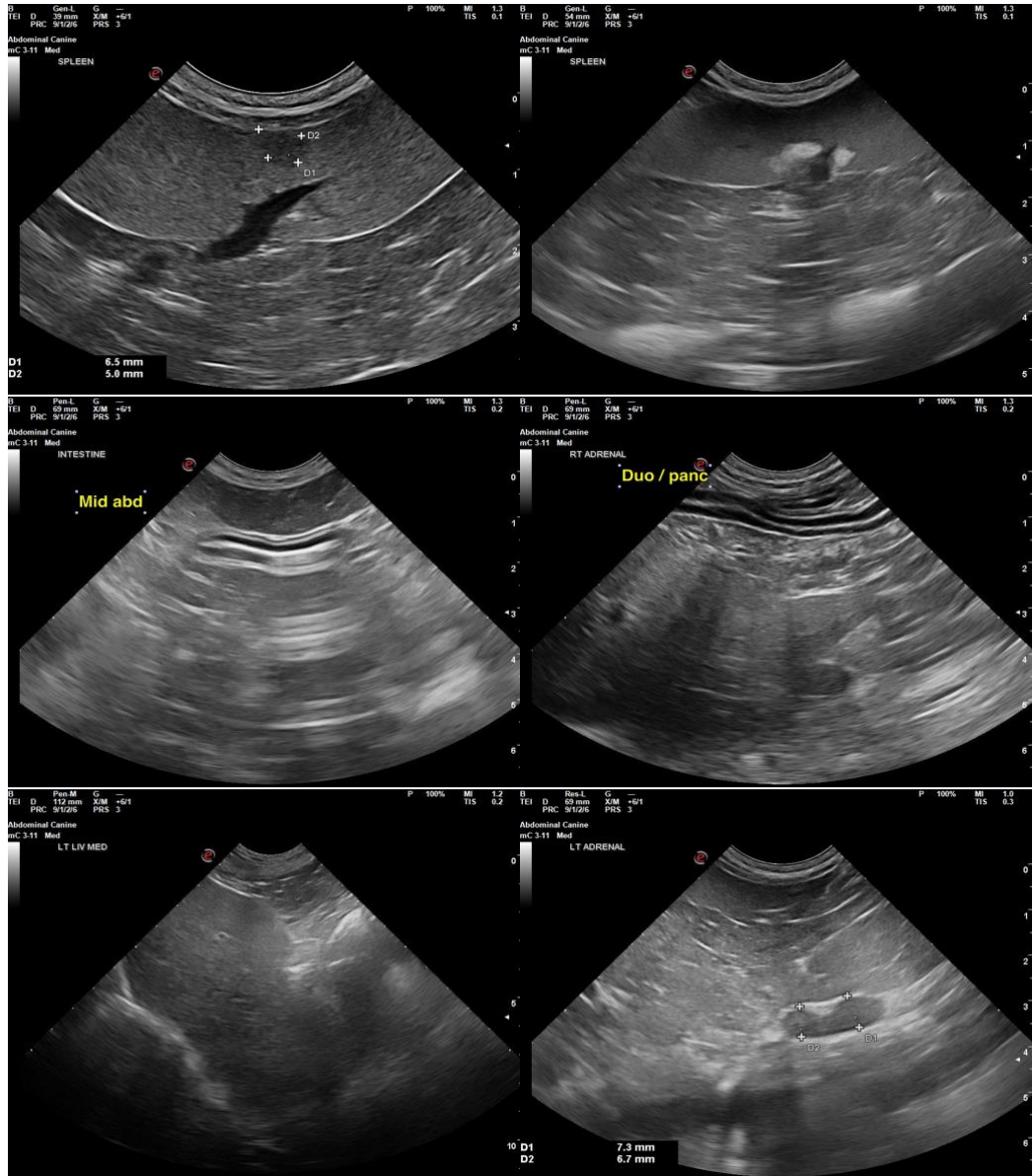
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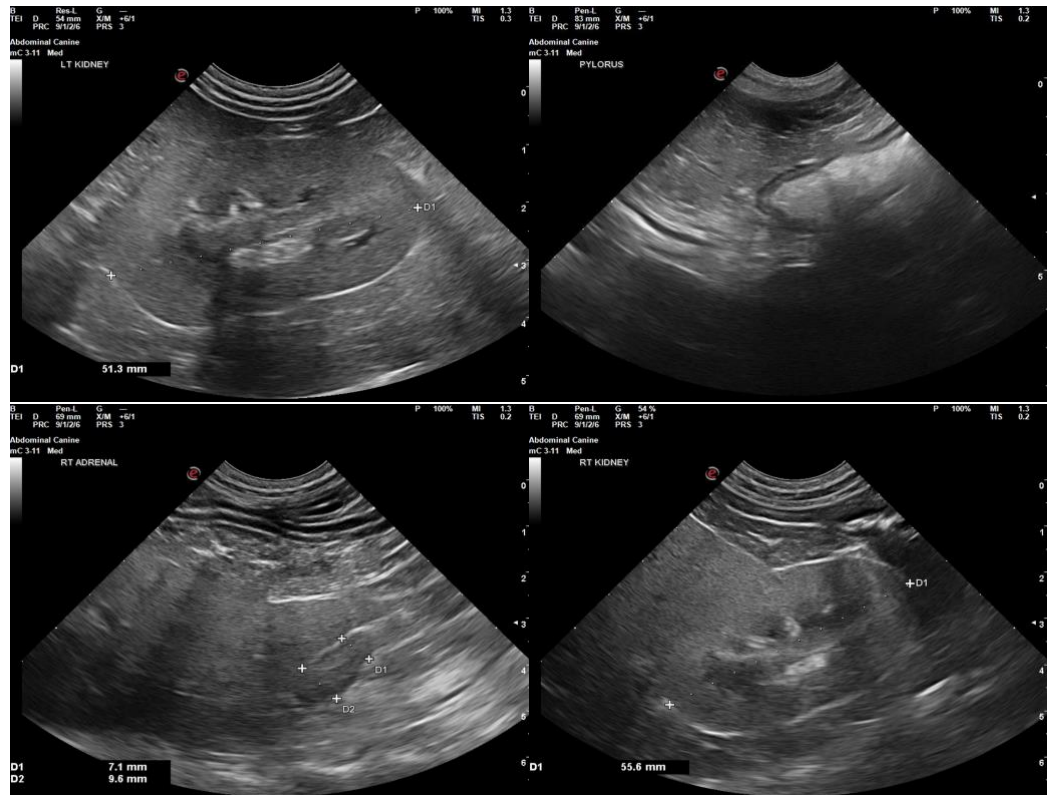
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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