



**PATIENT**

Zara Clark

**SPECIES**

Canine

**BREED**

Dalmation

**SEX**

FS

**AGE**

14 years

**WEIGHT**

41.2 lbs.

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Jenna Walsh, CVT

**HOSPITAL NAME**

Alpine AH

**REFERRING VET**

Dr. Hixson

**INVOICE**

12509

**DATE**

11/2/21

**PRESENTING CLINICAL SIGNS**

P is increased the incidences of her staggering and having episodes of rapid breathing. Is this a mild seizure, hypoglycemia, cardiac related? From the symptoms p is showing, concerned that an Insulinoma may be the reason. Current Medications Prednisone 5mg and Keppra (discontinued 10/26/21)

**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 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.

The area of the aortic trifurcation was free of pathology.

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. Nonobstructive areas of left kidney medullary mineral were present. No evidence of pelvic dilation was present. The left kidney measured 5.7 cm in length. The right kidney measured 6.0 cm in length.

**Adrenal Glands**

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 1.9 cm length x 0.47 cm width. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 2.4 cm length x 0.64 cm width.

**Spleen**

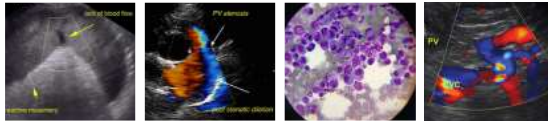
The spleen exhibited a finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. The capsule was smooth and regular without apparent expansion. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis. Acute to chronic inflammatory, neoplastic, or benign parenchyma changes were not noted.

**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. No evidence of hepatic masses was noted. The gallbladder was non-distended in size with mild gallbladder debris. The cystic and common bile ducts were normal.



<b>PATIENT</b>	<b><i>Gastrointestinal</i></b>
Zara Clark	The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained mild to moderate, echogenic, nonshadowing ingesta most consistent with post prandial presentation without signs of ileus, obstruction or foreign material. The gastric body wall width measured 0.27 cm.
<b>SPECIES</b>	
Canine	
<b>BREED</b>	
Dalmation	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 0.55 cm. The jejunum wall width measured 0.45 cm. No evidence of loss of intestinal wall layering or intestinal masses.
<b>SEX</b>	
FS	Normal visible colon wall layers were present with apparent formed feces in lumen.
<b>AGE</b>	<b><i>Pancreas</i></b>
14 years	The pancreas was normal in size and contour with isoechoic to heterogeneous parenchyma compared to adjacent omentum. No signs of active inflammation or neoplasia.
<b>WEIGHT</b>	<b><i>Free Abdomen</i></b>
41.2 lbs.	No omental masses, lymphadenopathy, or peritoneal effusion were noted.
<b>INTERPRETED BY</b>	Transdiaphragmatic view of the caudal thorax revealed evidence of pleural effusion.
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	Rapid view of the heart revealed no overt or subjective evidence of left or right heart chamber enlargement, pericardial effusion, or overt masses. Further echocardiographic workup is suggested.
<b>IMAGING PERFORMED BY</b>	<b>ULTRASONOGRAPHIC FINDINGS</b>
Jenna Walsh, CVT	<b><i>Primary Findings</i></b>
<b>HOSPITAL NAME</b>	<ul style="list-style-type: none"> <li>• Mild chronic renal changes with nonobstructive left kidney medullary mineral</li> <li>• Mild vacuolar hepatopathy pattern with mild, likely incidental, gallbladder debris - subjectively benign</li> <li>• Heterogeneous pancreas - likely consistent with age-related pancreatic changes and considered incidental, no overt pancreatic masses</li> </ul>
Alpine AH	<ul style="list-style-type: none"> <li>• Sonographically unremarkable gastrointestinal with mild gastric ingesta</li> <li>• Pleural effusion - subjectively noncardiogenic</li> </ul>
<b>REFERRING VET</b>	
Dr. Hixson	
<b>INVOICE</b>	<b><u>INTERPRETATION OF THE FINDINGS &amp; FURTHER RECOMMENDATIONS</u></b>
12509	Largely age-related abdomen without evidence of significant visceral pathology as an obvious cause of the patient's clinical signs or hypoglycemia. Three view chest radiographs, as well as pleural effusion analysis, cytology +/- C/S are recommended. Full echocardiographic workup may be considered, although subjectively no overt evidence of cardiomyopathy was noted. If persistent
<b>DATE</b>	
11/2/21	



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hypoglycemia or if blood glucose level (<60), glucose and Insulin measurement on same serum sample may be considered.

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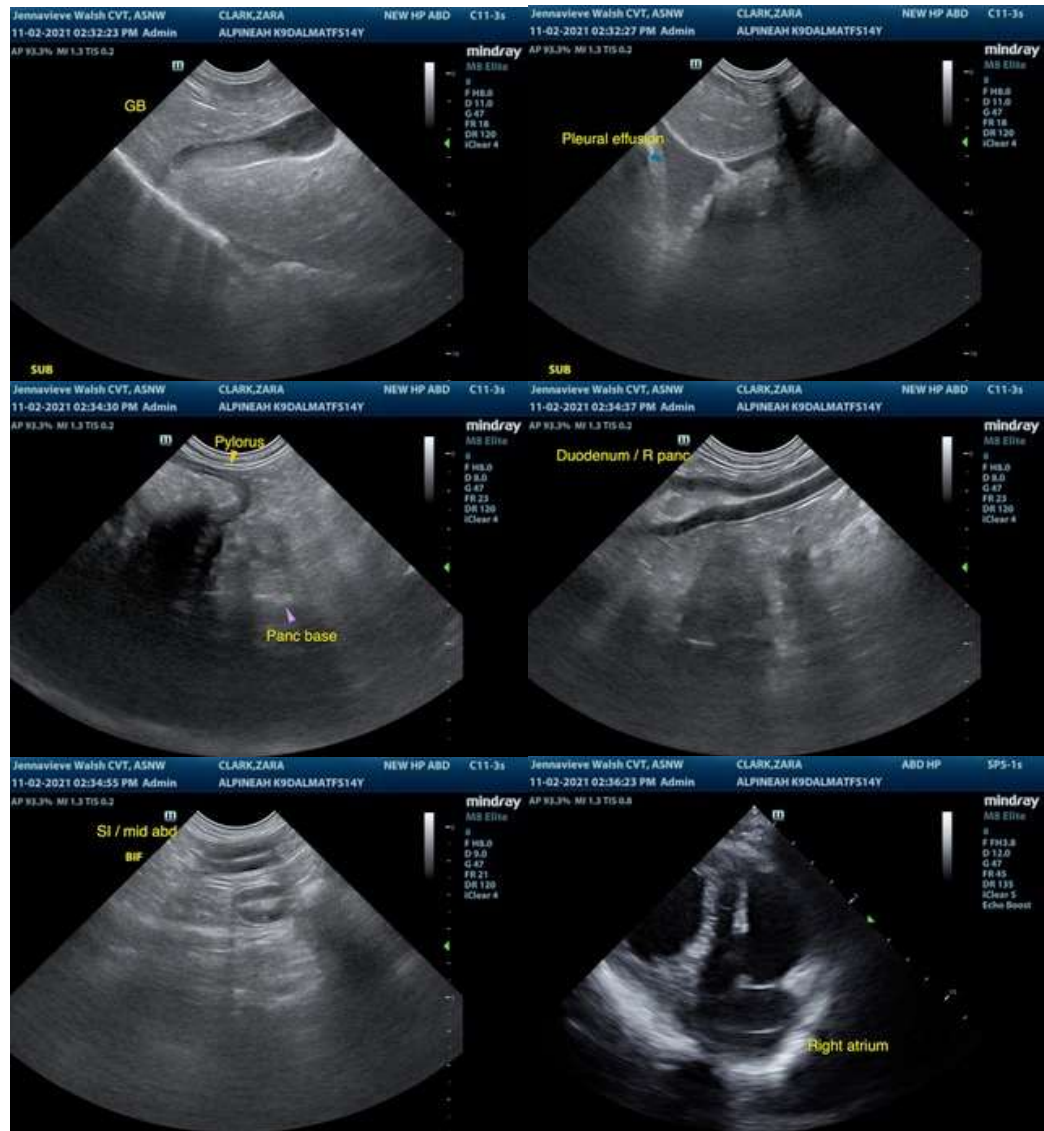
Dr. Hixson

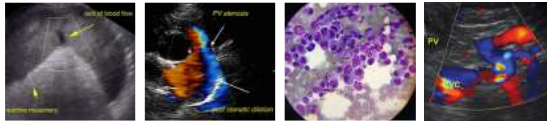
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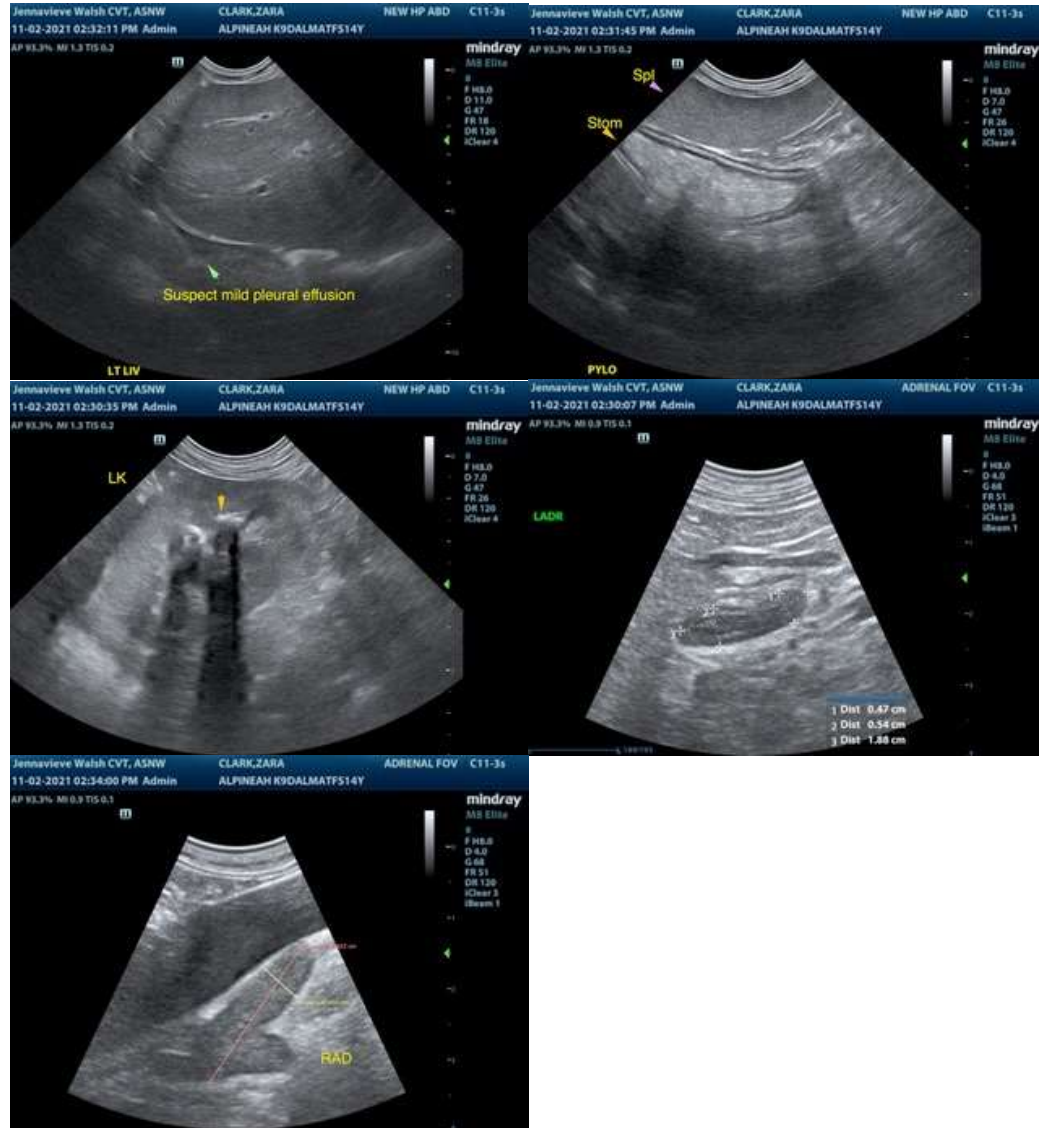
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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