



<b>PATIENT</b>	<b>PRESENTING CLINICAL SIGNS</b>
Ruby Pidgeon	Hx of seizure activity for most of her life.
<b>SPECIES</b>	Abnormal PE/Chem/CBC/UA Results: Low ALT and low cholesterol. Mild non-regen anemia. Microhepatica evident on xrays. Bile acids pending.
Canine	<b>ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN</b>
<b>BREED</b>	<b>Urinary System</b>
Min Schnauzer	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.
<b>SEX</b>	<b>Adrenal Glands</b>
FS	The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.33 cm width at the caudal pole and 0.28 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 0.46 cm width at the caudal pole.
<b>AGE</b>	<b>Spleen</b>
3yr	The spleen exhibited generalized enlargement with symmetrical to rounded contour. Generalized mild parenchyma heterogeneity exhibiting moderate coarse echotexture was present. No mass or nodules were noted. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis.
<b>WEIGHT</b>	<b>Liver</b>
6.8kg	The liver was subjectively normal to subnormal in size with symmetrical capsule contour and homogeneous parenchyma exhibiting normal parenchyma echogenicity. Subjective normal overall hepatic vascular volume was observed. The visualized portal vein appeared to exhibit normal volume although definitive cranial branching was not visualized.
<b>INTERPRETED BY</b>	<b>Gastrointestinal</b>
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	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.
<b>IMAGING PERFORMED BY</b>	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.
Dr. Barthelemy	Normal visible colon wall layers were present with apparent formed feces in lumen.
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**PATIENT**

**Pancreas**

Ruby Pidgeon

The parenchyma of the left limb, body and right limb of the pancreas presented isoechoic to the adjacent omental fat. A normal curvilinear capsule contour of the pancreas was present. The visible pancreatic duct was normal. No signs of active inflammation or neoplastic disease was evident.

**SPECIES**

Canine

**Free Abdomen**

No omental masses, overt lymphadenopathy or peritoneal effusion was present.

**BREED**

Min Schnauzer

**ULTRASONOGRAPHIC FINDINGS**

**SEX**

FS

- Generalized splenomegaly exhibiting mild parenchyma heterogeneity-nonspecific, benign hyperplasia, hematopoiesis, incidental splenitis, potential for emerging infiltrative round cell neoplasia cannot be definitively excluded
- Potential borderline subnormal liver size exhibiting normal to adequate vascular volume
- Bilateral nonspecific increased renal medullary echogenicity with pinpoint medullary mineral

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

**AGE**

3yr

Given subjective adequate to normal hepatic and portal vascular volume, a portosystemic shunt may be considered a less likely differential. Correlation with pending bile acid assessment is suggested. No overt evidence of significant chronic hepatic pathology i.e. progressive hepatitis or other primary parenchymal pathology was observed. Further renal staging to include urine C/S and protein:creatinine ratio on sterile urine sample may be considered. If elevated bile acids, considerations may include non-visualized small portosystemic shunt or microvascular dysplasia/portal hypoplasia. If there is a strong suspicion for hepatic portal vascular anomaly, gold standard CT with contrast may be indicated.

**WEIGHT**

6.8kg

Intracranial disease may be a primary differential in this patient.

**INTERPRETED BY**

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

Assuming normal clotting status and using a 25g needle, a splenic FNA for screening cytology is warranted for further assessment of the splenomegaly.

**IMAGING PERFORMED BY**

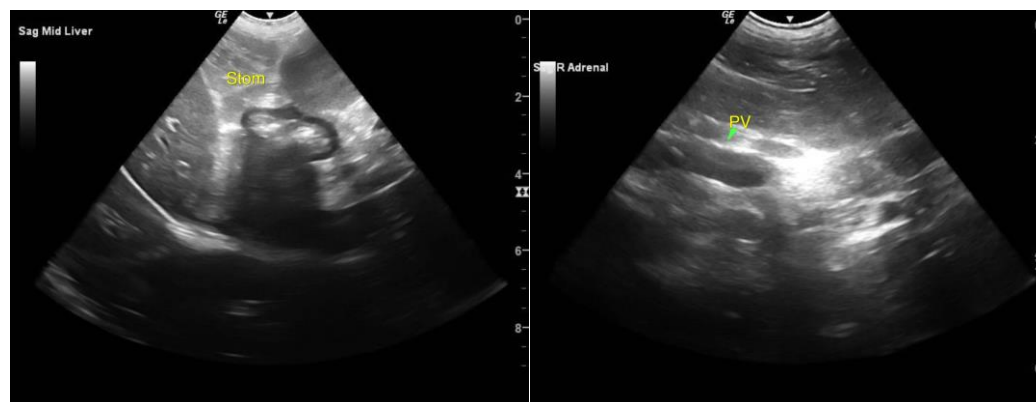
Dr. Barthelemy

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**PATIENT**

Ruby Pidgeon

**SPECIES**

Canine

**BREED**

Min Schnauzer

**SEX**

FS

**AGE**

3yr

**WEIGHT**

6.8kg

**INTERPRETED BY**

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DVM, DABVP  
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**IMAGING PERFORMED BY**

Dr. Barthelemy

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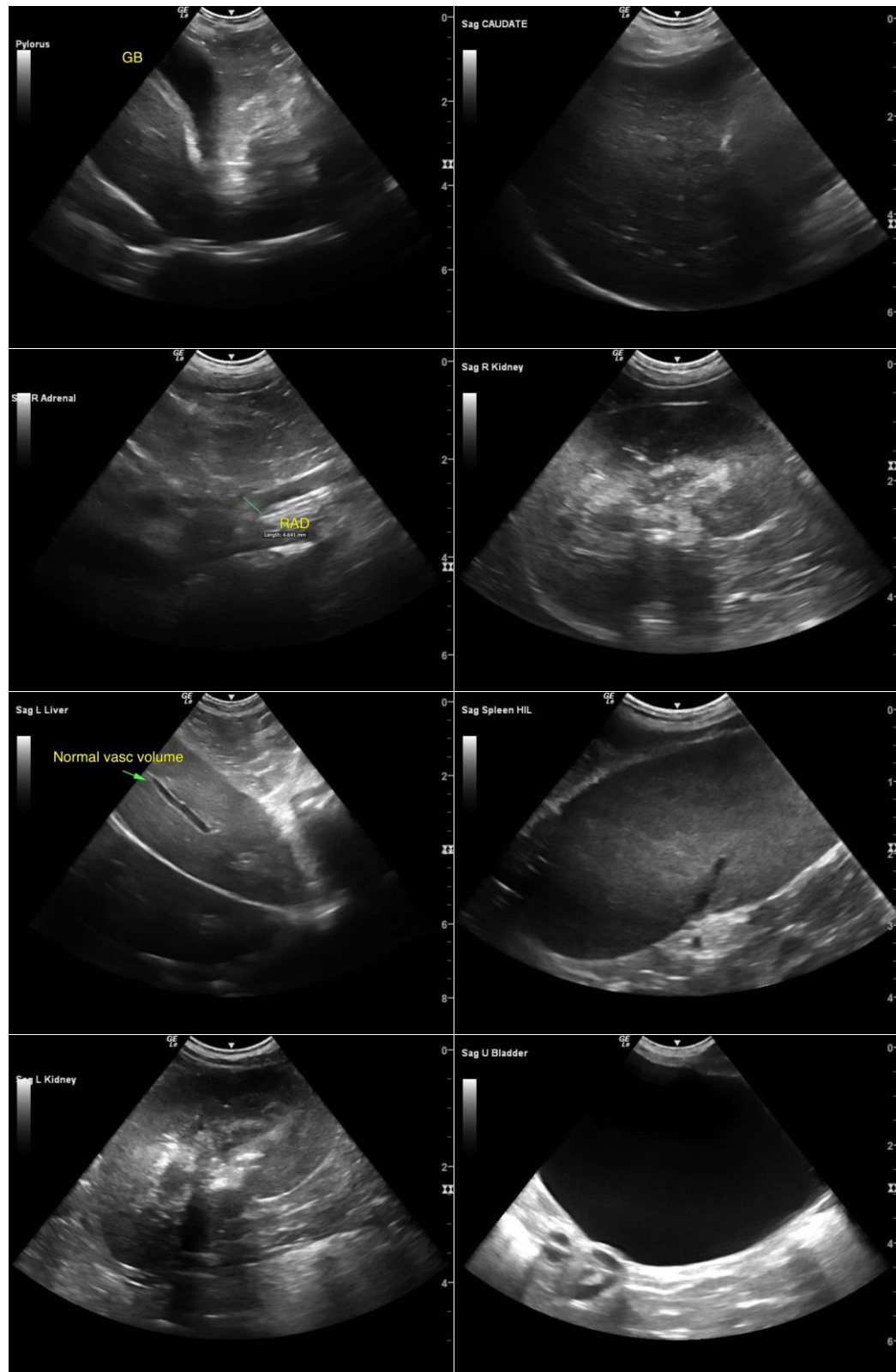
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**PATIENT**

Ruby Pidgeon

**SPECIES**

Canine

**BREED**

Min Schnauzer



**SEX**

FS

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.

**AGE**

3yr

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.

**WEIGHT**

6.8kg

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**INTERPRETED BY**

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