



PATIENT	PRESENTING CLINICAL SIGNS
Coco Beltran	Poor appetite, elevated liver enzymes.
SPECIES	Abnormal PE/Chem/CBC/UA Results: ALT over 800, mild ALP increase and GGT 18.
Canine	ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN
BREED	Urinary System
Jack Russell Terrier	The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 3 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 were noted.
SEX	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. Pinpoint areas of non-obstructive medullary mineral were present. The left kidney measured 4.5 cm in length. The right kidney measured 4.5 cm in length.
MN	
AGE	The area of the aortic trifurcation was free of pathology.
13yr	The area of the residual prostate appeared normal and free of pathology.
WEIGHT	Adrenal Glands
8.1kg	The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.52 cm width at the caudal pole and 0.58 cm width at the cranial pole. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.63 cm width at the caudal pole and 0.77 cm width at the cranial pole.
INTERPRETED BY	Spleen
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	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.
IMAGING PERFORMED BY	Liver
Dr. Barthelemy	The liver presented mildly 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 primarily anechoic luminal content and mild congealed focally hyperechoic luminal debris. No evidence of gallbladder or peripheral gallbladder inflammation was present. The common bile duct was not definitively visualized.
HOSPITAL NAME	Gastrointestinal
Alpine 24 Hour Pet Hospital	The visualized stomach presented intact wall layering with a normal wall layer ratio. The stomach appeared to be mildly distended with luminal gas which prohibited full evaluation of the gastric lumen.
REFERRING VET	DATE
Dr. Neilsen	10/31/2022
INVOICE	
12058ag	



PATIENT	echogenic fluid and chyme. Adjacent to the dilated intestine, a focal area of mural thickening exhibiting mild decreased mural echogenicity and loss of wall layer detail was present measuring ~ 2.4 cm in diameter with wall width of 1.0 cm. This mural lesion appeared to be within the cranial abdomen in the area of the stomach and potentially proximal colon.
Coco Beltran	
SPECIES	Normal visible colon wall layers were present with apparent formed feces in lumen.
Canine	Pancreas
BREED	The pancreas was normal in size and contour with isoechoic to heterogeneous parenchyma compared to adjacent omentum. No signs of active inflammation or neoplasia.
Jack Russell Terrier	Free Abdomen
SEX	Mild volume anechoic peritoneal free fluid was present with mild peri intestinal to cranial abdominal hyperechoic mesentery.
MN	ULTRASONOGRAPHIC FINDINGS
AGE	<ul style="list-style-type: none"> Hepatopathy-subjectively benign, vacuolar/metabolic/reactive hepatopathy, inflammatory hepatopathy are potentials with occult neoplasia considered less likely Mild inspissated potential focally mineralized gallbladder debris (non-mucocele) Heterogeneous pancreas-suspect age/patient related benign remodeling, potential for low grade to chronic pancreatitis possible
13yr	<ul style="list-style-type: none"> Suspect focal potentially stricturing intestinal mural lesion/small mural mass with adjacent distended intestine containing retained fluid/chyme Mild volume peritoneal free fluid
WEIGHT	
8.1kg	Secondary
INTERPRETED BY	<ul style="list-style-type: none"> Bilateral chronic renal changes with minor medullary mineral
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS
IMAGING PERFORMED BY	A definitive location of the suspected intestinal lesion which exhibited evidence of partial intestinal obstruction was not obvious with potential pyloric, cranial abdominal small intestine or colonic origin possible. Given the lack of reported vomiting or diarrhea, small intestinal location of the lesion seems most probable. Clotting status and peritoneal effusion analysis/cytology is suggested to rule out neoplastic or septic criteria. Three view chest radiographs are recommended if not done to assess for occult thoracic pathology.
Dr. Barthelemy	Pending additional diagnostics, exploratory laparotomy with gross inspection of the GI tract with potential for biopsies and potential resection and anastomosis if clinically indicated +/- hepatic biopsies could be considered.
HOSPITAL NAME	
Alpine 24 Hour Pet Hospital	
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PATIENT

Coco Beltran

SPECIES

Canine

BREED

Jack Russell Terrier

SEX

MN

AGE

13yr

WEIGHT

8.1kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Barthelemy

HOSPITAL NAME

Alpine 24 Hour Pet
Hospital

REFERRING VET

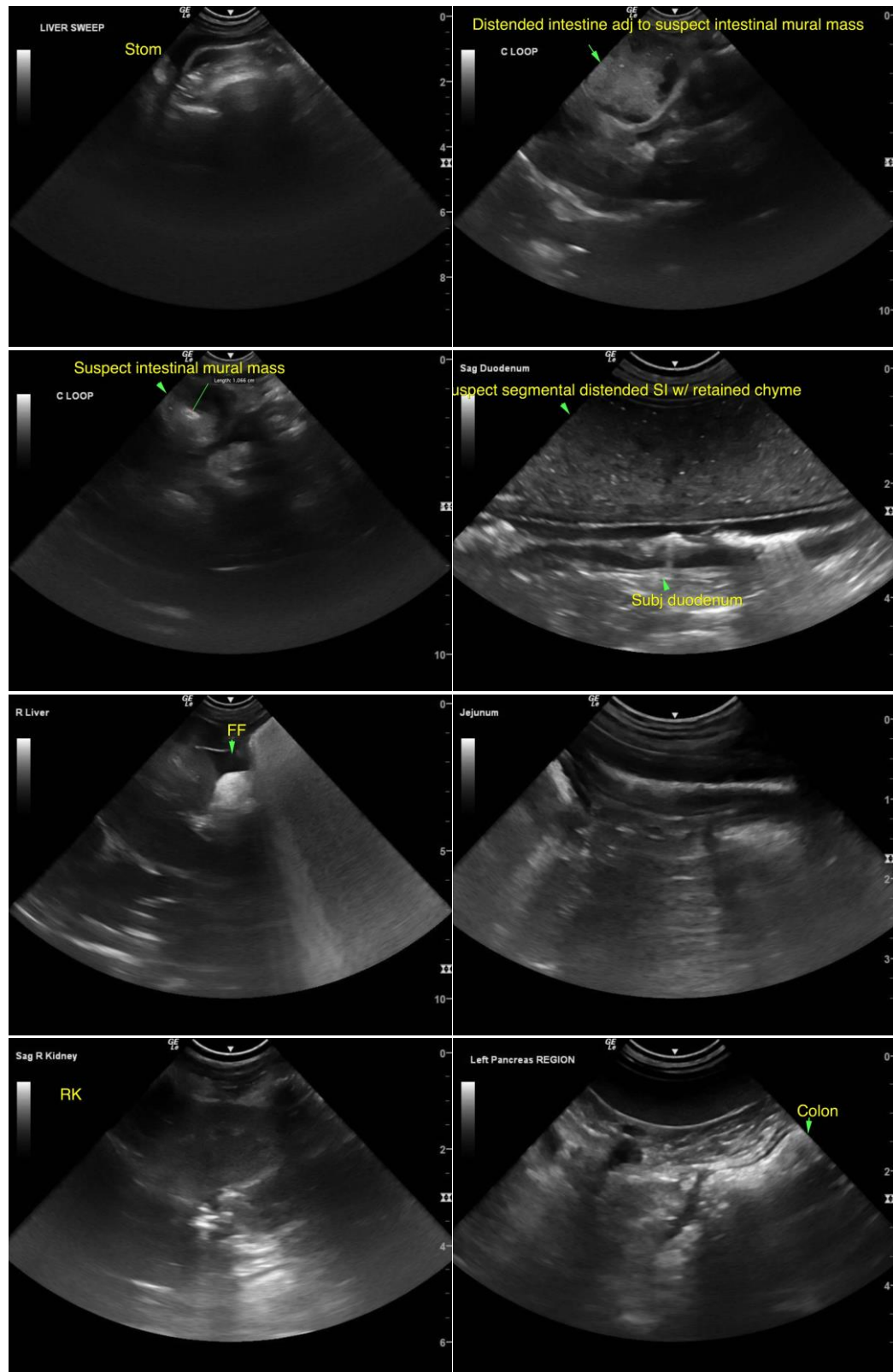
Dr. Neilsen

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SPECIES

Canine

BREED

Jack Russell Terrier

SEX

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AGE

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8.1kg

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HOSPITAL NAME

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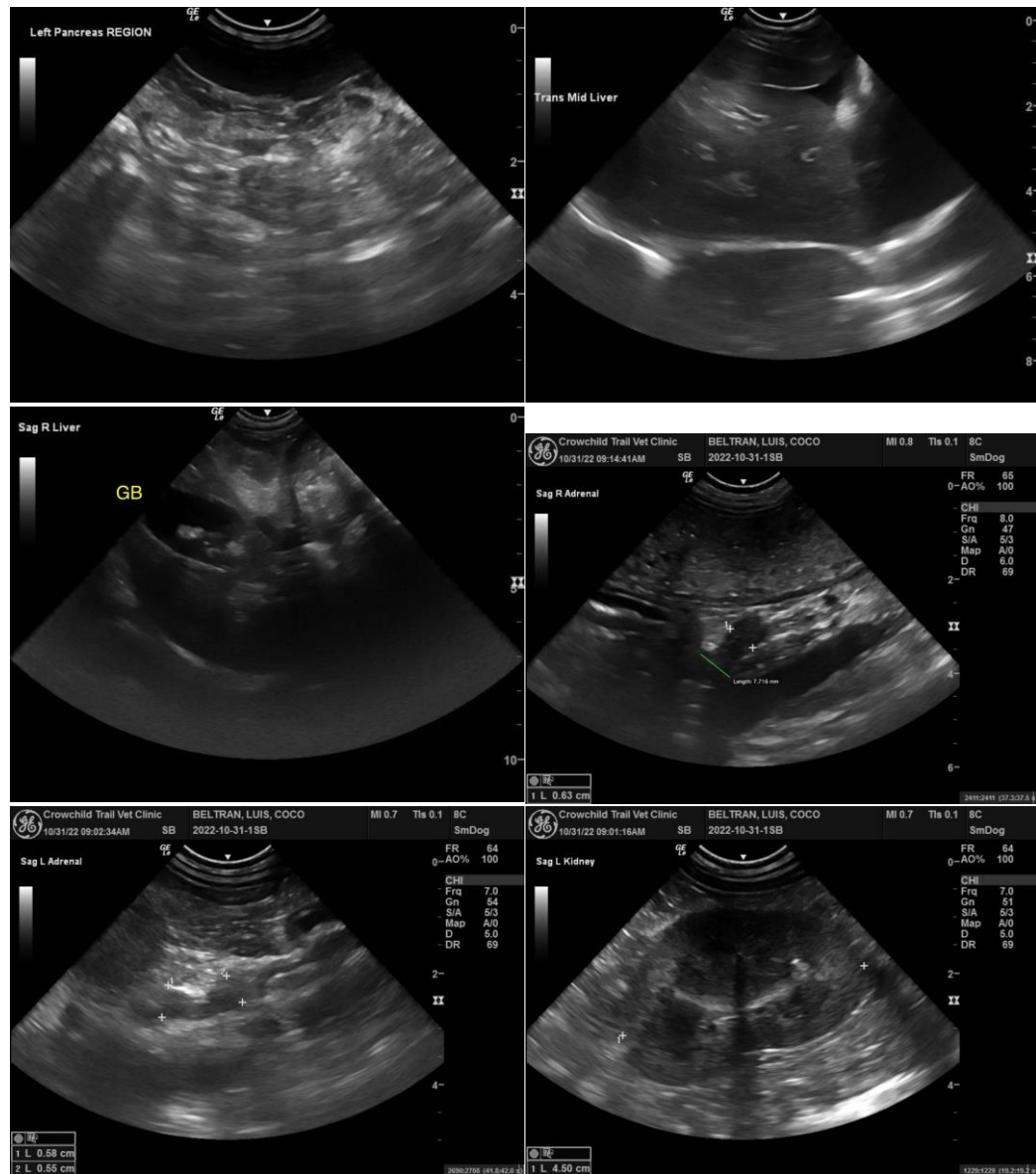
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)

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