



**PATIENT PRESENTING CLINICAL SIGNS**

**Bella Schmidt** History: Decreased appetite, occasional vomiting. Medication: Clavamox, Pepcid, Gabapentin, Cerenia, Fortiflora, B12

**SPECIES** Labs: CBC hematocrit 59.9, WBC 16.8 with mild neutrophilia Chemistry Panel BUN 67, Creatinine 3.6, Phosphorus 8.1, Albumin 2.0, unremarkable liver enzymes, CK 382, Spec CPL 579, Urinalysis spec grav 1.014, 3+ protein

Canine

**BREED ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

Lab Mix **Urinary System**

**SEX** 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 were noted.

Spayed Female

The area of the aortic trifurcation was free of pathology.

**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 pyelectasia was present. The left kidney measured 5.3 cm in length. The right kidney measured 5.7 cm in length.

2014

**WEIGHT** **Adrenal Glands**

41.4 Pounds

**INTERPRETED BY** The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.58 cm width at the caudal pole and 0.52 cm width at the cranial pole.

R. McKenzie Daniel, DVM, DABVP (Canine and Feline) The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.57 cm width at the caudal pole.

**IMAGING PERFORMED BY** No evidence of adrenal tumors.

**Spleen**

Rebekah Jakum, CVT ARDMS/RVT 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.

**HOSPITAL NAME**

Creeview VH

**REFERRING VET** **Liver**

Dr. Ballek The liver was subjectively normal in size, structure, and contour. The liver parenchyma was uniform and hypoechoic to the spleen with a mild coarse echotexture. The hepatic and portal vasculature were normal in appearance without signs of congestion.

**INVOICE** The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.

18906

**DATE** **Gastrointestinal**

11/30/22



**PATIENT**

Bella Schmidt

The stomach presented intact wall layering with a normal wall layer ratio. Mild to moderate subjective gas distention was noted.

**SPECIES**

Canine

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.

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

**Pancreas**

**BREED**

Lab Mix

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.

**SEX**

Spayed Female

**Free Abdomen**

Focal to several, enlarged, hypoechoic mid abdominal mesenteric lymph nodes were present. The lymph nodes exhibited symmetrical to rounded margination with abnormal width: length ratio (>0.5). The mesenteric lymph nodes measured 3.0 cm and 2.7 cm. Subtle evidence of perilymphatic hyperechoic mesentery was noted. No evidence of peritoneal free fluid or omental masses.

**AGE**

2014

**ULTRASONOGRAPHIC FINDINGS**

**WEIGHT**

41.4 Pounds

- Sonographically unremarkable gastrointestinal tract with mild subjective gastric gas distention
- Mid abdominal mesenteric lymphadenopathy- significant hyperplasia, reactive lymphadenitis, lymphatic neoplastic criteria are all potentials.
- Nonspecific mild chronic renal changes
- Sonographically unremarkable pancreas- potential low grade pancreatitis may at times present sonographically normal and cannot be excluded.

**INTERPRETED BY**

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

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Baseline UPC level +/- culture and sensitivity on sterile urine sample is recommended given the degree of proteinuria. Ultrasound guided FNA of the enlarged mesenteric lymph nodes is warranted for screening cytology and as needed gastrointestinal supportive care is recommended. A GI panel to include PLI/TLI/Cobalamin/Folate may be considered to assess for occult pancreatic or gastrointestinal disease as a contributing factor to the patients clinical signs. Three view chest radiographs are suggested to rule out occult thoracic pathology as a contributing factor.

**IMAGING PERFORMED BY**

Rebekah Jakum, CVT  
ARDMS/RVT

**HOSPITAL NAME**

Creeview VH

**REFERRING VET**

Dr. Ballek

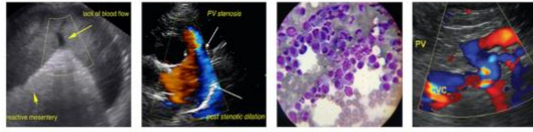
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**PATIENT**

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**SPECIES**

Canine

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Lab Mix

**SEX**

Spayed Female

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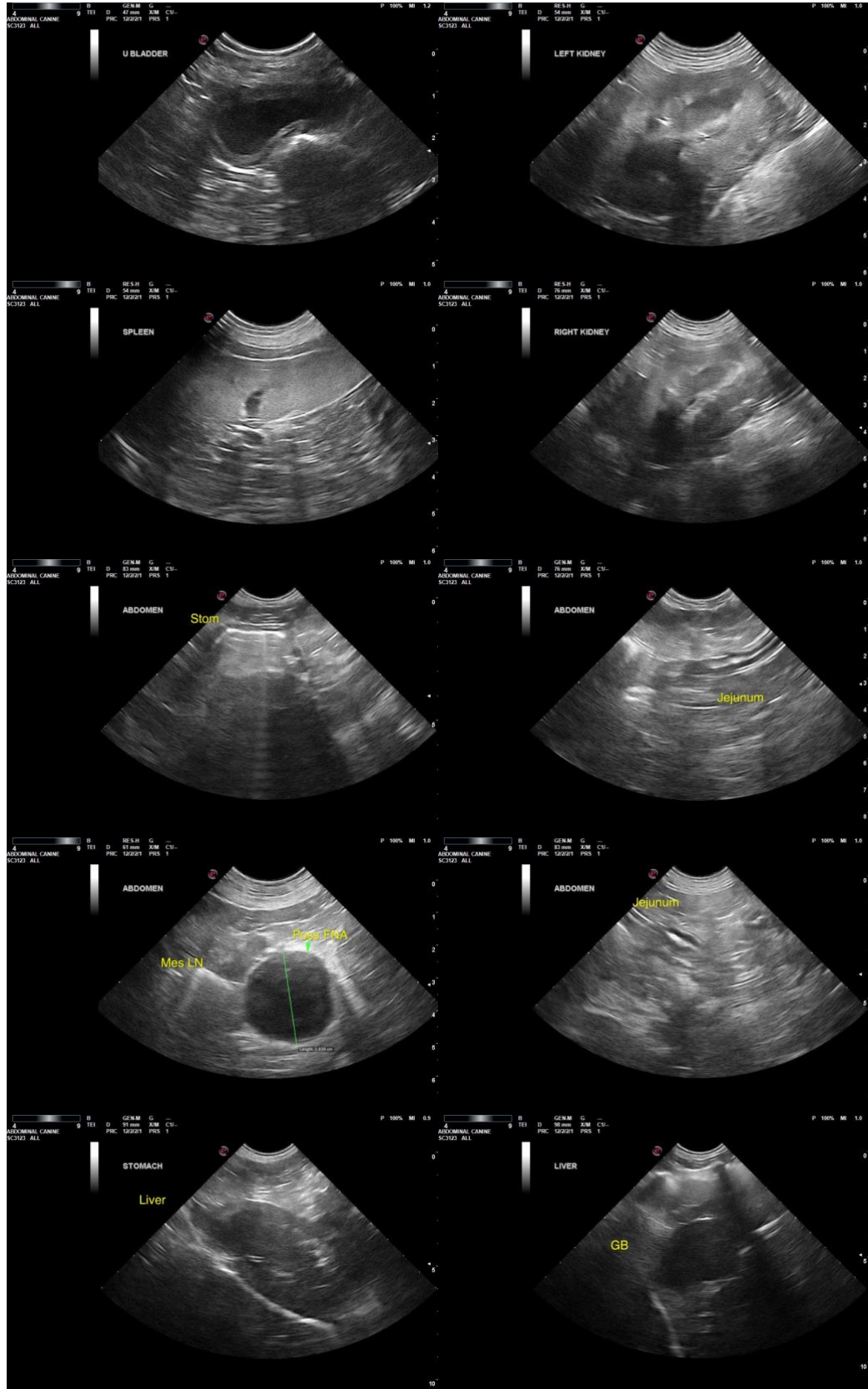
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**PATIENT**

Bella Schmidt

**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.**

**SPECIES**

Canine

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.

**BREED**

Lab Mix

**R. McKenzie Daniel, DVM, DABVP (Canine/Feline Practice)**  
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**SEX**

Spayed Female

**AGE**

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