



PATIENT PRESENTING CLINICAL SIGNS

Rita Franklin Vomiting, diarrhea suspect GI bleed, gall bladder sludge Diabetes Elevated kidney values Medications: vetsulin insulin (0.5 units sid), metronidazole. milk thistle

SPECIES Abnormal PE/Chem/CBC/UA Results: BUN = 157 Creatinine = 4.5 Glucose = 600 mg/dl AlkPhos = 993 Na = 128, Cl = 77 Phosphorus = 9.4

Canine

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

BREED *Urinary System*

Jack Russel Terrier

The urinary bladder was distended in size with normal tone and normal appearing bladder wall. The trigone, cystourethral junction, and visible pelvic urethra to a depth of 4 cm exhibited normal thickness and tone. Anechoic urine was present in the lumen with moderate non-dependent particulate sediment. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes was noted.

SEX

FS

AGE

9yr

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 moderate loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. Bilateral areas of mild medullary mineral and small cortical cysts were present. The left kidney measured 4.5 cm in length. The right kidney measured 4.9 cm in length.

WEIGHT

22.9lb

The area of the aortic trifurcation was free of pathology.

Adrenal Glands

INTERPRETED BY

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

Bilateral adrenomegaly exhibiting intact mild asymmetric contour and mild heterogeneous non-mineralized parenchyma was present. The left adrenal gland measured 1.1 cm width at the caudal pole. The right adrenal gland measured 1.2 cm width at the caudal pole.

Spleen

IMAGING PERFORMED BY

Dr Ken Leal

The spleen exhibited normal size and contour with mild heterogeneous parenchyma. Intermittent to multiple hyperechoic parenchyma foci which may indicate pinpoint areas of splenic microinfarction fibrosis or mineralization were present.

Liver/Gallbladder

HOSPITAL NAME

Newton Veterinary
Hospital

The liver presented generalized increased in size. The parenchyma of the liver was subjectively increased in echogenicity compared to the spleen and renal cortices. The echotexture of the liver parenchyma was uniform with a variable coarse echotexture. The capsule of the liver was symmetrical in margination. The hepatic and portal vasculature were normal in appearance without signs of congestion. Intermittent discrete hypoechoic hepatic nodules were present; an example measured 1.3 cm in diameter.

REFERRING VET

Dr Babaer/Chan

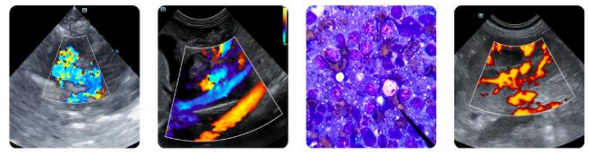
The gallbladder was non-distended in size with thin walls and mild to moderate congealed non-organized debris. The cystic and common bile ducts were normal.

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23118

DATE

12/04/2025



PATIENT

Gastrointestinal

Rita Franklin

The stomach presented intact mildly thickened wall owing to mildly thickened gastric mucosa. Mild lumen gas and retained anechoic fluid was present with no evidence of obstruction to pyloric outflow.

SPECIES

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 mechanical/metabolic ileus, obstruction or foreign material.

Canine

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

BREED

Pancreas

Jack Russel Terrier

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

SEX

Free Abdomen

FS

No omental masses, overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

AGE

Primary

9yr

- Non-uniform hyperechoic liver with intermittent intraparenchymal nodules
- Non-organized gallbladder debris
- Hypomotile gastritis with possible concurrent structurally insignificant enterocolitis
- Heterogeneous remodeled pancreas
- Bilateral adrenomegaly
- Distended urinary bladder with mild urine sediment
- Chronic renal changes exhibiting medullary mineral and small cortical cyst

WEIGHT

22.9lb

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The liver is suggestive of benign criteria i.e. vacuolar, reactive or diabetic hepatopathy, inflammatory disease, lipidosis, cholestasis, hyperplasia with occult neoplasia thought less likely. An adrenal workup with ACTH stimulation test given diabetes is recommended if clinical signs consistent with Cushing syndrome or diabetic dysregulation are present. Definitive evidence of gastrointestinal bleed or ulcer was not obvious yet not excluded. Correlation of azotemia with full urinary workup including UA, C/S assuming evidence of glucosuria and assessment for ketonuria.

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Hospitalization with glucose stabilization, empirical therapy for gastroenteritis and potential chronic pancreatitis with concurrent renal support and clinical monitoring is recommended.

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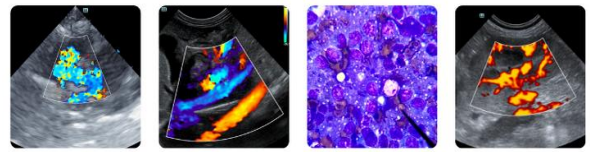
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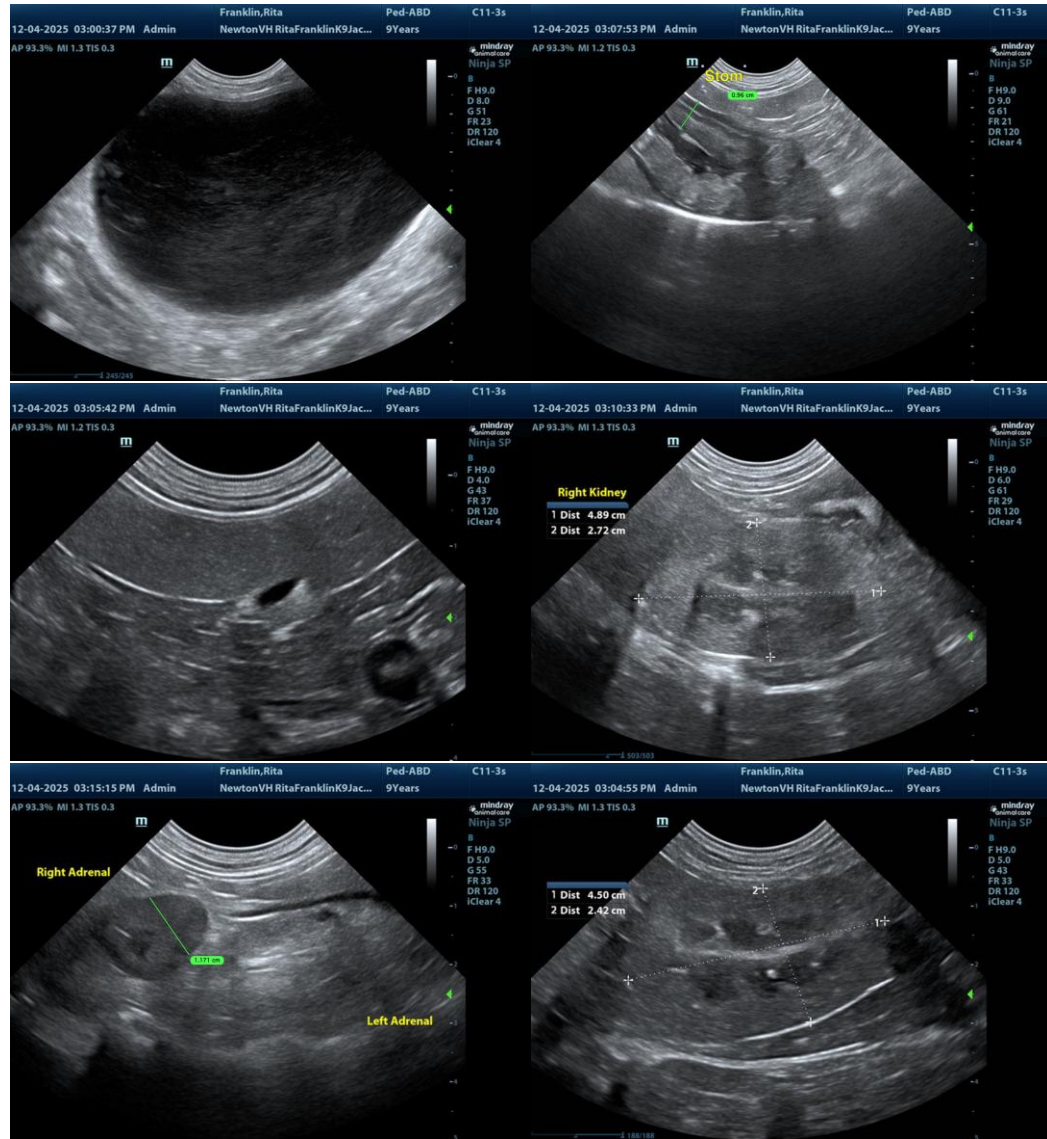
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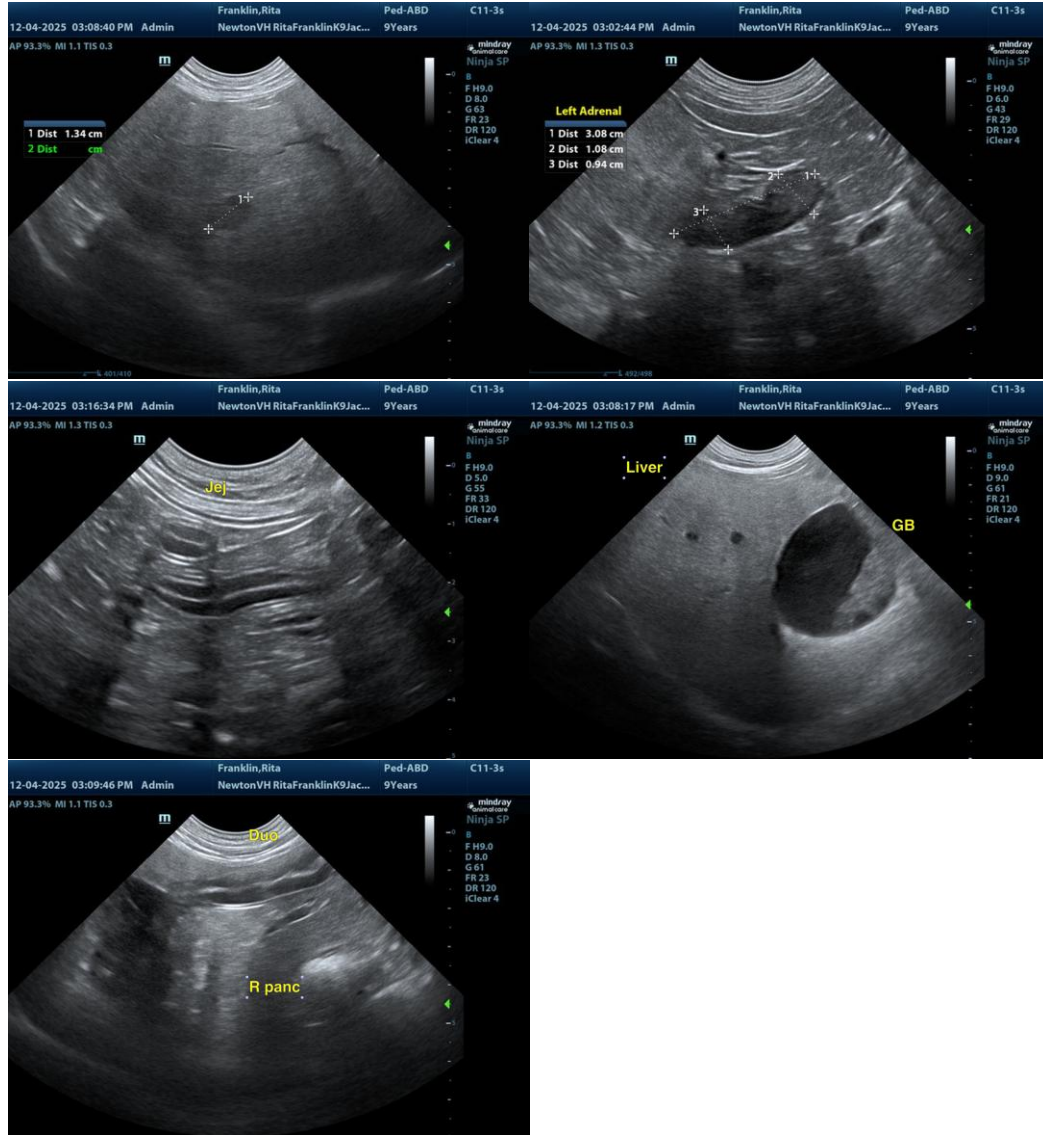
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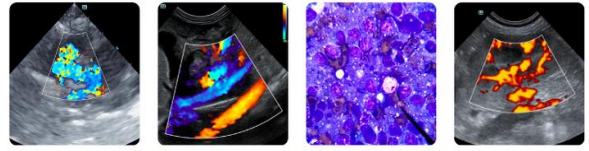
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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info@sonopath.com



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