



PATIENT PRESENTING CLINICAL SIGNS

Ralphie Thornton History: 3-week hx of melena, painful cranial abdomen. No current meds.
Abnormal PE/Chem/CBC/UA Results: pending

SPECIES ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Canine **Urinary System**

BREED 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 were noted.

Lab Mix

SEX The residual prostate was sonographically unremarkable.

Neutered Male Aortic trifurcation was normal.

AGE 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 5.7 cm in length. The right kidney measured 5.7 cm in length.

12 Years

WEIGHT Adrenal Glands

34 Lbs. The bilateral adrenal glands were normal in size. Mild parenchyma heterogeneity and mild capsule asymmetry was present without suspicion for overt neoplasia. The left adrenal gland measured 2.0 cm in length x 0.57 cm width in the caudal pole. The right adrenal gland measured 1.9 cm in length x 0.70 cm width in the caudal pole. No evidence of subnormal adrenal size or neoplastic criteria.

INTERPRETED BY

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

IMAGING PERFORMED BY

Shari Reffi, CVT

HOSPITAL NAME

ACC Flanders

Spleen

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.

Liver

The liver exhibited subjective mild enlargement. 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. The cystic and common bile ducts were normal.

REFERRING VET

Dr. Hargadon

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Gastrointestinal

The gastric fundus and body exhibited intact and sonographically unremarkable wall layering. The gastric body wall measured 0.50 cm. Mild pyloric thickening exhibiting subjective intact, yet indistinct

DATE

11/30/21



PATIENT	<p>wall layering was present. The pylorus wall measured 0.60 -0.70 cm. The stomach was primarily empty with mild luminal gas and without evidence of retained ingesta, fluid or foreign material.</p> <p>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 jejunum wall measured 0.37 cm. The duodenum wall measured 0.38 cm.</p> <p>Normal visible colon wall layers were present with apparent formed feces in lumen.</p>
Ralphie Thornton	
SPECIES	
Canine	
BREED	<i>Pancreas</i>
Lab Mix	The left limb, right limb, and base of the pancreas presented hypoechoic to heterogeneous echogenicity compared to adjacent omental fat. Mild asymmetrical capsule margination was present with mild variable parenchymal swelling and mild peripancreatic reactivity / inflammation. No overt evidence of neoplasia.
SEX	<i>Free Abdomen</i>
Neutered Male	Potential gastric or pancreaticoduodenal lymphadenopathy noted in the right cranial abdomen. The possibility of non-specific pancreatic nodule in the area of the pancreas base cannot be definitively excluded. The lymph node versus pancreatic nodule measured 1.0 cm in diameter. No evidence of peritoneal effusion.
AGE	
12 Years	
WEIGHT	ULTRASONOGRAPHIC FINDINGS
34 Lbs.	Primary Findings
INTERPRETED BY	<ul style="list-style-type: none"> • Mild pyloric thickening • Subjective prominent to mildly hypoechoic pancreas base and proximal right pancreatic limb • Associated gastric to pancreaticoduodenal lymphadenopathy, possible pancreatic nodule
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	Secondary Findings
IMAGING PERFORMED BY	<ul style="list-style-type: none"> • Mild vacuolar hepatopathy pattern- subjectively benign
Shari Reffi, CVT	<u>INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS</u>
HOSPITAL NAME	The mild pyloric thickening may indicate gastritis with potential for chronic active pancreatitis and associated reactive to mildly inflamed gastric and pancreaticoduodenal lymphadenopathy. The possibility of emerging infiltrative process associated with pylorus with early neoplastic lymphadenopathy cannot be definitively excluded. Overt sonographic signs of gastric ulceration were not evident yet potential for microulceration associated with inflammation may be possible.
ACC Flanders	Gastric protectants and medical therapy for gastritis/pancreatitis with assessment of clinical response and sonographic reassessment in 10-14 days would be appropriate. Ultimately, upper gastrointestinal endoscopy may be considered.
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PATIENT

Ralphie Thornton

SPECIES

Canine

BREED

Lab Mix

SEX

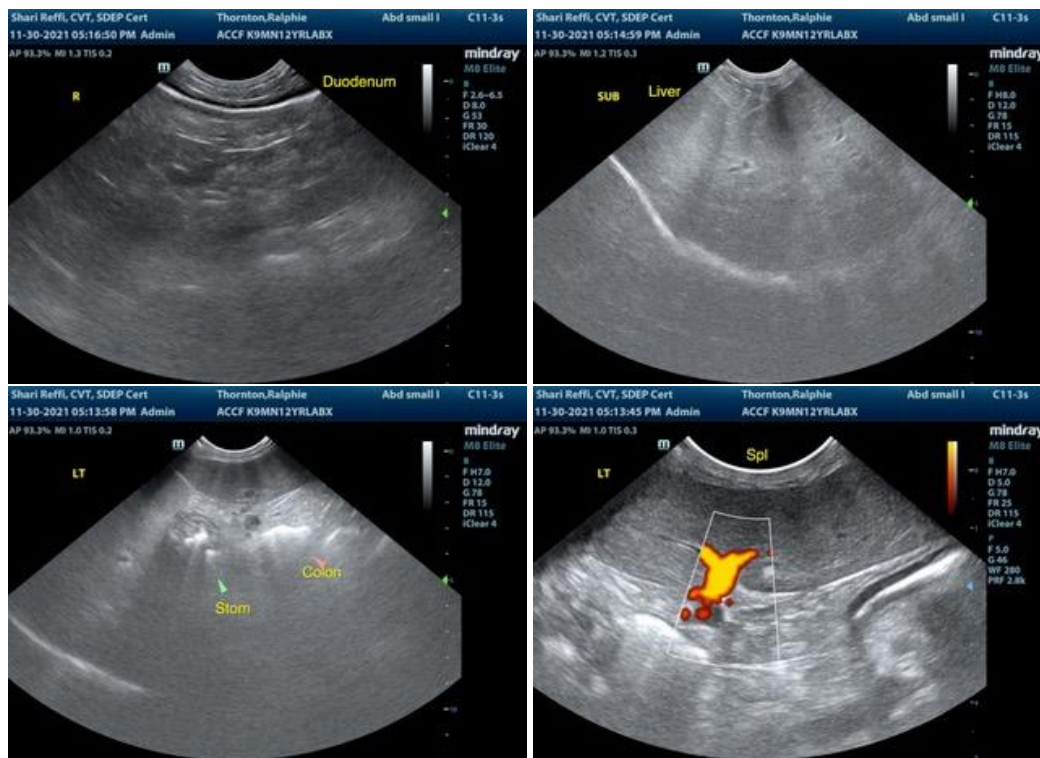
Neutered Male

AGE

12 Years

WEIGHT

34 Lbs.



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R. McKenzie Daniel,
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IMAGING PERFORMED BY

Shari Reffi, CVT

HOSPITAL NAME

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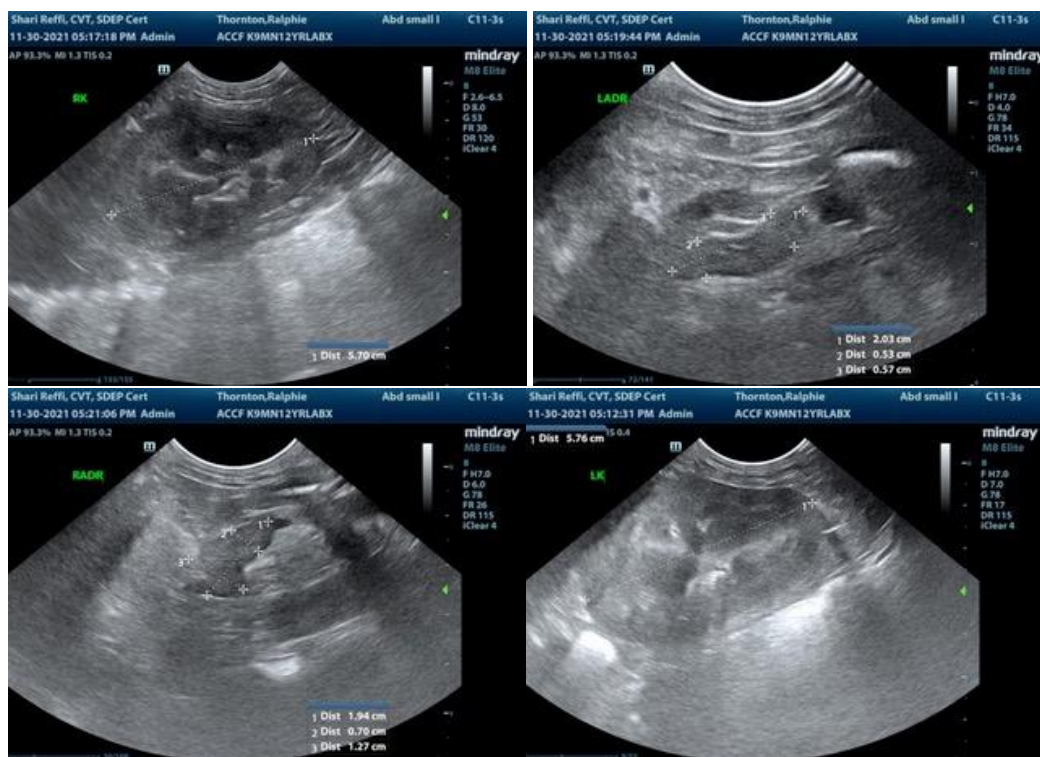
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PATIENT

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SPECIES

Canine

BREED

Lab Mix

SEX

Neutered Male

AGE

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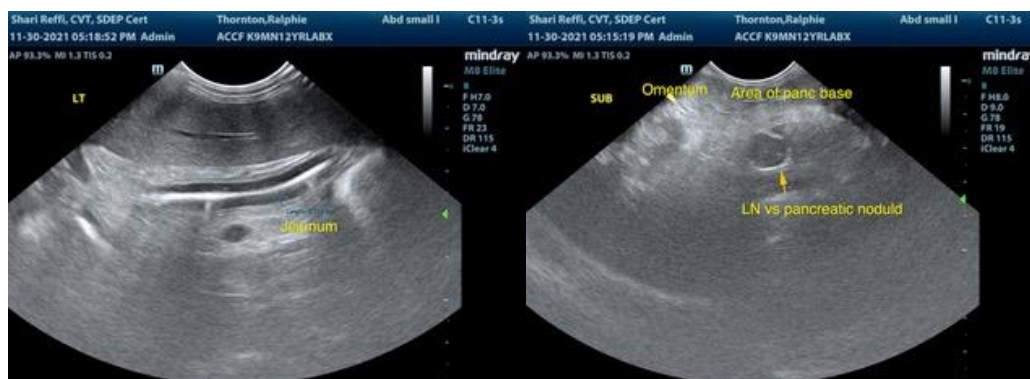
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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