



PATIENT	PRESENTING CLINICAL SIGNS
Dexter Anderson	Inappetence and lethargy febrile 40.0 C has responded to ampicillin IV Splenic shadow seen on POCUS exam
SPECIES	Abnormal PE/Chem/CBC/UA Results: Mild Elevation of liver enzymes
Canine	
BREED	ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN
Jack Russel	Urinary System
SEX	The urinary bladder, trigone, and cystourethral junction exhibited normal thickness and tone. Anechoic urine was present in the lumen with no uroliths, sediment, mineral, or calculi. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes was noted.
M/N	
AGE	The residual prostate was symmetrically normal in size with uniform parenchyma and slight coarse echotexture measuring 0.7 cm in diameter.
15	The area of the aortic trifurcation was free of pathology.
WEIGHT	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 medullary mineral was noted. The left kidney measured 4.4 cm in length. The right kidney measured 4.5 cm in length.
8.3 kg	
INTERPRETED BY	Adrenal Glands
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	The bilateral adrenal glands were normal in size. Mild parenchyma heterogeneity and mild capsule asymmetry was present without suspicion for overt neoplasia. The left adrenal gland measured 0.46 cm width in the cranial pole and 0.65 cm width in the caudal pole. The right adrenal gland measured 0.62 cm width in the cranial pole and 0.60 cm width in the caudal pole.
IMAGING PERFORMED BY	Spleen
Dr. Belan	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. No splenic masses or evidence of neoplastic criteria was noted.
HOSPITAL NAME	Liver/ Gallbladder
Bowmont AC	The liver presented subjective mild enlargement. The hepatic parenchyma revealed mild decreased echogenicity compared to the spleen and renal cortical parenchyma with a mild coarse echotexture. Mild increased yet indistinct portal vascular borders were evident. Normal hepatic vascular volume was noted. The capsule of the liver was normal in margination. Distinct masses or nodules were not evident. The hepatic and portal vasculature were normal in appearance. The gallbladder was non-distended in
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PATIENT	size with hyperechoic nonorganized debris primarily in the caudal lumen and area of gallbladder neck. Mild nonobstructive proximal common bile duct dilation was present measuring 0.41 cm width.
Dexter Anderson	
SPECIES	<i>Gastrointestinal</i>
Canine	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.
BREED	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. Intermittent mucosal speckling was noted. No obstructive pattern was present.
Jack Russel	
SEX	Normal visible colon wall layers were present with apparent formed feces in lumen.
M/N	<i>Pancreas</i>
AGE	The pancreas was normal in size and contour with isoechoic to heterogeneous parenchyma compared to adjacent omentum, consistent with age-related pancreatic changes. No signs of active inflammation, pancreatitis, neoplasia, or other pancreatic pathology.
15	
WEIGHT	<i>Free Abdomen</i>
8.3 kg	No omental masses or evidence of peritoneal effusion were noted.
INTERPRETED BY	Several, mild irregular, nonhomogeneous, focally cystic, variably enlarged hepatic lymph nodes adjacent to the portal vein were present with an example measuring 2.3 cm x 0.75 cm. The hepatic lymph nodes were not overtly consistent with neoplastic criteria with higher probability of chronic hyperplasia or possible lymphadenitis.
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	
IMAGING PERFORMED BY	ULTRASONOGRAPHIC FINDINGS
Dr. Belan	<ul style="list-style-type: none"> • Chronic renal changes exhibiting pinpoint medullary mineral • Hepatopathy - nonspecific, potentially indicative of acute on chronic possibly resolving hepatopathy, i.e., hepatitis, vacuolar hepatopathy, less likely occult neoplasia • Associated nonspecific irregular nonhomogeneous hepatic lymphadenopathy • Mild gallbladder debris with minor nonobstructive proximal common bile duct dilation - age-related common bile duct change, potential for low-grade cholangitis • Age-related spleen - no evidence of splenic masses / neoplastic criteria • Suspect mild gastroenteritis
HOSPITAL NAME	INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS
Bowmont AC	Further assessment of the liver may include screening FNA cytology with potential identification of inflammatory cell type if present +/- Leptospirosis titers / PCR if clinically applicable. Empirically, continued hepatic support, antibiotic therapy is persistent or recurrent fever, and as-needed gastrointestinal support, would be appropriate. Sonographic reassessment of the liver and hepatic lymphadenopathy is recommended if persistent or progressive hepatic enzyme elevations are noted.
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PATIENT

Dexter Anderson

SPECIES

Canine

BREED

Jack Russel

SEX

M/N

AGE

15

WEIGHT

8.3 kg

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IMAGING PERFORMED BY

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HOSPITAL NAME

Bowmont AC

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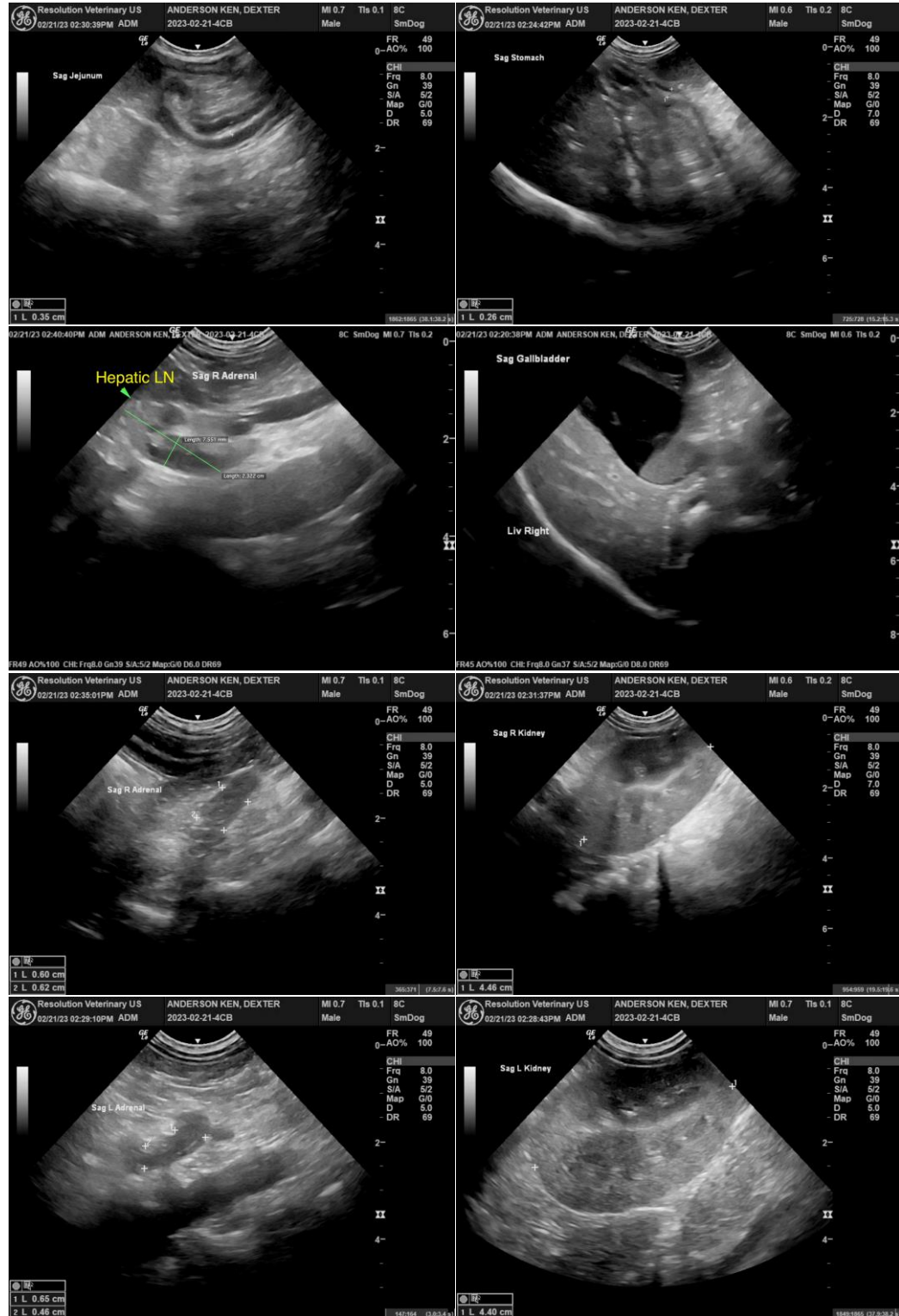
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Dexter Anderson

SPECIES

Canine

BREED

Jack Russel

SEX

M/N

AGE

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WEIGHT

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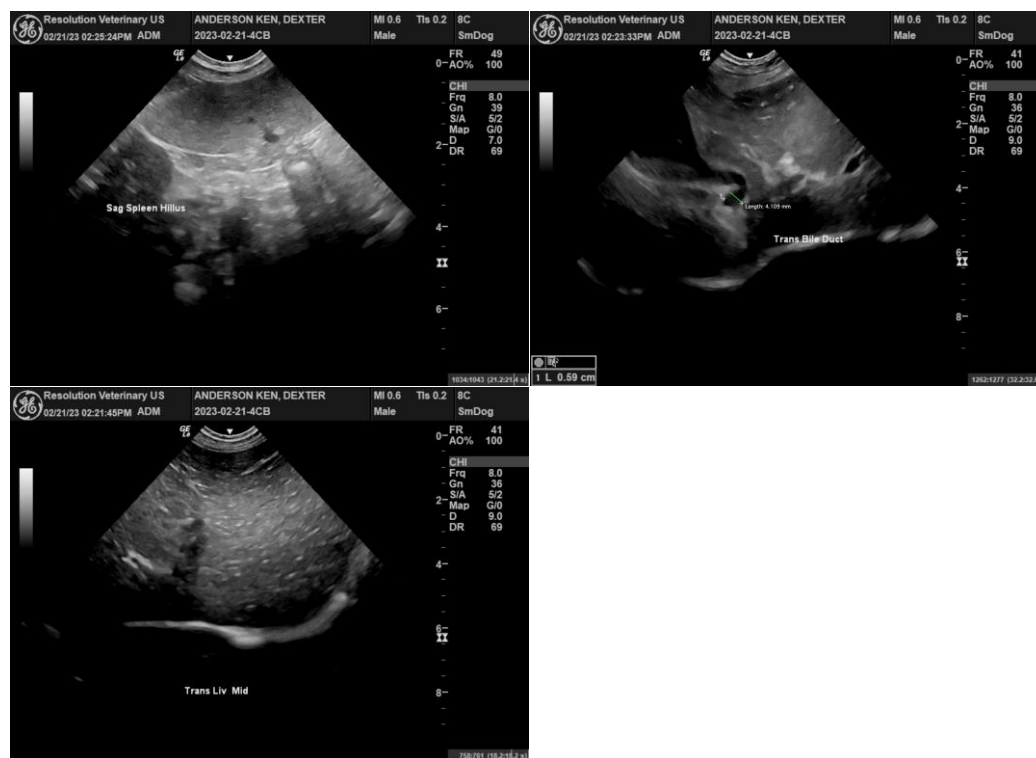
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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