



PATIENT	PRESENTING CLINICAL SIGNS
Emma Black	History: Anemia, weight gain, decreased activity, stiffness – rule out neoplasia Medication: Prednisone, Azathiaprine
SPECIES	Hematocrit 33%, reticulocytes 282, WBC 14.3 w/ mild neutrophilia and lymphopenia
Canine	Adequate platelets, marked polychromasia and anisocytosis
BREED	ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN
Australian Shepherd	<i>Urinary System</i> The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 3.0 cm 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. No evidence of pathology in the area of the aortic trifurcation and without evidence of medial iliac or sublumbar lymphadenopathy.
SEX	
FS	
AGE	
11 years	Normal size and margination was 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. The left kidney measured 6.4 cm in length. The right kidney measured 7.5 cm in length.
WEIGHT	
87 Pounds	<i>Adrenal Glands</i> The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.50 cm width at the caudal pole and 0.45 cm width at the cranial pole. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.56 cm width at the caudal pole and 0.62 cm width at the cranial pole.
INTERPRETED BY	
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	<i>Spleen</i> The spleen presented normal in size and contour. Subtle parenchyma heterogeneity was present and likely associated with patient or age related variants. No splenic masses, nodules, or neoplastic criteria noted. 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.
IMAGING PERFORMED BY	
Rebekah Jakum, CVT ARDMS/RVT	<i>Liver / Gallbladder</i> The liver presented mildly enlarged in size. 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 moderate nondependent yet nonorganized hyperechoic gallbladder debris. Areas of suspected hypoechoic mucus noted between the nondependent debris and inner luminal wall. No overt evidence of peripheral gallbladder inflammation. The cystic duct and common bile ducts were normal without evidence of dilation.
HOSPITAL NAME	
Good Hope AH	
REFERRING VET	
Dr. Heidecker	
INVOICE	
50069	<i>Gastrointestinal</i> The fundus and gastric body walls were sonographically unremarkable. Mild, prominent yet intact wall layering noted in the area of ventral pylorus. The stomach contained moderate ingesta along with
DATE	
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luminal gas. The ventral pylorus wall measured 0.7 cm width. The gastric body wall measured 0.43 cm width.

SPECIES

Canine

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. The duodenum wall width measured 0.47 cm.

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

BREED

Australian Shepherd

Pancreas

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.

SEX

FS

Free Abdomen

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

AGE

11 years

ULTRASONOGRAPHIC FINDINGS

Primary

- Sonographically unremarkable spleen.
- Mild vacuolar hepatopathy pattern.
- Moderate gallbladder debris with suspect mucus (nonmucocele).
- Mild prominent yet intact pylorus walls with moderate gastric ingesta, sonographically unremarkable small bowel.
- Mild chronic renal changes.

WEIGHT

87 Pounds

INTERPRETED BY

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 DVM, DABVP
 (Canine and Feline)

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No overt evidence of intraabdominal neoplastic criteria as a potential cause of anemia.

IMAGING PERFORMED BY

Rebekah Jakum, CVT
 ARDMS/RVT

The clinical significance of the mildly prominent yet intact pylorus walls is unclear yet not overtly consistent with emerging infiltrative pyloric mural disease. Potential for mild gastritis possible yet without reported signs such as vomiting, inappetence, or similar, this is a nonspecific finding.

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If evidence of hepatic enzyme elevations or cholestasis, ursodiol therapy recommended with recheck sonogram for gallbladder reassessment if increasing evidence in cholestasis is noted. Likewise, if evidence of decreased appetite and vomiting, sonographic reassessment in the area of the pylorus would be indicated.

REFERRING VET

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CBC pathology review could be considered.

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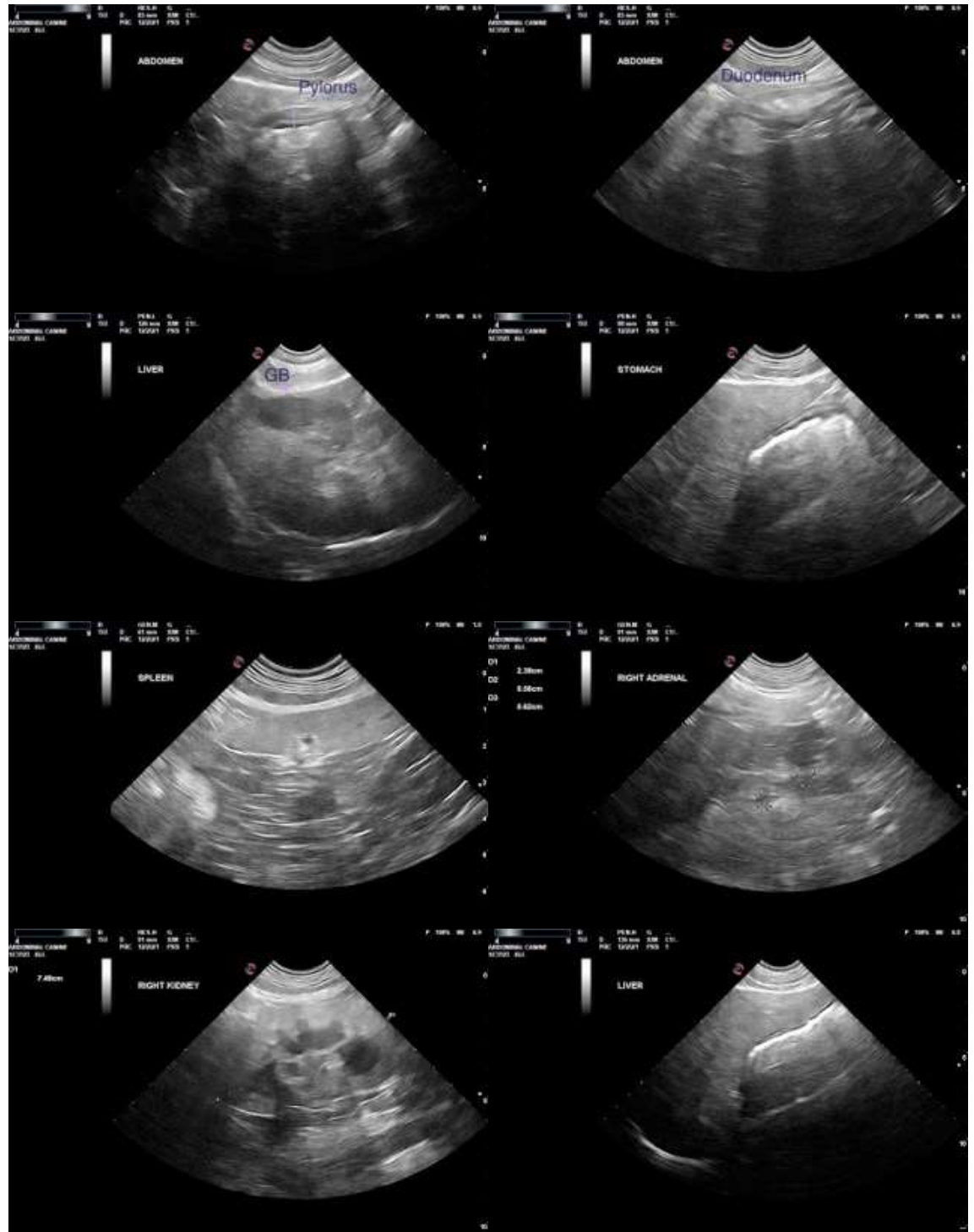
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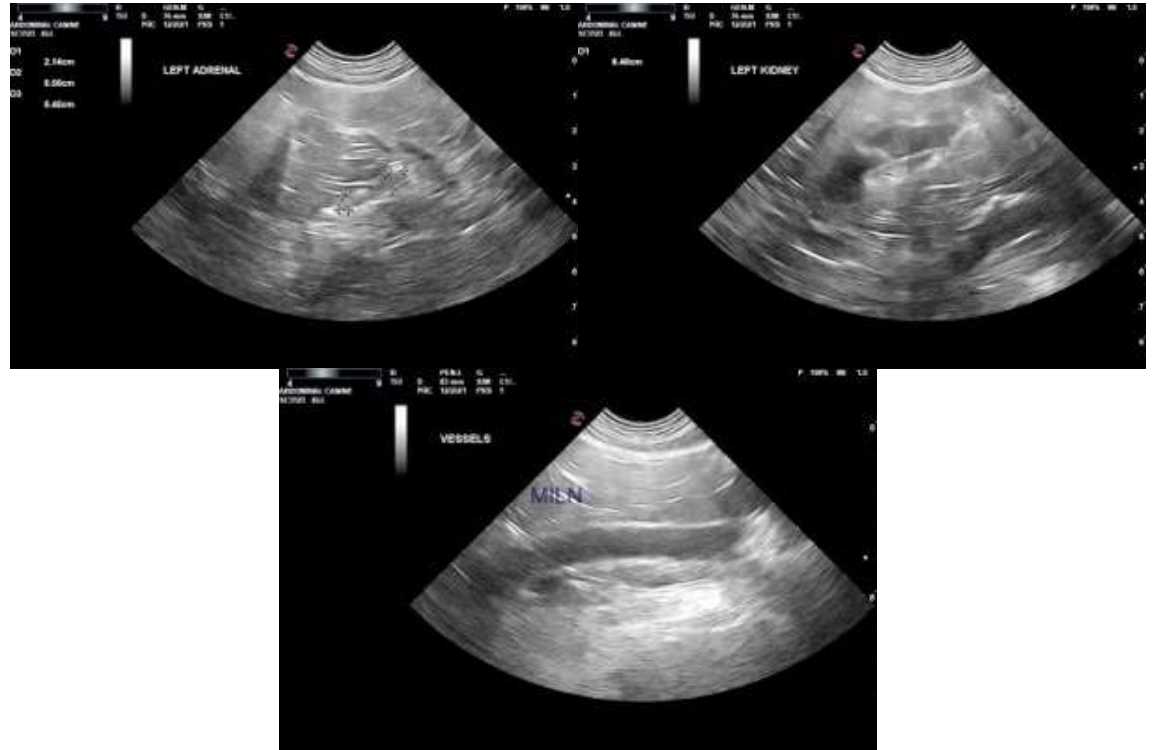
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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