



**PATIENT**

Kelsie Wieland

**SPECIES**

Canine

**BREED**

Doodle

**SEX**

FS

**AGE**

12 years

**WEIGHT**

24.1 kg

**INTERPRETED BY**

R. McKenzie Daniel,  
DVM, DABVP

**IMAGING  
PERFORMED BY**

Crystal Hill

**HOSPITAL NAME**

Beatties Burlington PH

**REFERRING VET**

Dr. AZIZ

**INVOICE**

12718

**DATE**

12/3/21

**PRESENTING CLINICAL SIGNS**

Not interested in eating- for 1 day Wont touch her food at all, tried giving homemade food but would not eat Very lethargic- for a month All she has done is sleep all day- very unlike her vomited a bile only yesterday - no bowel movement; last time 2 days ago - not into garbage/toxin/other - not on any meds - no other issues - no injury noticed; less mobile; has arthritis; not on any supplements QAR; oral mm pink, crt 2sec; skin tent normal; Abd. palpation normal; Generalized loss of muscle mass; difficulty getting up after sitting, ATO p has similar issues at home. Weight loss. Sucralfate, Fortiflora, Metronidazole

Abnormal PE/Chem/CBC/UA Results: ALKP 376 HIGH ALT 136 HIGH LYM 5.3 HIGH

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2.0 cm exhibited normal thickness and tone. Primarily anechoic urine was present in the lumen. Mild, nondependent, particulate sediment was present without evidence of calculus formation. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic mural changes were noted.

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 mild loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. Pinpoint areas of medullary mineral were present in both kidneys. The left kidney measured 7.3 cm in length. The right kidney measured 6.5 cm in length.

**Adrenal Glands**

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 2.3 cm length x 0.57 cm width at the caudal pole. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 2.7 cm length x 0.87 cm width at the caudal pole.

**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/ Gallbladder**

The liver was normal in size with mild asymmetrical contour. The liver exhibited nonuniformly hypoechoic parenchyma with subjective increased prominence of the portal vascular borders. The gallbladder was indistinctly visualized potentially owing to contraction.


**PATIENT**
***Gastrointestinal***

Kelsie Wieland

The stomach presented intact and sonographically unremarkable wall layering. The stomach was mildly distended with retained anechoic to echogenic fluid and chyme.

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The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. Segmental mild jejunal ileus pattern with retained chyme was present. No evidence of mechanical obstruction was noted.

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The colon walls presented intact yet mildly prominent wall layering with mild thickened to echogenic submucosa. Nonformed to liquid fecal matter was present in the colon lumen with lumen dilation.

***Pancreas***
**SEX**

FS

The pancreas exhibited generalized prominent to swollen size with primarily uniform hypoechoic parenchyma.

***Free Abdomen***
**AGE**

12 years

No omental masses, lymphadenopathy or peritoneal effusion were present.

**ULTRASONOGRAPHIC FINDINGS**
**WEIGHT**

24.1 kg

***Primary Findings***

- Prominent to hypoechoic pancreas - probable pancreatitis, potential for pancreatic neoplasia is possible yet thought less likely
- Hypoechoic nonuniform liver - hepatitis (infectious, immune-mediated, etc.), vacuolar / reactive hepatopathy, neoplasia possible
- Gastroenterocolitis pattern with metabolic gastric stasis

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***Secondary Findings***

- Mild age-related kidneys
- Mild particulate urinary bladder sediment

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The urinary bladder sediment may suggest cellular / crystalline debris or mucus. Cystocentesis for UA +/- C/S if evidence of inflammatory cells is recommended.

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Assuming normal clotting status, ultrasound-guided FNA of the liver is warranted for screening cytology and potential identification of inflammatory cell type if present, as well as assessment for potential occult neoplasia. Empirical medical therapy for pancreatitis / hepatitis with as-needed gastrointestinal support would be appropriate. Leptospirosis titer / PCR may be considered if clinically indicated. Recheck sonogram to assess for progressive hepatopancreatic pathology may be considered pending clinical response to therapy or if clinical signs continue.

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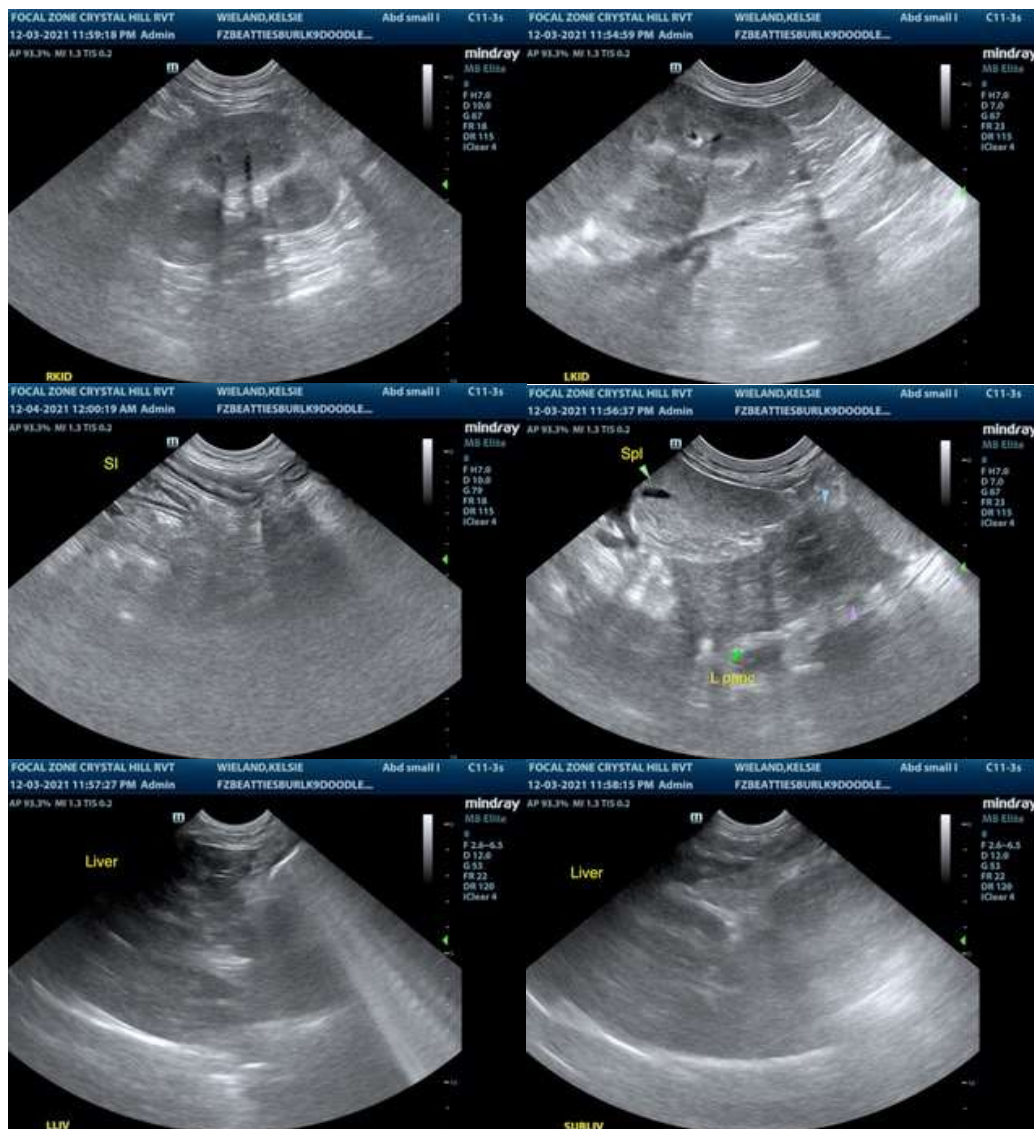
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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