



PATIENT

Jasper Haley

SPECIES

Canine

BREED

Fox Terrier

SEX

MN

AGE

13 years

WEIGHT

17.6

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Hannah Fearing

HOSPITAL NAME

Lanier AH

REFERRING VET

Dr. Hannah Fearing

INVOICE

16371

DATE

3/14/23

PRESENTING CLINICAL SIGNS

Dad said in the past couple of days he has only had one meal (usually gets 2 meals a day. He has not had any vomiting or diarrhea.

Abnormal PE/Chem/CBC/UA Results: CBC: NSF Chem: slightly high ALT (165), slightly high lipase (1852) T4: WNL UA: NSF

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder was non-distended, which prohibited full evaluation of the urinary bladder walls. No overt urinary bladder pathology was noted. Mild anechoic urine was present with no sediment or calculi.

The residual prostate was free of pathology.

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. The left kidney measured 4.7 cm in length. The right kidney measured 5.1 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 0.54 cm width at the caudal pole and 0.62 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 0.44 cm width at the caudal pole.

Spleen

The spleen exhibited primarily finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. Multiple, nondisruptive, variably hyperechoic nodules were present throughout the cranial to caudal parenchyma. An example measured 0.85 cm in diameter. 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 or neoplastic changes were not noted. The echogenic nodules tend to trend benign and are most consistent with benign hyperplasia or myelolipomas.

Liver/ Gallbladder

The liver exhibited subjective mild enlargement. 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 containing anechoic content with several to multiple, nonobstructive choleliths present in the gallbladder lumen with an example measuring 0.5-



PATIENT	0.6 cm in diameter. The gallbladder wall was mildly thickened to hyperechoic in appearance. No evidence of peripheral inflammation was noted. The cystic and common bile ducts were normal.
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SPECIES	Gastrointestinal
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. The gastric body wall width measured 0.43 cm.
BREED	
Fox Terrier	The small intestine presented generalized intact subjectively prominent intestinal walls owing to propensity for generalized prominent intestinal mucosa. Discrete segmental nonspecific mildly hyperechoic intestinal mucosal speckling was noted. The jejunum wall measured 0.32 cm width.
SEX	
MN	Normal visible colon wall layers were present with formed to semi-formed fecal matter in lumen.
AGE	Pancreas
13 years	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 were evident.
WEIGHT	Free Abdomen
17.6	Intermittent mesenteric lymph nodes were present. The lymph nodes were essentially isoechoic to adjacent omentum without evidence of peripheral inflammation and maintaining a normal width: length ratio (<0.5). Potential very scant intermittent pocket of peri intestinal free fluid was noted. No omental masses were noted.
INTERPRETED BY	ULTRASONOGRAPHIC FINDINGS
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	<ul style="list-style-type: none"> • Mild chronic renal changes • Low-grade hepatopathy with nonobstructive cholelithiasis - suspect low-grade inflammatory hepatobiliary disease i.e., cholangiohepatitis or similar • Subjective prominent yet intact small bowel walls exhibiting discrete nonspecific segmental mucosal speckling • Intermittent minor benign / reactive mesenteric lymph nodes • Benign splenic nodules - consistent with benign myelolipomas
IMAGING PERFORMED BY	INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS
Dr. Hannah Fearing	The small intestinal presentation, given the lack of reported gastrointestinal signs or weight loss, is nonspecific and of unclear clinical significance. The mucosal speckling noted, although nonspecific, has been associated with potential inflammatory criteria, i.e., enteritis, IBD, PLE, etc.
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3/14/23	Monitoring for evidence of progressive gastrointestinal signs or weight loss going forward +/- a GI panel to include PLI/TLI/Cobalamin/Folate is suggested. Screening hepatic FNA cytology, assuming normal clotting status, could be considered primarily to assess for evidence of inflammatory criteria. No sonographic evidence of active pancreatitis was noted.



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Empirically, as-needed gastrointestinal support, as well as a sonographic reassessment of the intestinal tract and gallbladder, if progressive gastrointestinal signs of weight loss or evidence of cholestasis, would be reasonable.

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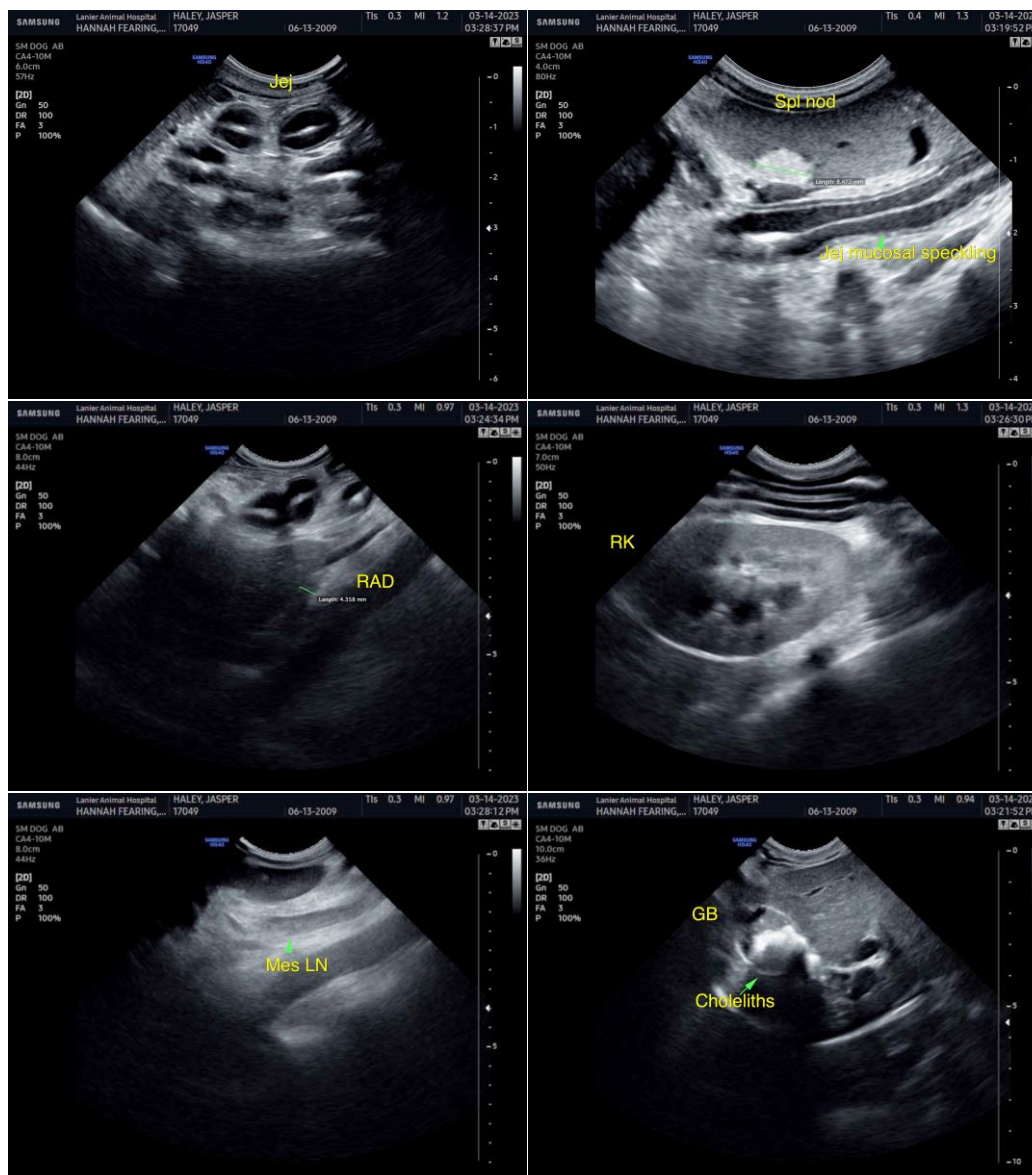
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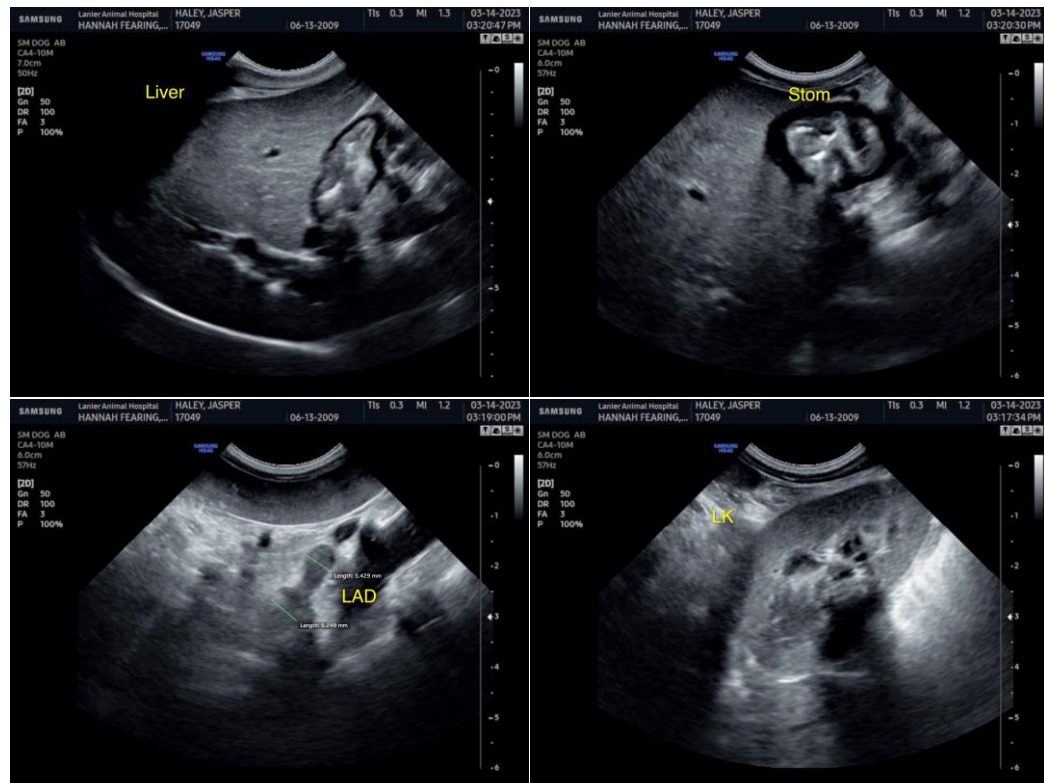
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

R. McKenzie Daniel, DVM, DABVP (Canine / Feline Practice)
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