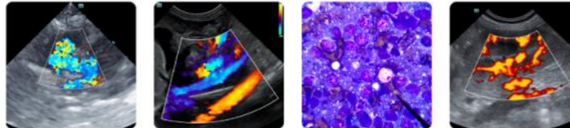

PATIENT

Archie Jackson

SPECIES

Canine

BREED

Border Collie Mix

SEX

Neutered Male

AGE

12 Years

WEIGHT

48.6 pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Pamela Harrigan, RDCS

HOSPITAL NAME

Littleton Animal Hospital

REFERRING VET

Dr. Dawn Brooks DVM

INVOICE

14997

DATE

04/09/26

PRESENTING CLINICAL SIGNS

History of lymphopenia, eosinophilia, decreased Prot/Alb levels. Anorexia. Poor coat and body condition - BCS 3/9. Lymph 0.628, Eos 0.118, BUN 8, cortisol 0.4, B1 1,586 - patient had been on B12 injection regimen since 2024 for inappetence - d/c'd. Previous AUS 6.6.24 (R. McKenzie Daniel, DVM, Sonopath): mild hepatosplenomegaly, non-specific, mild chronic renal changes, normal bilateral adrenal glands. Current medications; Omeprazole ER 20 mg BID, Mirataz 30 mg SID, Proviable Forte SID, Cerenia EOD, Pred 5 mg EOD.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2.0 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 change were noted.

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

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. Minor medullary mineral was present. The left kidney measured 6.5 cm in length. The right kidney measured 7.0 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 0.53 cm width at the caudal pole.

The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.41 cm width at the caudal pole.

Spleen

The spleen presented enlarged in size with symmetrical contour and mild heterogeneous splenic parenchyma without evident splenic mass or nodules. Normal splenic vascularity was maintained.

Liver & Gallbladder

The liver was subjectively normal in size, structure, and contour. The liver parenchyma was uniform and hypoechoic to the spleen with a mild coarse echotexture. The hepatic and portal vasculature were normal in appearance without signs of congestion.

The gallbladder was non distended in size with mild nonorganized biliary sludge. The cystic duct and common bile ducts were normal without evidence of dilation.

Gastrointestinal

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. The duodenum wall measured 0.52 cm wall width. The jejunum wall measured 0.40 cm wall width.

Normal visible colon wall layers were present with formed fecal matter.

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.

Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

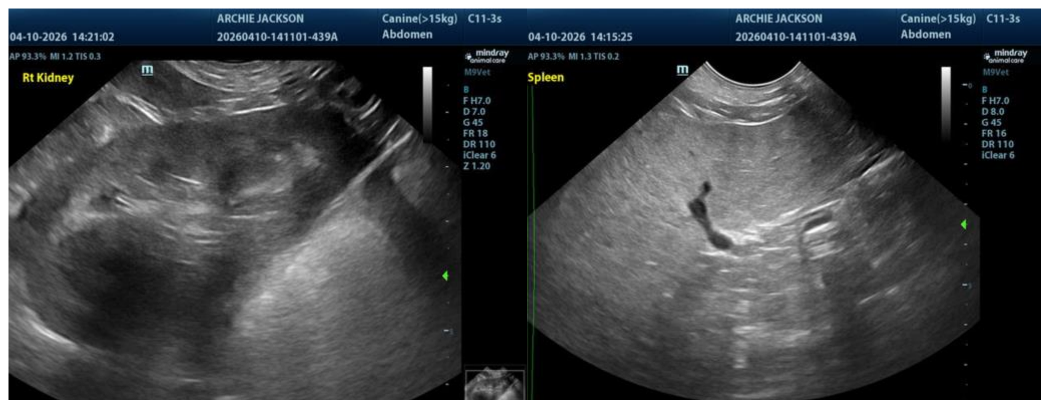
ULTRASONOGRAPHIC FINDINGS

- Splenomegaly exhibiting mild heterogeneous parenchyma.
- Sonographically normal gastrointestinal tract with formed fecal matter in colon.
- Mild gallbladder debris (non-mucocele).
- Static mild age-related kidneys with minor medullary mineral.
- Normal bilateral adrenal glands.
- Normal pancreas.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Despite sonographically unremarkable adrenal glands, ACTH stimulation test is warranted if persistent cortisol level less than 2.0. If discontinued cobalamin supplementation, recheck GI panel to include PLI, TLI, cobalamin and folate is recommended. A definitive cause of the patient's decreased body condition, hypoalbuminemia and GI signs was not obvious.

Assuming normal clotting status and using a 25-gauge needle, splenic FNA cytology is recommended to assess for occult disease. Three view chest radiographs and musculoskeletal/neurological exam to assess for non-abdominal pathology as a contributing factor is recommended. Potential suppression of abdominal abnormalities, i.e. gastrointestinal mural changes or lymphadenopathy secondary to prednisone therapy is possible.



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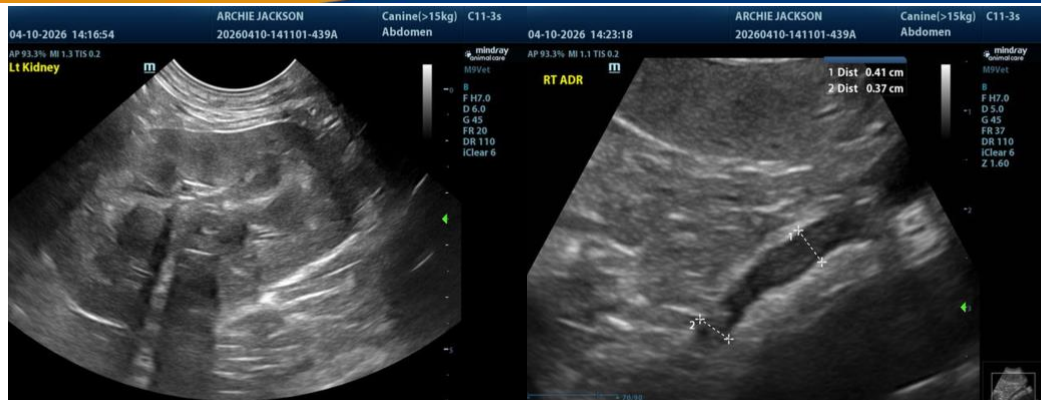

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)

info@SonoPath.com