



**PATIENT PRESENTING CLINICAL SIGNS**

Chloe Leith 8/1/22-Trouble getting on couch and going down steps, panting at home, possible abdominal pain.  
Unremarkable CBC / Chemistry Panel, ALP 636, ALT 130, Amylase 1937, Lipase 1387, Spec cPL 937

**SPECIES**

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 3.0 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.

Mix

**SEX**

FS

The area of the aortic trifurcation was free of pathology.

**AGE**

2011

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 areas of medullary mineral were noted. No evidence of pelvic dilation was present. The left kidney measured 6.1 cm in length. The right kidney measured 5.8 cm in length.

**WEIGHT**

44.6

**Adrenal Glands**

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 2.5 cm length x 0.72 cm width at the caudal pole.

**INTERPRETED BY**

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

A small, nondisruptive, non-expansive, indistinct, subtly hyperechoic, nonmineralized nodule was present in the cranial right adrenal gland. The nodule did not exhibit signs of mineralization or vascular invasion. The nodule measured 0.78 cm x 0.56 cm. The overall right adrenal gland measured 2.4 cm length x 0.53 cm width in the caudal pole.

**IMAGING**

**PERFORMED BY**

Rebekah Jakum, CVT  
ARDMS/RVT

**Spleen**

The spleen was normal in size with areas of minor medial capsule asymmetry primarily in the area of the hilus with associated mild hyperechoic medial splenic parenchyma, suggestive of indistinct myelolipomas with potential for regional medial capsule fibrosis. No evidence of splenic neoplastic criteria was noted.

**HOSPITAL NAME**

Community VP

**REFERRING VET**

Dr. Hulshizer

**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 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 mild nondependent variably echogenic debris primarily in the caudal lumen. The cystic and common bile ducts were normal. No evidence of gallbladder or peripheral gallbladder inflammatory criteria was noted.

**INVOICE**

15098

**DATE**

10/5/22



**PATIENT** ***Gastrointestinal***

Chloe Leith 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.

**SPECIES** 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.

Canine Normal visible colon wall layers were present with apparent formed feces in lumen.

**BREED** ***Pancreas***

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

Mix

**SEX**

FS

***Free Abdomen***

No overt lymphadenopathy or peritoneal effusion was present.

**AGE** **ULTRASONOGRAPHIC FINDINGS**

2011 • Hepatopathy - subjectively benign, vacuolar hepatopathy is suspected, potential for primary or concurrent inflammatory / immune-mediated disease, cholestasis, or other hepatopathy is possible, no evidence of hepatic neoplastic criteria which is considered unlikely

**WEIGHT**

44.6

• Mild gallbladder debris (non-mucocele)

• Mild chronic renal changes

• Age-related spleen

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• Minor parenchymal remodeling - nonspecific, age-related variant, remodeling owing to previous inflammatory episode, low-grade to chronic pancreatitis, are all potentials

• Indistinct right adrenal nodule - suspect adenoma

**IMAGING**

**PERFORMED BY**

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 ARDMS/RVT

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Potential for low-grade to chronic pancreatitis may be suspected if evidence of cranial abdominal or subxiphoid discomfort on palpation. Screening hepatic FNA cytology for further clarification, primarily to assess for evidence of inflammatory cells, may be considered.

**HOSPITAL NAME**

Community VP

Screening BP to assess for evidence of hypertension, which may allude to an emerging right adrenal neoplastic nodule with ideally sonographic monitoring of the right adrenal nodule for evidence of progression is recommended.

**REFERRING VET**

Dr. Hulshizer

Overall, largely geriatric abdomen without evidence of significant visceral pathology as a definitive cause of potential pain. A thorough muscular/skeletal and neurological examination is suggested if not done.

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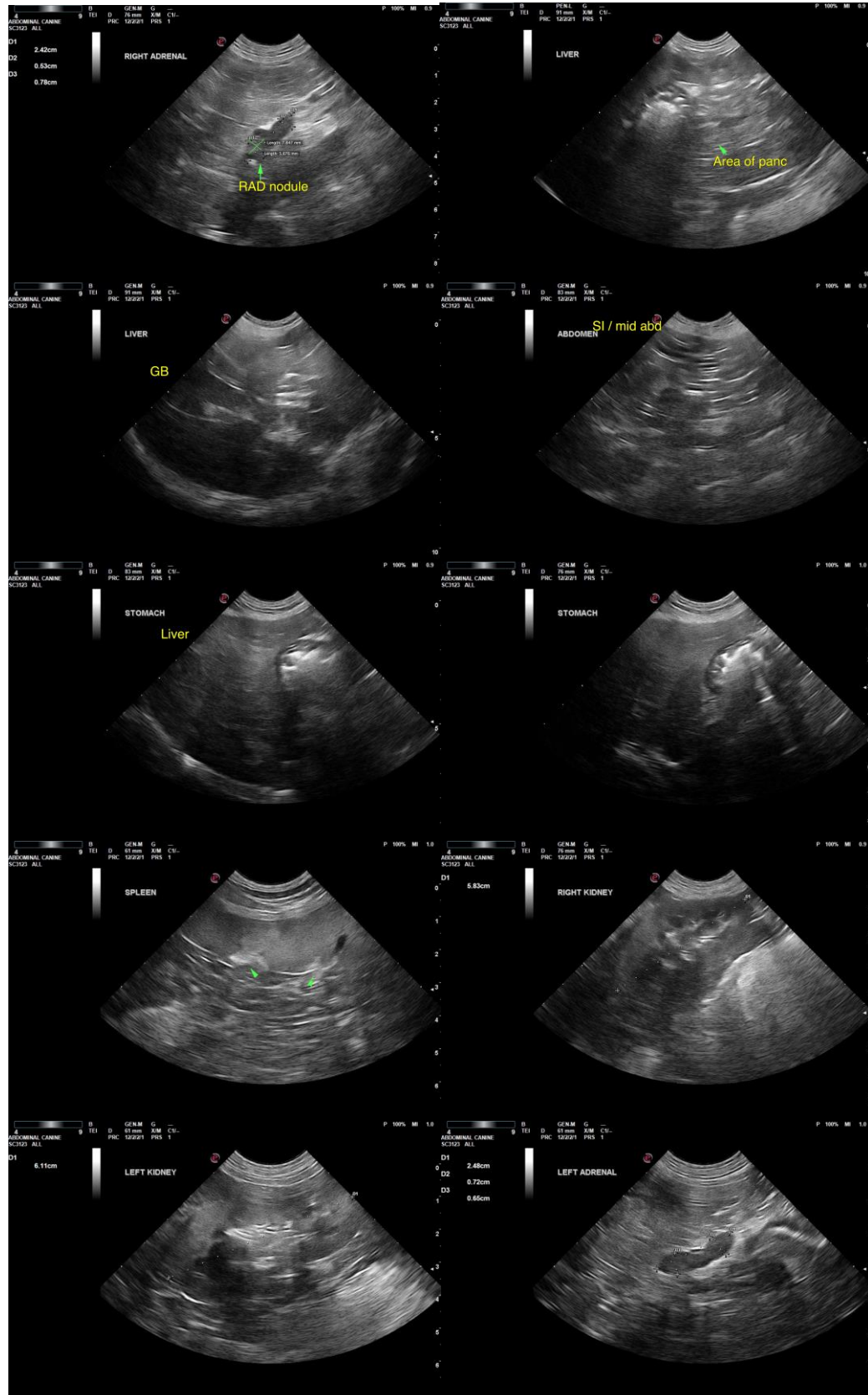
Dr. Hulshizer

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**PATIENT**

Chloe Leith

**SPECIES**

Canine

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.

**BREED**

Jack Russell Terrier

Mix

**SEX**

FS

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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