



PATIENT	PRESENTING CLINICAL SIGNS
Dorris Day Shatkins	PU/PD Abnormal PE/Chem/CBC/UA Results: Elevated Liver Values
SPECIES	
Canine	ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN
BREED	Urinary System
Terrier 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.
SEX	
FS	The area of the aortic trifurcation was free of pathology.
AGE	
12 years	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. The left kidney measured 6.3 cm in length. The right kidney measured 5.7 cm in length.
WEIGHT	
30 lbs.	
INTERPRETED BY	Adrenal Glands
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	Bilateral symmetrical adrenal gland borderline to mild prominent size based on caudal pole width measurement in light of body weight with symmetrical contour and hypoechoic parenchyma was present. The left adrenal gland measured 2.7 cm length x 0.71 cm width at the caudal pole. The right adrenal gland measured 3.1 cm length x 0.68 cm width at the caudal pole. No evidence of adrenal tumors was noted.
IMAGING PERFORMED BY	Spleen
Jenna Walsh, CVT	The spleen exhibited primarily finely textured parenchyma which was hyperechoic to the liver and renal cortical parenchyma. Mild generalized parenchyma heterogeneity was present without evidence of nodular changes. 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. The parenchymal heterogeneity is likely consistent with benign changes such as extramedullary hematopoiesis or age-related remodeling with minor potential for inflammatory or neoplastic disease.
HOSPITAL NAME	Liver/ Gallbladder
Corvallis VH	The liver presented moderately enlarged in size exhibiting generalized mild uniform increased parenchyma echogenicity 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 content with mild nondependent yet nonorganized mildly echogenic luminal debris. No
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PATIENT	evidence of gallbladder or peripheral gallbladder inflammatory criteria was noted. The cystic and common bile ducts were normal.
Dorris Day Shatkins	
SPECIES	<i>Gastrointestinal</i>
Canine	The visualized gastric walls were sonographically normal. The lumen of the stomach contained moderate, strongly shadowing ingesta extending into the area of the pyloric outflow. No evidence of mechanical pyloric outflow obstruction was noted.
BREED	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.
Terrier x	
SEX	Normal visible colon wall layers were present with apparent formed feces in lumen.
FS	<i>Pancreas</i>
AGE	The pancreas was normal in size and contour with isoechoic to heterogeneous parenchyma compared to adjacent omentum, likely consistent with age-related pancreatic changes and incidental. No signs of active inflammation or neoplasia.
12 years	
WEIGHT	<i>Free Abdomen</i>
30 lbs.	No overt lymphadenopathy or peritoneal effusion was present.
INTERPRETED BY	ULTRASONOGRAPHIC FINDINGS
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	<ul style="list-style-type: none">• Bilateral borderline to mild prominent adrenal glands• Hepatopathy exhibiting mild generalized parenchyma hyperechogenicity• Mild gallbladder debris (non-mucocele)• Mild age-related renal changes• Strongly shadowing nonspecific gastric ingesta
IMAGING PERFORMED BY	<u>INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS</u>
Jenna Walsh, CVT	Full adrenal workup with LDDST or ACTH stimulation test is warranted in this patient, given the adrenal and hepatic presentation in combination with clinical signs. Screening hepatic FNA cytology could be considered for further clarification.
HOSPITAL NAME	The strongly shadowing gastric ingesta may indicate recent meal ingestion. However, the possibility of foreign material within the stomach cannot be definitively excluded. Correlation with most recent meal ingestion, as well as monitoring of gastric emptying is recommended.
Corvallis VH	
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INVOICE	Pending adrenal workup, further diagnostics may include urine C/S on a sterile urine sample +/- Leptospirosis titers / PCR, if endemic to the area or potential exposure. Hepatosupportive medications including Denamarin and Ursodiol may prove beneficial.
15356	DATE
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SPECIES

Canine

BREED

Terrier x

SEX

FS

AGE

12 years

WEIGHT

30 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Jenna Walsh, CVT

HOSPITAL NAME

Corvallis VH

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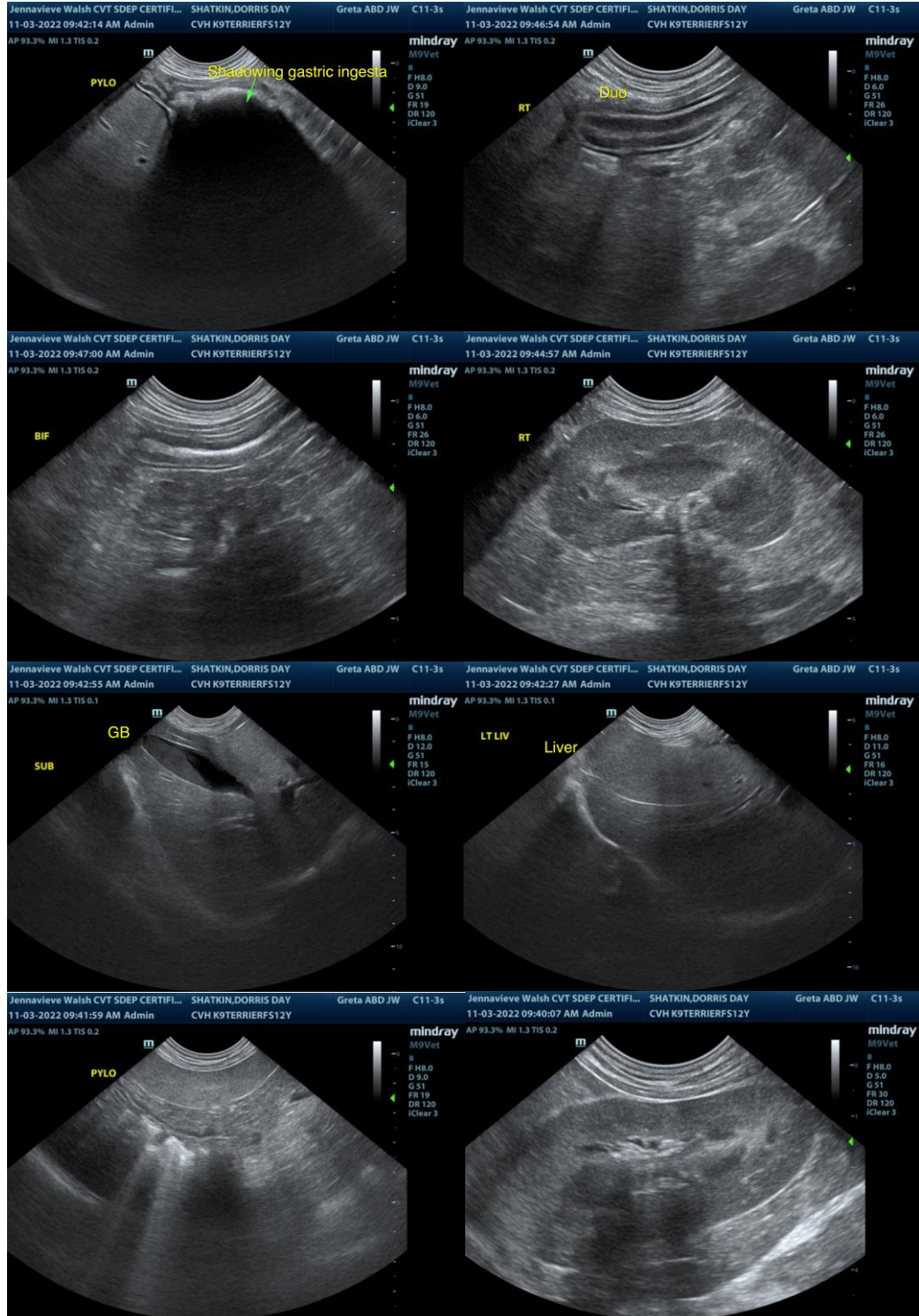
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Dorris Day Shatkins

SPECIES

Canine

BREED

Terrier x

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FS

AGE

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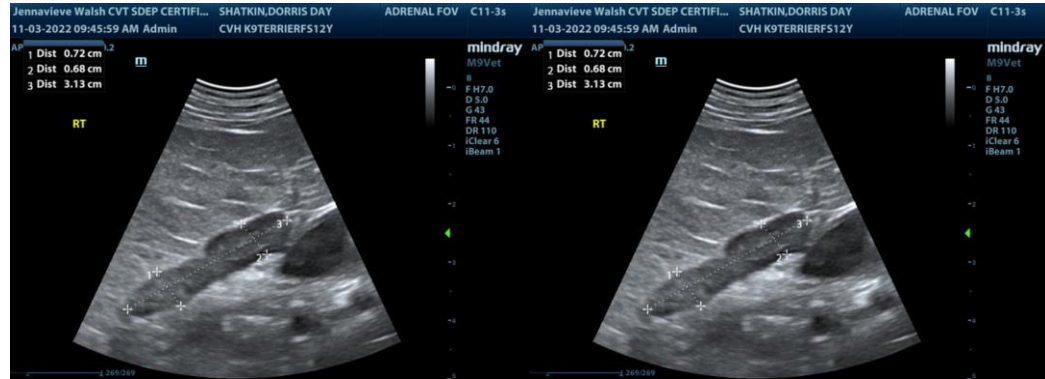
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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