



<b>PATIENT</b>	<b>PRESENTING CLINICAL SIGNS</b>
Lucy Wolters	Blood in stool. Current meds: Metronidazole
<b>SPECIES</b>	<b>ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN</b>
Canine	<b>Urinary System</b>
<b>BREED</b>	The urinary bladder was normal in size and tone with mildly prominent ventral apical and dorsal urinary bladder walls exhibiting normal mural echogenicity. Ventral apical urinary bladder wall measured 0.50 cm in width. Minor dependent mineral was present in the urinary bladder along with focal non-obstructive mineral in the proximal urethral lumen. The urethra was normal in structure and tone to a depth of 3.0 cm.
Jack Russell Terrier	
<b>SEX</b>	The area of the aortic trifurcation was free of pathology.
Spayed Female	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 4.6 cm. The right kidney measured 5.1 cm.
<b>AGE</b>	<b>Adrenal Glands</b>
10 Years	The adrenal glands were uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.54 cm at the cranial pole and 0.60 cm at the caudal pole. The right adrenal gland measured 0.73 cm at the cranial pole and 0.73 cm at the caudal pole.
<b>WEIGHT</b>	<b>Spleen</b>
18.6 Pounds	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.
<b>INTERPRETED BY</b>	<b>Liver</b>
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	The liver exhibited mild generalized 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. A solitary, mildly non-homogeneous parenchymal nodule was present in the mid ventral liver. The nodule measured approximately 1.4 cm in diameter. 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 mild non-dependent, subtly congealed non-mineralized debris. The common bile duct was normal. No evidence of gallbladder or peripheral inflammation.
<b>IMAGING PERFORMED BY</b>	<b>Gastrointestinal</b>
Shari Reffi, CVT	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. Gastric body wall measured 0.35 cm.
<b>HOSPITAL NAME</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. Duodenum wall measured 0.42 cm.
ACC Flanders	
<b>REFERRING VET</b>	The visualized colon walls were sonographically unremarkable with out evidence of mural pathology or thickening. Semiformed feces present in the colon subjectively.
Dr. Hallihan	
<b>INVOICE</b>	
33606	
<b>DATE</b>	
12/20/21	



**PATIENT**

**Pancreas**

Lucy Wolters

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 overt lymphadenopathy or peritoneal effusion was present.

**BREED**

Jack Russell Terrier

**ULTRASONOGRAPHIC FINDINGS**

**SEX**

Spayed Female

- Mild dependent urinary bladder sediment and focal non-obstructive proximal urethral mineral, potential for mild cystitis - Urine culture and sensitivity on sterile urine sample recommended to rule out underlying infection.
- Age related kidneys, no overt pyelonephritis
- Mild hepatomegaly with solitary non-specific parenchymal nodule – suspect focal area of nodular/regenerative hyperplasia or lipogranuloma. No overt suspicion of neoplastic criteria, yet sonographic monitoring of the hepatic nodule +/- screening hepatic FNA for cytology could be considered.
- Mild gallbladder debris (non-mucocele)
- Overtly normal gastrointestinal tract and colon – suspect mild colitis given the hematochezia with potential for mild concurrent inflammatory enteropathy.

**AGE**

10 Years

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

**WEIGHT**

18.6 Pounds

Continued conservative therapy for mild colitis should prove beneficial. Dietary indiscretion/food intolerance, occult parasitism, or structurally insignificant inflammatory enterocolonopathy possible. Fresh fecal analysis or empirical deworming such as Panacur 50 mg/kg PO SID for at least 5 consecutive days recommended.

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Shari Reffi, CVT

**HOSPITAL NAME**

ACC Flanders

**REFERRING VET**

Dr. Hallihan

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**PATIENT**

Lucy Wolters

**SPECIES**

Canine

**BREED**

Jack Russell Terrier

**SEX**

Spayed Female

**AGE**

10 Years

**WEIGHT**

18.6 Pounds

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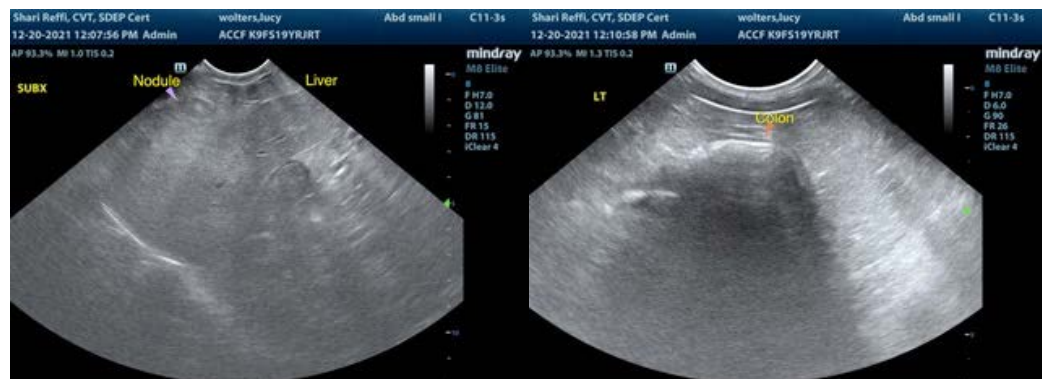
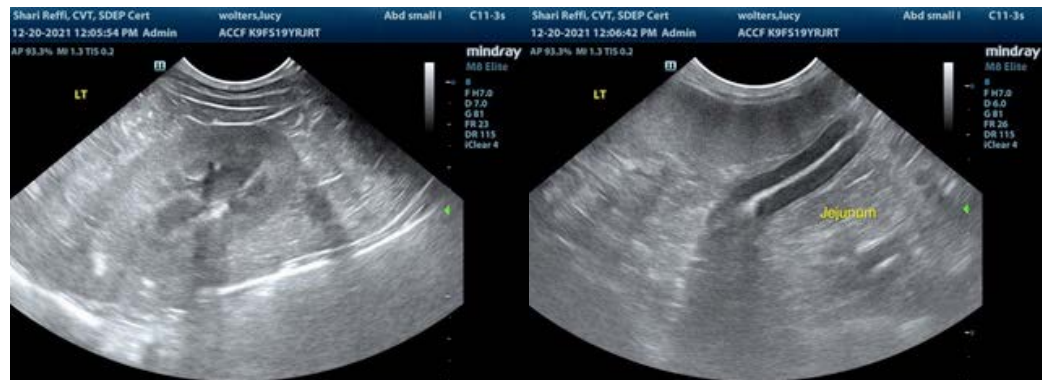
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**PATIENT**

Lucy Wolters

**SPECIES**

Canine

**BREED**

Jack Russell Terrier

**SEX**

Spayed Female

**AGE**

10 Years

**WEIGHT**

18.6 Pounds

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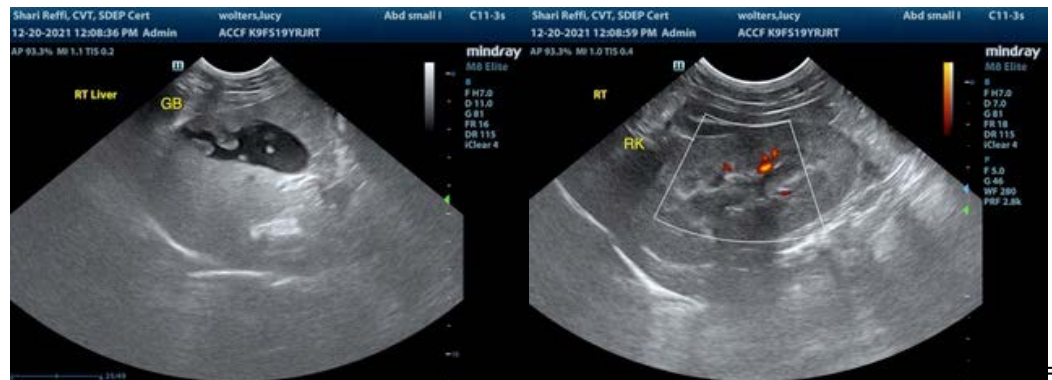
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)  
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