



<b>PATIENT</b>	<b>PRESENTING CLINICAL SIGNS</b>
Peanut Hornbeck	Tremors /Pain , currently on Gabapentin . Pancreatitis acute/chronic suspected Elevated AMY and LIP
<b>SPECIES</b>	Abnormal PE/Chem/CBC/UA Results: CBC: wnl Biochemistry : Amylase 1574 500 - 1,500 U/L Lipase 4532 200 - 1,800 U/L
Canine	<b>ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN</b>
<b>BREED</b>	<b>Urinary System</b>
Terrier Mix	The urinary bladder, 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.
<b>SEX</b>	
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 mild loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. Bilateral pinpoint medullary mineral was present. The left kidney measured 4.5 cm in length. The right kidney measured 4.3 cm in length.
<b>AGE</b>	
11yr	The area of the aortic trifurcation was free of pathology.
<b>WEIGHT</b>	<b>Adrenal Glands</b>
9.1kg	The bilateral adrenal glands were borderline prominent in size. Mild parenchyma heterogeneity and mild capsule asymmetry was present without suspicion for overt neoplasia.
<b>INTERPRETED BY</b>	The left adrenal gland measured 0.64 cm width at the caudal pole and 0.69 cm width at the cranial pole. The right adrenal gland measured 0.58 cm width at the caudal pole and 0.88 cm width at the cranial pole.
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	<b>Spleen</b>
<b>IMAGING PERFORMED BY</b>	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.
Dr. Gira	
<b>HOSPITAL NAME</b>	<b>Liver/Gallbladder</b>
Sabadilla AC	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.
<b>REFERRING VET</b>	
Dr. O'Brien	The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content with mild non-dependent echogenic. No evidence of gallbladder or peripheral gallbladder inflammation was present. The cystic and common bile ducts were normal.
<b>INVOICE</b>	<b>Gastrointestinal</b>
13562ag	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.
<b>DATE</b>	
04/21/2023	



## PATIENT

Peanut Hornbeck

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.

## SPECIES

Canine

## 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.

## BREED

Terrier Mix

## Free Abdomen

No omental masses or peritoneal effusion was present.

## SEX

MN

Focal, mildly prominent to enlarged 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). An example of a lymph node measured 0.94 cm. This finding is considered incidental and is not consistent with inflammatory or neoplastic criteria.

## AGE

11yr

## ULTRASONOGRAPHIC FINDINGS

- Subjective borderline to mild hepatomegaly.
- Sonographically unremarkable pancreas.
- Borderline to mild prominent bilateral adrenal glands.
- Age related splenic changes.
- Mild gallbladder debris (non-mucocele)

## WEIGHT

9.1kg

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

## INTERPRETED BY

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

Overall, largely a geriatric abdomen with no overt evidence of significant abdominal visceral pathology as a definitive cause of the patient's clinical signs. No evidence of active pancreatitis or intra-abdominal neoplastic criteria. The mild hepatomegaly and adrenomegaly are of unclear clinical significance given lack of hepatic enzyme elevations, cholestasis or clinical signs consistent with adrenal disease. Low grade pancreatitis which may present sonographically normal cannot be definitively excluded if clinical signs consistent with chronic pancreatitis are present or arise.

## IMAGING PERFORMED BY

Dr. Gira

## HOSPITAL NAME

Sabadilla AC

## REFERRING VET

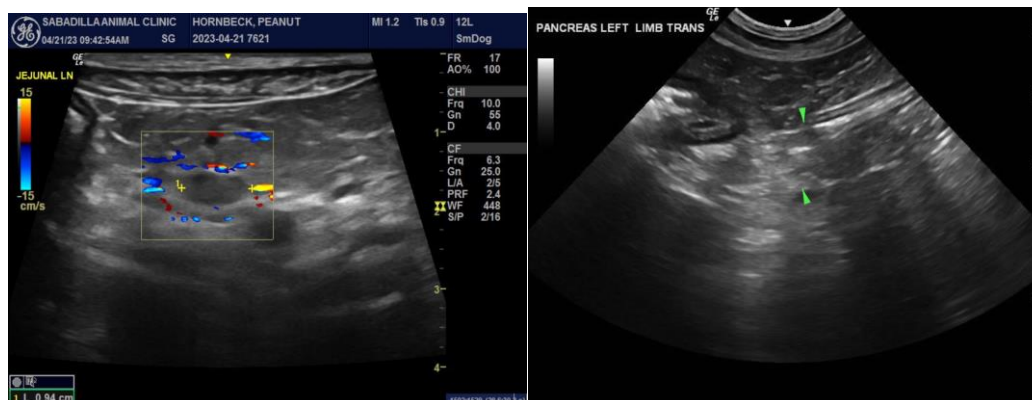
Dr. O'Brien

## INVOICE

13562ag

## DATE

04/21/2023





**PATIENT**

Peanut Hornbeck

**SPECIES**

Canine

**BREED**

Terrier Mix

**SEX**

MN

**AGE**

11yr

**WEIGHT**

9.1kg

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Dr. Gira

**HOSPITAL NAME**

Sabadilla AC

**REFERRING VET**

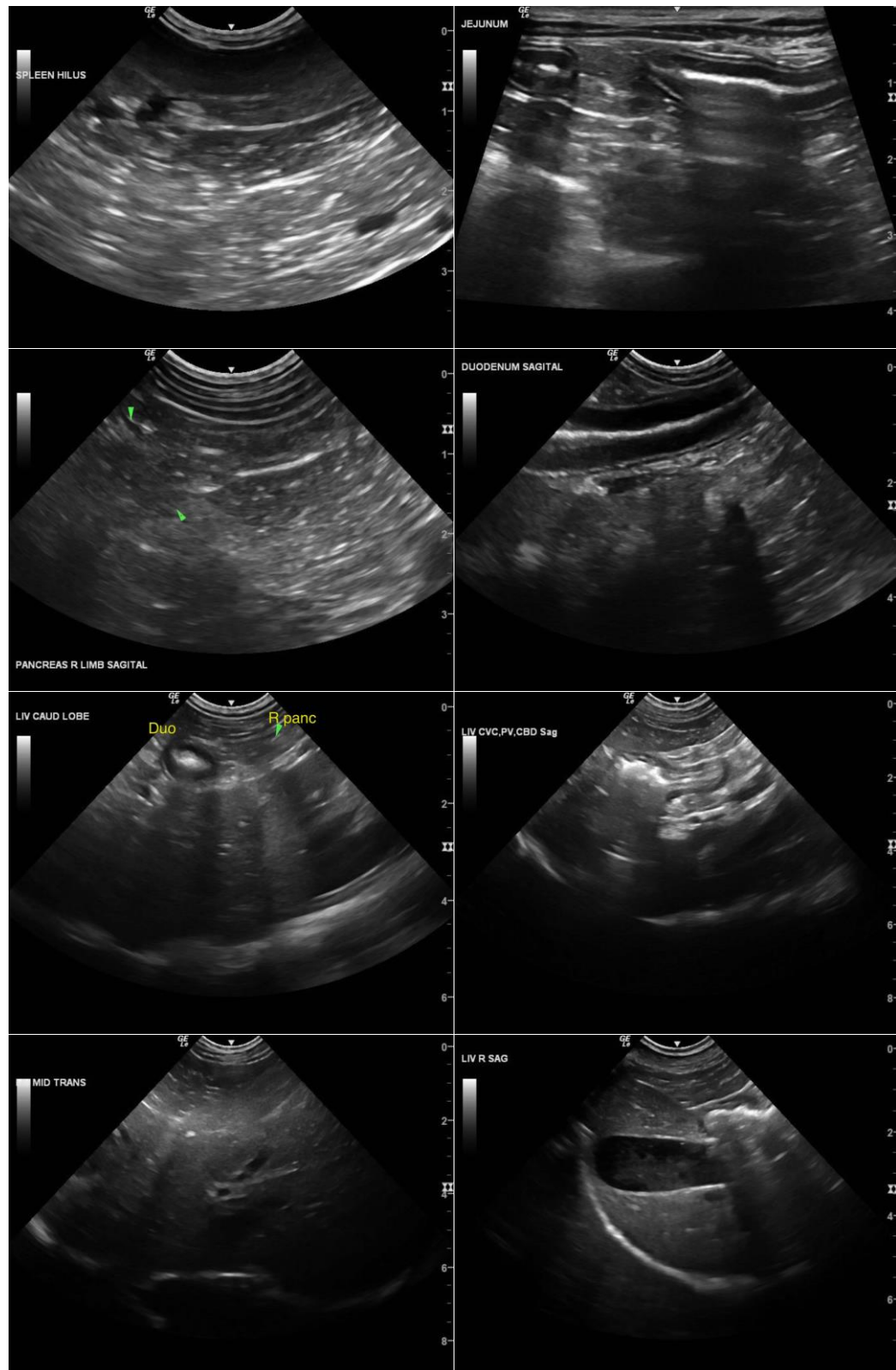
Dr. O'Brien

**INVOICE**

13562ag

**DATE**

04/21/2023





## PATIENT

Peanut Hornbeck

## SPECIES

Canine

## BREED

Terrier Mix

## SEX

MN

## AGE

11yr

## WEIGHT

9.1kg

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Dr. Gira

## HOSPITAL NAME

Sabadilla AC

## REFERRING VET

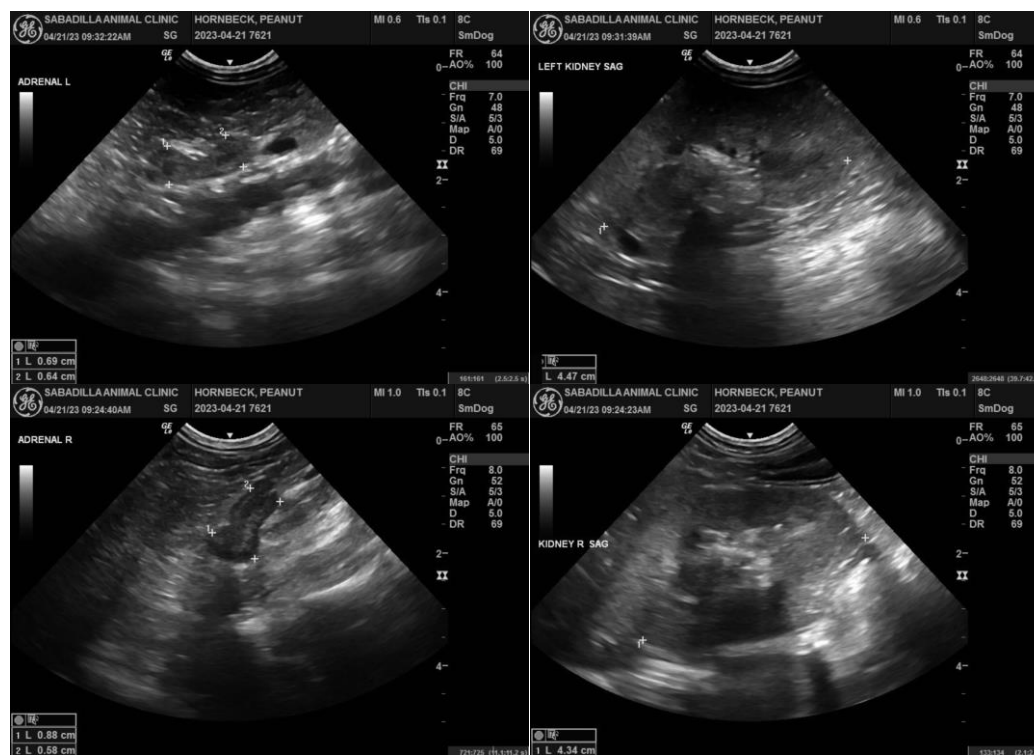
Dr. O'Brien

## INVOICE

13562ag

## DATE

04/21/2023



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](mailto:mac.daniel@sonopath.com)