



PATIENT

PRESENTING CLINICAL SIGNS

Monty Pajak

Previous history of pancreatitis but non clinical at this point. Distended abdomen with 3 lipomas adjacent to the sheath on the ventral abdomen.

SPECIES

Abnormal PE/Chem/CBC/UA Results: Mild elevation of BUN and SDMA with mod elevation of liver enzymes

Canine

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

BREED

Urinary System

Terrier Mix

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 3 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.

SEX

MN

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 moderate loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. Bilateral dystrophic medullary mineral along with cortical cysts were present. The left kidney measured 5.2 cm in length. The right kidney measured 5.3 cm in length.

AGE

17

The area of the iliac trifurcation was free of pathology including no evidence of medial, iliac or sublumbar lymphadenopathy. An example of a medial iliac lymph node measured 1.6 cm x 0.54 cm.

WEIGHT

10.7kg

The area of the residual prostate appeared normal and free of pathology measuring 0.74 cm in diameter.

INTERPRETED BY

Adrenal Glands

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

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 0.44 cm width in the cranial pole and 0.41 cm width in the caudal pole. The right adrenal gland measured 0.77 cm width in the cranial pole and 0.50 cm width in the caudal pole. No adrenal tumors.

IMAGING PERFORMED BY

Spleen

Dr. Belan

The spleen exhibited primarily finely textured parenchyma which was hyperechoic to the liver and renal cortical parenchyma. Mild generalized parenchyma heterogeneity was present without evidence of nodular changes. 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. The parenchymal heterogeneity is likely consistent with benign changes such as extramedullary hematopoiesis or age related remodeling with minor potential for inflammatory or neoplastic disease.

HOSPITAL NAME

Ramsay Animal Clinic

REFERRING VET

Liver/Gallbladder

Dr. Patabendi

The liver exhibited borderline mild enlargement with areas of capsule asymmetry and generalized non-homogenous discretely nodular parenchyma with moderate coarse echotexture. Evidence of parenchymal remodeling was present. No distinct masses/nodules noted. Intermittent variably sized thinly walled cysts were present, an example measured 1.0 cm in diameter. 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 inspissated non-organized hyperechoic debris in the caudal lumen of the gallbladder neck. The cystic and common bile ducts were normal.

INVOICE

13509ag

DATE

04/17/2023



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Gastrointestinal

Monty Pajak

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.

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.

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

BREED

Pancreas

Terrier Mix

The pancreas was normal in size and contour with isoechoic to heterogeneous parenchyma compared to adjacent omentum. No signs of active inflammation or neoplasia.

SEX

Free Abdomen

MN

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

AGE

17

A solitary well demarcated ovoid shadowing structure was noted in the mid to caudal right abdomen measuring 1.0 cm in diameter.

ULTRASONOGRAPHIC FINDINGS

WEIGHT

10.7kg

- Non-homogenous/nodular liver with intermittent intraparenchymal cysts-subjectively benign, vacuolar hepatopathy, inflammatory/immune mediated disease, hematopoiesis, hyperplasia, fibrosis or other hepatopathy possible. Neoplastic criteria considered less likely.
- Mild inspissated gallbladder debris (non-mucocele).
- Pancreatic remodeling- patient/ age related variant, remodeling owing to previous inflammatory episode or mild to chronic pancreatitis possible.
- Moderate chronic renal changes with dystrophic medullary mineral and cortical cysts.
- Age related splenic changes.
- Non-specific yet subjective benign ovoid likely mineralized structure mid caudal abdomen-suspect nodular fat necrosis/Bates body.

INTERPRETED BY

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DVM, DABVP
(Canine and Feline)

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

IMAGING PERFORMED BY

Dr. Belan

Overall, largely a geriatric abdomen with no overt evidence of significant abdominal visceral pathology. Assuming normal clotting status a hepatic FNA for screening cytology could be considered for further clarification. Hepatosupportive medications such as Denamarin and Ursodiol may prove beneficial. Further renal staging to include urine C/S and protein: creatinine ratio on sterile urine sample may be considered.

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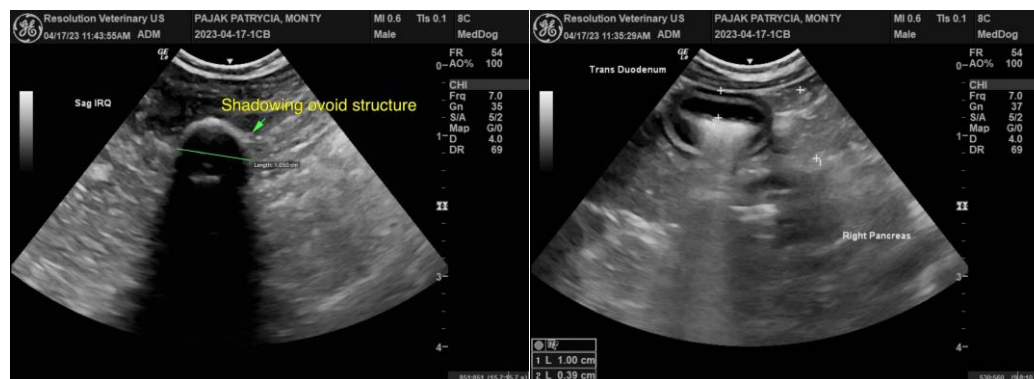
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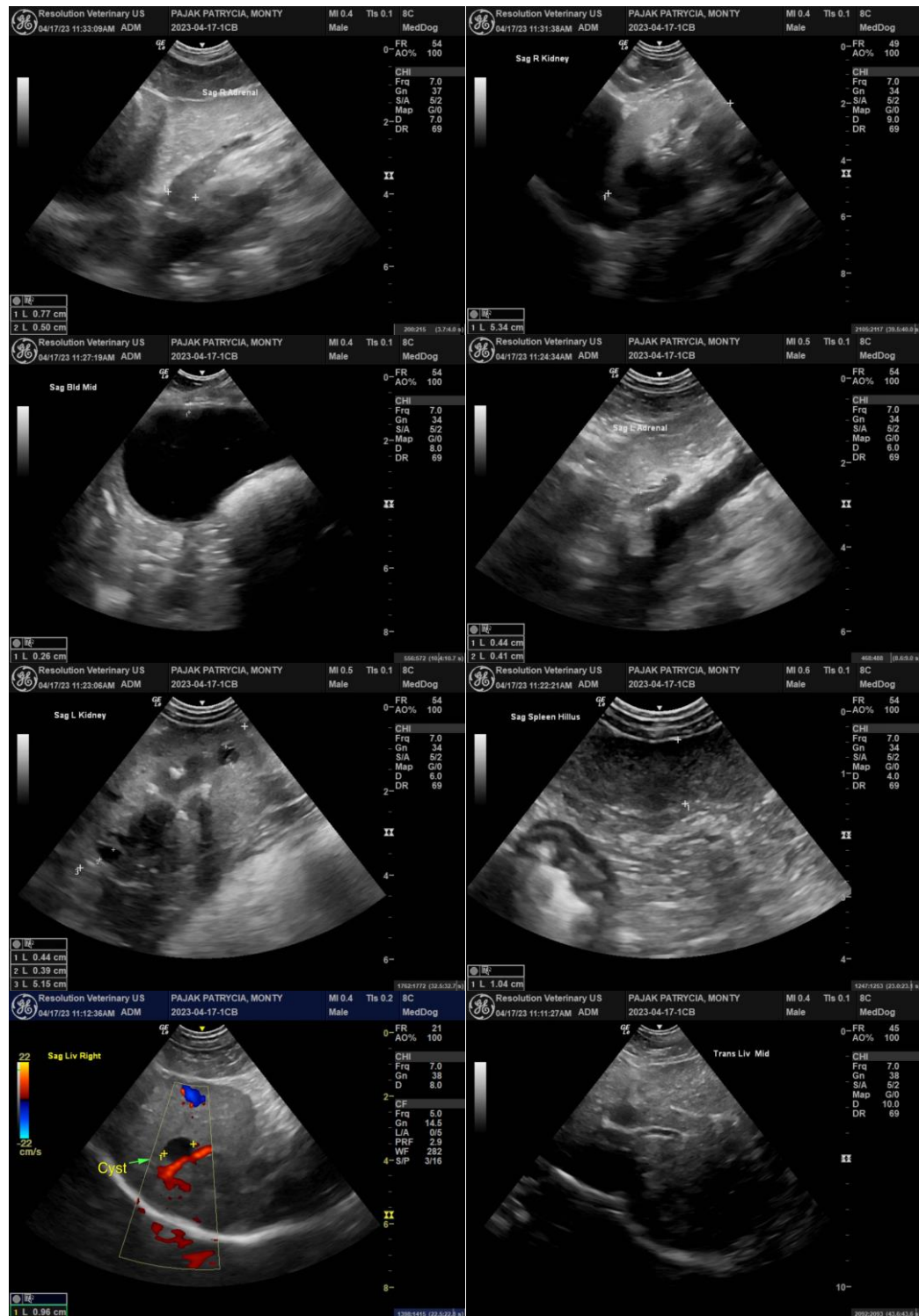
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)
mac.daniel@sonopath.com