**PATIENT**

Pal Larson

**SPECIES**

Canine

**BREED**

Terrier X

**SEX**

Neutered Male

**AGE**

12 Years

**WEIGHT**

13 Pounds

**INTERPRETED BY**R. McKenzie Daniel,  
DVM, DABVP  
(Canine and Feline)**IMAGING PERFORMED BY**

Sara Pender, CVT

**HOSPITAL NAME**

SVS Imaging QC

**REFERRING VET**

Dr. Elliott

**INVOICE**

43167

**DATE**

12/2/22

**PRESENTING CLINICAL SIGNS**

Was seen 3 days ago for vomiting, anorexia and lethargy. History of pancreatitis. Pal has not gotten better with cerenia, fluids and a bland diet.

Abnormal PE/Chem/CBC/UA Results: Was dehydrated on PE. Remainder of PE WNL. Persistently elevated RBC and HCT for the last 2 years and is HCT 69.9% on blood work. mild elevation in reticulocytes. cPI was abnormal. Remainder of BW was unremarkable.

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN****Urinary System**

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 4.0 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.

The residual prostate was free of pathology.

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 loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The left kidney measured 4.0 cm. The right kidney measured 3.6 cm.

**Adrenal Glands**

The bilateral adrenal glands were normal in size. Mild parenchyma heterogeneity and mild capsule asymmetry was present without suspicion for overt neoplasia. No evidence of tumors. The left adrenal gland measured 1.8 cm long x 0.50 cm at the caudal pole. The right adrenal gland measured 1.5 cm long x 0.42 cm at the caudal pole.

**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.

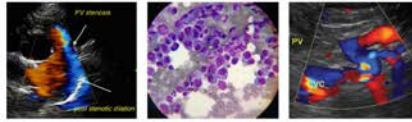
**Liver**

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

**Gastrointestinal**

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained moderate variable echogenic ingesta with intermittent no-shadowing hypoechoic echoes. Example of hypoechoic echo within the gastric ingesta measured 1.5 cm x 0.46 cm. No evidence of mechanical pyloric outflow obstruction.

The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. No evidence of mural hypertrophy or altered intestinal wall layering. Subjective propensity for subtly prominent submucosa

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layer, which is non-specific. Potential for patient variant, although the submucosal layer may be affected in dogs with underlying inflammatory enteropathy. The lumen of the small intestine was empty with no signs of ileus, obstruction or foreign material.

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

**Pancreas****BREED**

Terrier X

The pancreas was normal in size and contour with isoechoic to heterogeneous parenchyma compared to adjacent omentum. No signs of active inflammation or neoplasia.

**ULTRASONOGRAPHIC FINDINGS****SEX**

Neutered Male

- Gastric ingesta including intermittent non-specific non-shadowing hypoechoic ingesta echoes
- Intact, overall normal small intestinal wall layering – potential subjective propensity for subtly prominent intestinal submucosa.
- Heterogeneous pancreas – suspect chronic pancreatitis with evidence of parenchymal remodeling.
- Sonographically unremarkable colon
- Mild age related renal changes

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Chronic pancreatitis would be suspected if evidence of cranial abdominal or subxiphoid discomfort on palpation. Potential for chronic inflammatory enteropathy/IBD possible, although no evidence of overt gastrointestinal mural pathology.

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A GI panel to include PLI/TLI/Cobalamin/Folate is recommended. The gastrointestinal ingesta may indicate post-prandial presentation. Correlation with most recent meal ingestion is recommended. If documented NPO, some degree of gastric hypomotility may be present. The non-shadowing hypoechoic echoes within the gastric ingesta were non-specific and may indicate hypoechoic ingesta, treats, medication, or similar. Gastric foreign material is considered unlikely, yet monitoring for evidence of gastric emptying is recommended.

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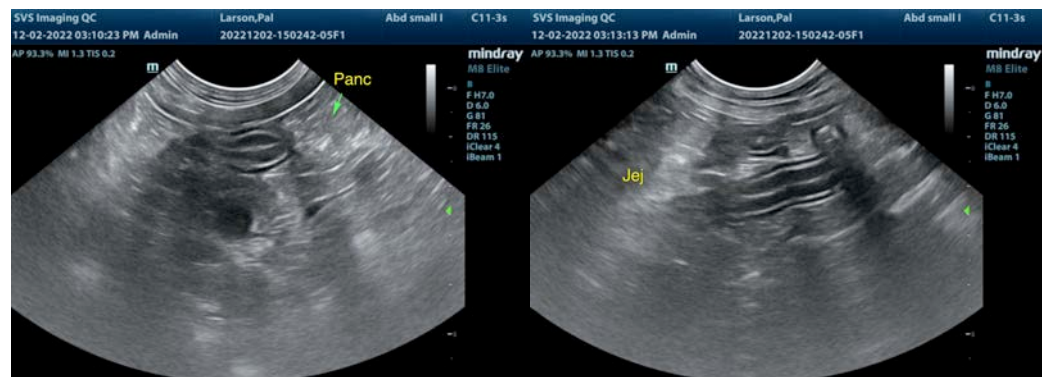
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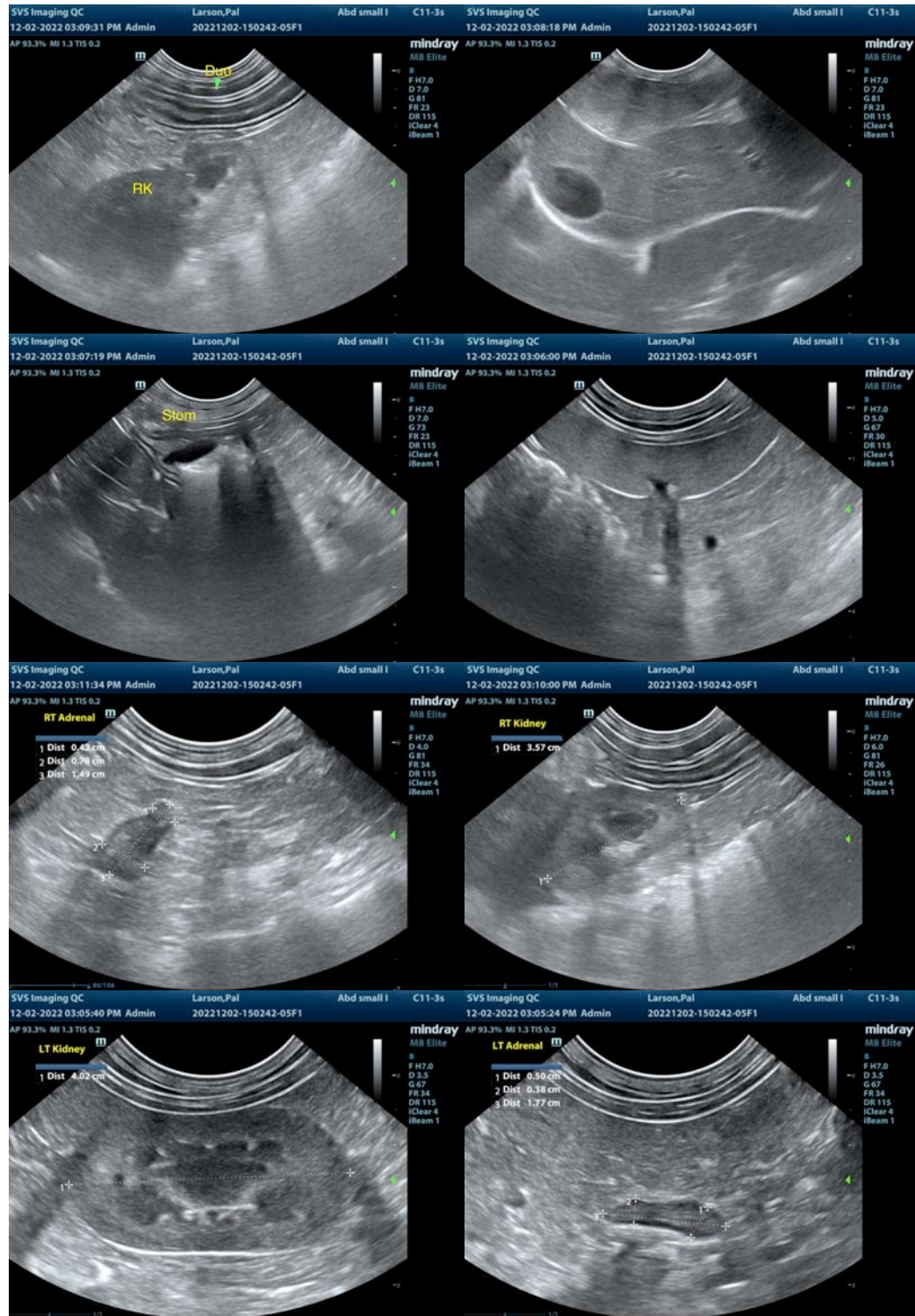
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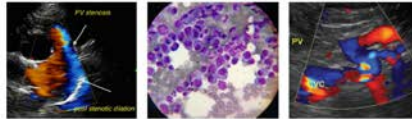
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

**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**

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

[info@Sonopath.com](mailto:info@Sonopath.com)

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