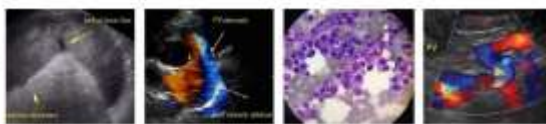




<b>PATIENT</b>	<b>PRESENTING CLINICAL SIGNS</b>
Shadow Heddle	Decreased appetite even on Mirtazipine, previously treated for pancreatitis. Severe weight loss. Life long history of skin allergies. Has been getting Gabapentin and Mirtazipine.
<b>SPECIES</b>	Abnormal PE/Chem/CBC/UA Results: Lepto negative and previous abnormal CPL
Canine	<b>ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN</b>
<b>BREED</b>	<b>Urinary System</b>
Lab X	The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 3.0 cm exhibited normal thickness and tone. Anechoic urine was present in the lumen with no uroliths or sediment. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes was noted.
<b>SEX</b>	The residual prostate was free of pathology.
MN	The area of the aortic trifurcation was free of pathology.
<b>AGE</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. Pinpoint to focal medullary mineral was present in both kidneys. No evidence of pelvic dilation was present. The left kidney measured 5.0 cm in length. The right kidney measured 6.5 cm in length.
11 yrs	
<b>WEIGHT</b>	<b>Adrenal Glands</b>
36.9 lbs.	The bilateral adrenal glands were normal in size. Mild parenchyma heterogeneity and mild capsule asymmetry were present without suspicion for overt neoplasia. The left adrenal gland measured 3.0 cm length x 0.63 cm width in the caudal pole. The right adrenal gland measured 2.0 cm length x 0.73 cm width in the caudal pole.
<b>INTERPRETED BY</b>	<b>Spleen</b>
R. McKenzie Daniel, DVM, DABVP	The spleen exhibited primarily finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. A solitary, echogenic nodule was present, measuring 1.0 cm in diameter. 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 echogenic nodules tend to trend benign and are most consistent with benign hyperplasia or myelolipomas.
<b>IMAGING PERFORMED BY</b>	<b>Liver/ Gallbladder</b>
Crystal Hill	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.
<b>HOSPITAL NAME</b>	The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.
The Focal Zone	
<b>REFERRING VET</b>	
Dr. Hornak	
<b>INVOICE</b>	
12389	
<b>DATE</b>	
10/19/21	



<b>PATIENT</b>	<b><i>Gastrointestinal</i></b>
Shadow Heddle	The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained mild ingesta exhibiting moderately strong distal acoustic shadowing. The gastric body wall width measured 0.40 cm.
<b>SPECIES</b>	
Canine	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 width measured 0.58 cm. The jejunum wall width measured 0.43 cm.
<b>BREED</b>	
Lab X	Normal visible colon wall layers were present with apparent formed feces in lumen.
<b>SEX</b>	<b><i>Pancreas</i></b>
MN	The pancreas was mildly prominent in size. The pancreas exhibited normal contour with isoechoic to heterogeneous parenchyma compared to adjacent omentum. Mild pancreatic duct dilation was noted. No signs of active inflammation or neoplasia.
<b>AGE</b>	<b><i>Free Abdomen</i></b>
11 yrs	No intraabdominal masses, lymphadenopathy or peritoneal effusion were present.
<b>WEIGHT</b>	<b>ULTRASONOGRAPHIC FINDINGS</b>
36.9 lbs.	<b><i>Primary Findings</i></b>
<b>INTERPRETED BY</b>	<ul style="list-style-type: none"> <li>• Bilateral chronic renal changes with mild nonobstructive medullary mineral</li> <li>• Benign splenic nodule - likely consistent with myelolipoma</li> <li>• Hepatic parenchymal remodeling - subjectively benign</li> <li>• Shadowing gastric ingesta</li> <li>• Heterogeneous pancreas with parenchymal remodeling - age-related pancreatic changes, parenchymal remodeling owing to previous inflammatory episode, or chronic to low-grade pancreatitis possible</li> </ul>
R. McKenzie Daniel, DVM, DABVP	
<b>IMAGING PERFORMED BY</b>	
Crystal Hill	
<b>HOSPITAL NAME</b>	<b><u>INTERPRETATION OF THE FINDINGS &amp; FURTHER RECOMMENDATIONS</u></b>
The Focal Zone	No overt evidence of pancreatic neoplastic criteria was noted.
<b>REFERRING VET</b>	The shadowing gastric ingesta is nonspecific and may indicate post prandial presentation. However, some degree of gastric hypomotility, if documented NPO, may be considered. The possibility of potential gastric foreign material, although though less likely, cannot be definitively excluded. Radiographic or sonographic monitoring for evidence of normal gastric emptying would be ideal. A GI panel to include PLI/TLI/Cobalamin/Folate as well as three view chest radiographs and neurological / musculoskeletal examination are recommended to assess for or rule out occult disease which may cause weight loss.
Dr. Hornak	
<b>INVOICE</b>	
12389	
<b>DATE</b>	Empirically, aside from monitoring for evidence of gastric emptying, as-needed gastrointestinal support and conservative therapy for potential chronic pancreatitis are recommended.
10/19/21	



**PATIENT**

Shadow Heddle

**SPECIES**

Canine

**BREED**

Lab X

**SEX**

MN

**AGE**

11 yrs

**WEIGHT**

36.9 lbs.

**INTERPRETED BY**

R. McKenzie Daniel,  
DVM, DABVP

**IMAGING PERFORMED BY**

Crystal Hill

**HOSPITAL NAME**

The Focal Zone

**REFERRING VET**

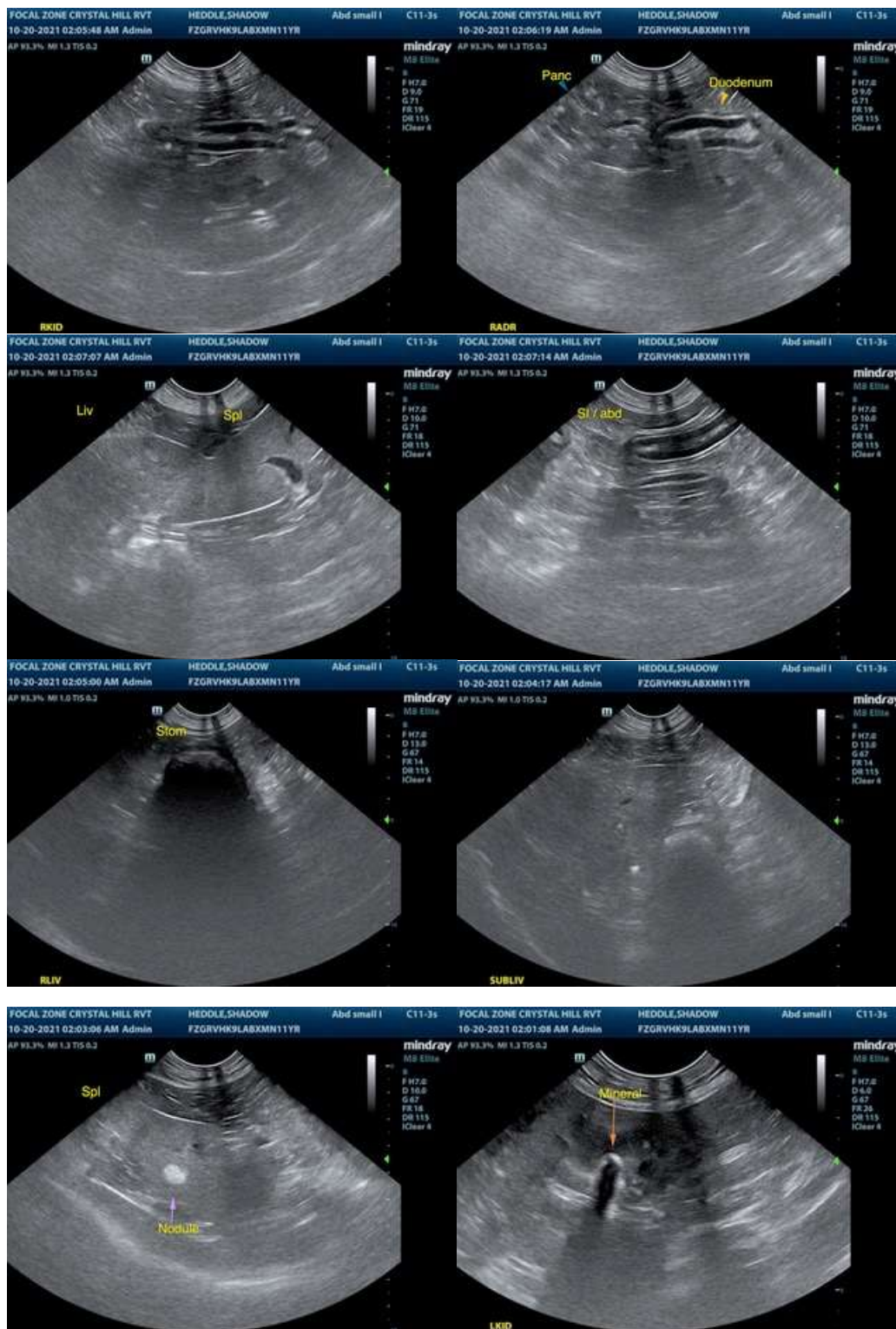
Dr. Hornak

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**DATE**

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**PATIENT**

Shadow Heddle

**SPECIES**

Canine

**BREED**

Lab X

**SEX**

MN

**AGE**

11 yrs

**WEIGHT**

36.9 lbs.

**INTERPRETED BY**

R. McKenzie Daniel,  
DVM, DABVP

**IMAGING  
PERFORMED BY**

Crystal Hill

**HOSPITAL NAME**

The Focal Zone

**REFERRING VET**

Dr. Hornak

**INVOICE**

12389

**DATE**

10/19/21



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.

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