



PATIENT

Bolt Dublin

SPECIES

Canine

BREED

Shiba Mix

SEX

MN

AGE

13yr

WEIGHT

21lb

INTERPRETED BY

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

IMAGING PERFORMED BY

Velasco

HOSPITAL NAME

Bethany Family Pet
Clinic

REFERRING VET

Velasco

INVOICE

13241ag

DATE

03/20/2023

PRESENTING CLINICAL SIGNS

Bolt is overall doing well, but he does have a recent history of seizure. His blood pressure was slightly elevated, so benzepril was started at .25 mg/kg SID. Blood pressure has normalized and no further seizures have been noted at this time.

Abnormal PE/Chem/CBC/UA Results: Chem/CBC/UA/T4DX/Fecal are WNL

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder was subnormal in size owing to lack of urine distension which prohibited full evaluation of the urinary bladder walls. The 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.

Normal renal size with asymmetrical margination was present in both kidneys. The renal cortex presented uniformly increased in echogenicity with uniform echotexture. The renal cortex appeared to be hypertrophied resulting in an altered cortex: medulla ratio. Mild loss of corticomodullary distinction was also present. The renal medullary volume was subjectively reduced. Pinpoint areas of medullary mineral were present. The left kidney measured 4.2 cm in length. The right kidney measured 4.3 cm in length.

The area of the aortic trifurcation was free of pathology.

The area of the residual prostate appeared normal and free of pathology.

Adrenal Glands

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 0.55 cm width in the caudal pole. The right adrenal gland measured 0.65 cm width in the cranial pole and 0.61 cm width in the caudal pole.

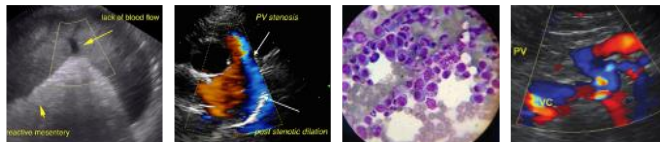
Spleen

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.

Liver/Gallbladder

The liver was mildly enlarged with symmetrical capsule contour. The ventrocaudal aspect of the liver extended ventrally to the level of the gastric axis. Generalized mild mixed echogenic to non-homogenous parenchyma was present with evidence of parenchymal remodeling. No masses or nodule visualized. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content with mild dependent to non-dependent variably hyperechoic non-organized debris. No evidence of gallbladder or peripheral gallbladder inflammation was present. The cystic and common bile ducts were normal.

Gastrointestinal



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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.

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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.

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

Pancreas

BREED

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The pancreas was normal in size and contour with isoechoic to heterogeneous parenchyma compared to adjacent omentum, likely consistent with age related changes and considered incidental. No signs of active inflammation or neoplasia.

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Free Abdomen

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

ULTRASONOGRAPHIC FINDINGS

AGE

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- Mild non-specific hepatomegaly exhibiting non-uniform/remodeled parenchyma.
- Gallbladder debris (non-mucocele)
- Chronic renal changes with pinpoint medullary mineral.
- Subjective age related adrenal glands-no overt adrenal tumors.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Given lack or reported hepatic enzyme elevation the mild hepatomegaly is of unclear clinical significance and not overtly consistent with hepatic infiltrative criteria. Hepatosupportive medications such as Denamarin and Ursodiol may be considered if evidence of elevated liver enzymes/cholestasis.

No overt evidence of intra-abdominal neoplastic criteria without a definitive intra-abdominal cause of the seizures obvious.

Sonograph reassessment of the liver, adrenal glands +/- urine catecholamine levels may be considered if future hepatic enzyme elevations or evidence of persistent hypertension non-responsive to medical therapy.

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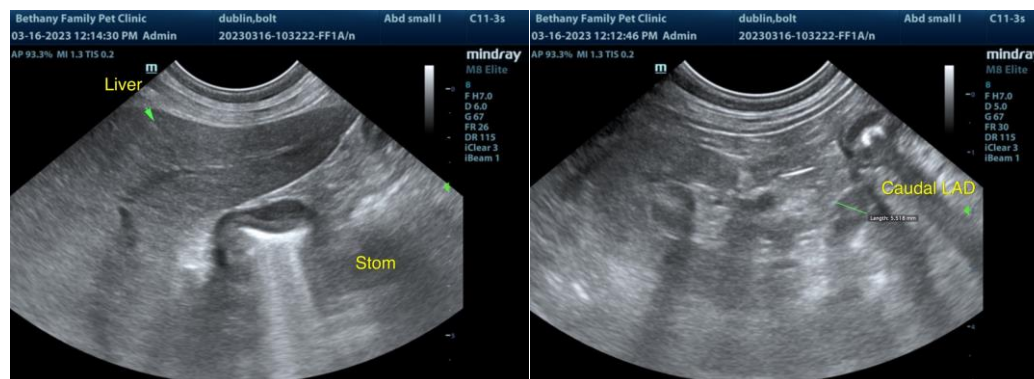
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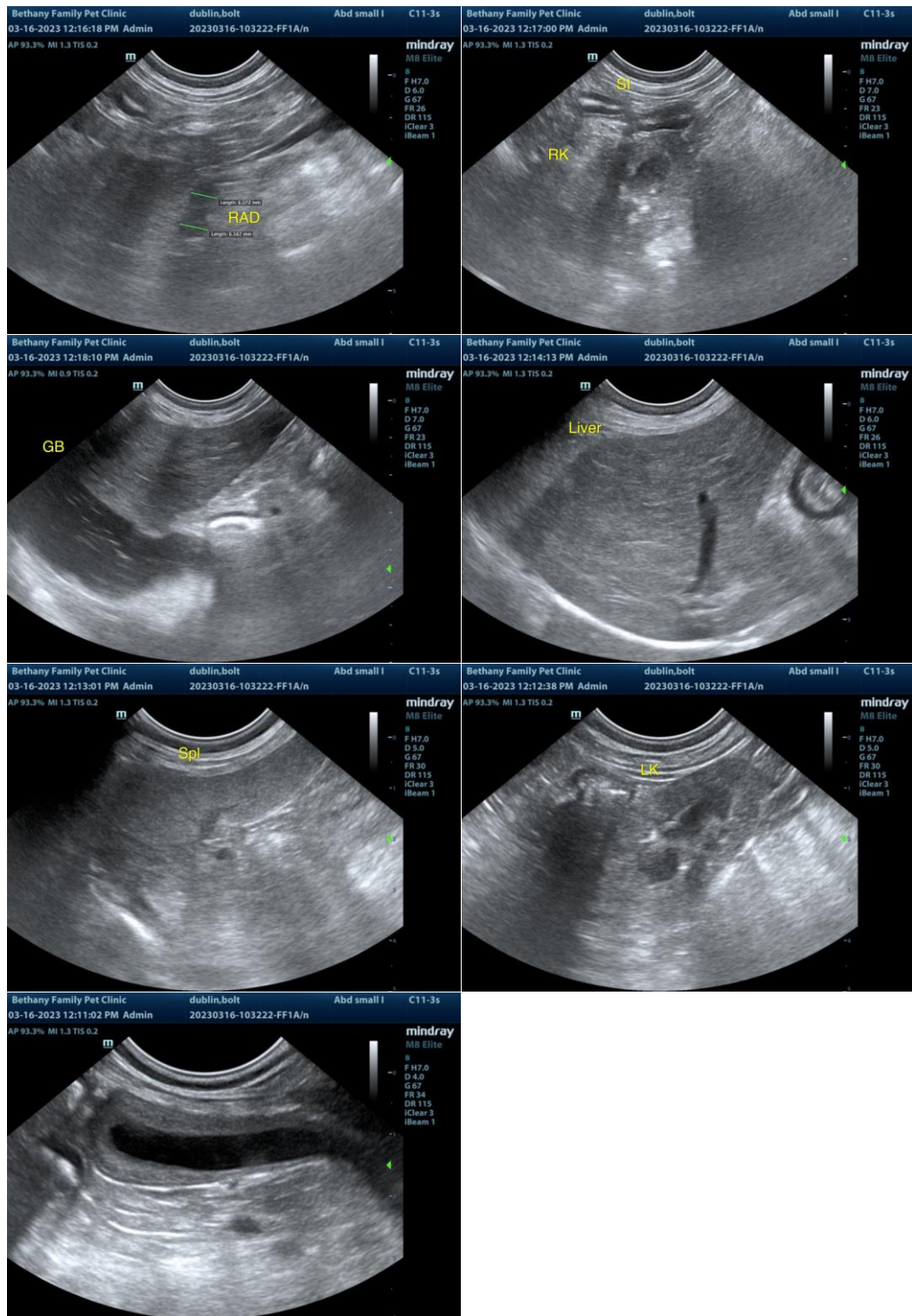
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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



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can be of any further assistance, please contact me.

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