



<b>PATIENT</b>	<b>PRESENTING CLINICAL SIGNS</b>
Ruger Flaherty	Vague GI signs, intermittent vomiting and increased bowel sounds. Has a history of being hospitalized at the specialty clinic for pancreatitis.
<b>SPECIES</b>	Abnormal PE/Chem/CBC/UA Results: PE: WNL today Previously had an abnormal cPLI, did not run today.
Canine	
	<b>ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN</b>
<b>BREED</b>	<b>Urinary System</b>
Beagle	The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra 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.
<b>SEX</b>	
MN	Normal size and margination were present in the kidneys. A normal 1:3 cortex / medulla ratio and normal corticomedullary definition were maintained. The echogenicity of the cortex was similar to or slightly less than normal liver parenchyma while the medulla echogenicity was hypoechoic to the cortex with no evidence of pelvic dilation. The left kidney measured 6.5 cm in length. The right kidney measured 6.5 cm in length.
<b>AGE</b>	
7yr	The area of the aortic trifurcation was free of pathology.
<b>WEIGHT</b>	<b>Adrenal Glands</b>
51lb	The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.80 cm width at the caudal pole and 2.4 cm length. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.95 cm width at the caudal pole and 3.5 cm length.
<b>INTERPRETED BY</b>	<b>Spleen</b>
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	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>IMAGING PERFORMED BY</b>	<b>Liver/Gallbladder</b>
Dr. Ebersole	The liver presented mild to moderately enlarged in size. Solitary to intermittent well demarcated uniform hyperechoic nodule/s were present measuring 1.2 cm in diameter. 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. 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 primarily anechoic luminal content and mild echogenic debris. The cystic and common bile ducts were normal.
<b>HOSPITAL NAME</b>	
Scanvet	
<b>REFERRING VET</b>	
Dr. Berberich	
<b>INVOICE</b>	<b>Gastrointestinal</b>
12870ag	The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained moderate non-shadowing ingesta/chyme with no signs of ileus, obstruction or foreign material.
<b>DATE</b>	
02/03/2023	



**PATIENT**

Ruger Flaherty

The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. The lumen of the small intestine contained segmental non-shadowing ingesta/chyme with no signs of ileus, obstruction or foreign material.

**SPECIES**

Canine

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

**Pancreas**

**BREED**

Beagle

The pancreas base and right limb were mildly prominent in size with minor capsule asymmetry and mixed echogenic to remodeled parenchyma. Suspected areas of fibrosis were noted. Minor pancreatic duct dilation was present. The left pancreatic limb exhibited overtly normal size with isoechoic parenchyma compared to adjacent omentum.

**Free Abdomen**

**SEX**

MN

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

**AGE**

7yr

**ULTRASONOGRAPHIC FINDINGS**

- Hepatomegaly exhibiting focal to intermittent nodule/s-benign, nodules likely hyperplasia or lipogranuloma
- Mild gallbladder debris (non-mucocele)
- Structurally normal GI tract with gastric and segmental intestinal ingesta/chyme
- Prominent to remodeled right pancreas

**WEIGHT**

51lb

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The appearance of the pancreas is not sonographically consistent with active pancreatitis although remodeling and mild pancreatic fibrosis owing to previous inflammation or low-grade to chronic pancreatitis is suspected. Some degree of concurrent structurally insignificant inflammatory bowel is possible. A GI panel to include PLI/TLI/Cobalamin/Folate is recommended.

**INTERPRETED BY**

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

Empirically, a low fat or hydrolyzed diet trial with potential long term dietary therapy and as needed gastroprotectant protocol with assessment of clinical response may prove beneficial. Assessment of hepatic enzymes for evidence of elevation or cholestasis +/- hepatosupportive medications if clinically indicated is suggested.

**IMAGING PERFORMED BY**

Dr. Ebersole

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**SPECIES**

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**AGE**

7yr

**WEIGHT**

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**REFERRING VET**

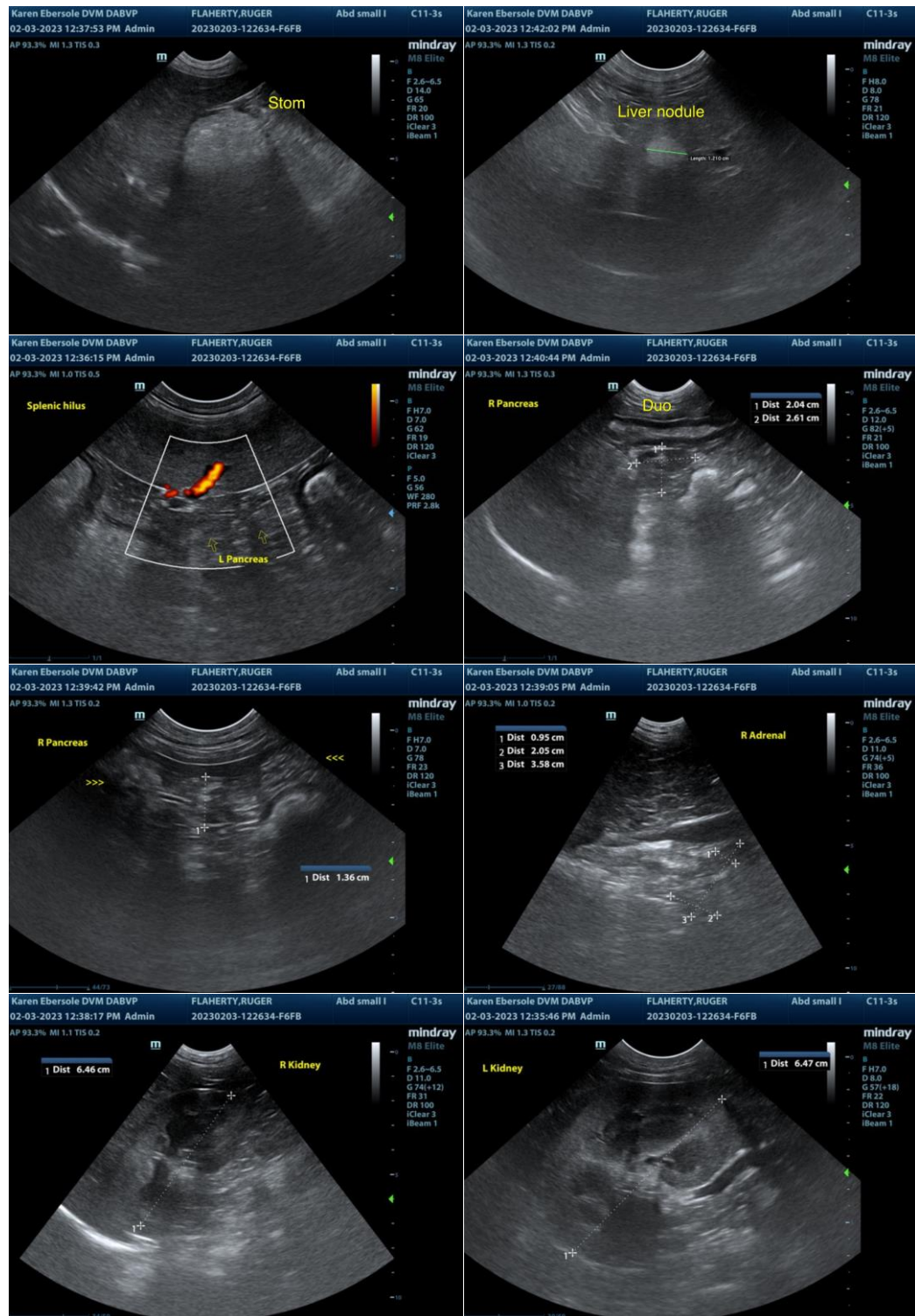
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

Thank you for this referral. If the clinical or image interpretation does not parallel your findings or if I



**PATIENT**

can be of any further assistance, please contact me.

Ruger Flaherty

**SPECIES**

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Canine

**BREED**

Beagle

**SEX**

MN

**AGE**

7yr

**WEIGHT**

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