



PATIENT	PRESENTING CLINICAL SIGNS
Brady Hunn	Pet has had off and on vomiting for more than 6 months. will not be able to keep any food down for a few days and then will be fine for a short while and eat a ton. however pet is losing weight. was 7.8kg in january and now down to 6kg. Bloodwork done in January with mild ALT elevation. Owner declined other diagnostics and has been treating with cerenia as needed. Owner tried a course of prednisone but owner reports that did not work. Owner presented pet today, recommended rechecking bloodwork- owner declined. Discussed abdominal ultrasound.
SPECIES	
Canine	
BREED	
Boston Terrier Mix	Current Medications entyce, tramadol, poss cerenia
	Abnormal PE/Chem/CBC/UA Results: January 13, 2023. ALT 165
SEX	ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN
MN	Urinary System
AGE	The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra exhibited normal thickness and tone. Mild asymmetrical luminal surface to micropolypliod changes were present likely associated with age related mural changes. 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.
13yr	
WEIGHT	
13.2lb	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. Mild right kidney pyelectasia was present. The left kidney measured 4.6 cm in length. The right kidney measured 4.2 cm in length.
INTERPRETED BY	The area of the aortic trifurcation was free of pathology.
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	
IMAGING PERFORMED BY	Adrenal Glands
Jenna Walsh CVT	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 1.5 cm length and 0.45 cm width in the caudal pole. The right adrenal gland measured 2.2 cm length and 0.60 cm width in the caudal pole.
HOSPITAL NAME	Spleen
Silver Creek Animal Clinic	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.
REFERRING VET	
Dr. Koch	
INVOICE	Liver/Gallbladder
13591ag	The liver presented enlarged in size. The parenchyma of the liver was subjectively normal in echogenicity compared to the spleen and renal cortices. Mild parenchymal remodeling was present. 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 with
DATE	
04/24/2023	



PATIENT	primarily anechoic luminal content and mild non-organized hyperechoic debris. No evidence of gallbladder or peripheral gallbladder inflammation was present. The common bile duct was not definitively visualized.
Brady Hunn	
SPECIES	Gastrointestinal
Canine	The stomach presented wall thickening secondary to echogenic mucosa hypertrophy. Intact wall layering was maintained and distinct. Mild gastric distension with moderate retained anechoic fluid was present. Intermittent prominent rugal folds were present.
BREED	
Boston Terrier Mix	The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. Duodenal and segmental jejunal ileus were present with mild duodenal chyme. No signs of obstruction or foreign material.
SEX	
MN	Normal visible colon wall layers were present with apparent semi formed to soft feces in lumen.
AGE	Pancreas
13yr	The pancreas was normal in size and contour with isoechoic to heterogeneous parenchyma compared to adjacent omentum. No signs of active inflammation or neoplasia. A fluid filled lesion which appeared to be encapsulated was present in the area of the pancreas base and proximal right pancreatic limb measuring 3.0 cm in diameter. The lesion contained anechoic fluid with mild uniform echogenic debris.
WEIGHT	Free Abdomen
13.2lb	Generalized mild hyperechoic omentum was present. Scant free fluid noted in the cranial abdomen and around the cranial aspect of the liver. The fluid appeared to contain mild echogenic changes.
INTERPRETED BY	ULTRASONOGRAPHIC FINDINGS
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	<ul style="list-style-type: none"> • Pancreas base and proximal right pancreatic limb abscess vs cyst. Less likely potential for segmentally dilated distal common bile duct with ductal mucus, considered less likely unless evidence of hepatic enzyme elevations or cholangitis. • Gastroduodenitis pattern with possible generalized inflammatory gastroenteropathy pattern. • Hepatic parenchyma remodeling. • Gallbladder debris (non-mucocele). • Scant perihepatic free fluid and generalized hyperechoic omentum- possible emerging to mild peritonitis. • Chronic renal changes with minor right kidney pyelectasia
IMAGING PERFORMED BY	INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS
Jenna Walsh CVT	An underlying necrotic pancreatic mass or infiltrative gastrointestinal neoplasia cannot be excluded. A FNA centesis for cytology of the probable pancreatic cystic lesion could be considered +/- C/S if clinically indicated. A full CBC/chemistry panel and UA is recommended if not already done.
HOSPITAL NAME	
Silver Creek Animal Clinic	
REFERRING VET	
Dr. Koch	
INVOICE	Assessment for evidence of cranial abdominal/subxiphoid discomfort on palpation which may allude to chronic active pancreatitis is recommended. Given the decreased body condition, a GI panel to include PLI/TLI/Cobalamin/Folate is recommended.
13591ag	
DATE	Three view chest radiographs are recommended if not done to assess for occult thoracic pathology as a contributing factor.
04/24/2023	



PATIENT

Brady Hunn

Empirically GI support including gastroprotectants and potential dietary therapy would be reasonable.

SPECIES

Canine

BREED

Boston Terrier Mix

SEX

MN

AGE

13yr

WEIGHT

13.2lb

INTERPRETED BY

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

IMAGING PERFORMED BY

Jenna Walsh CVT

HOSPITAL NAME

Silver Creek Animal
Clinic

REFERRING VET

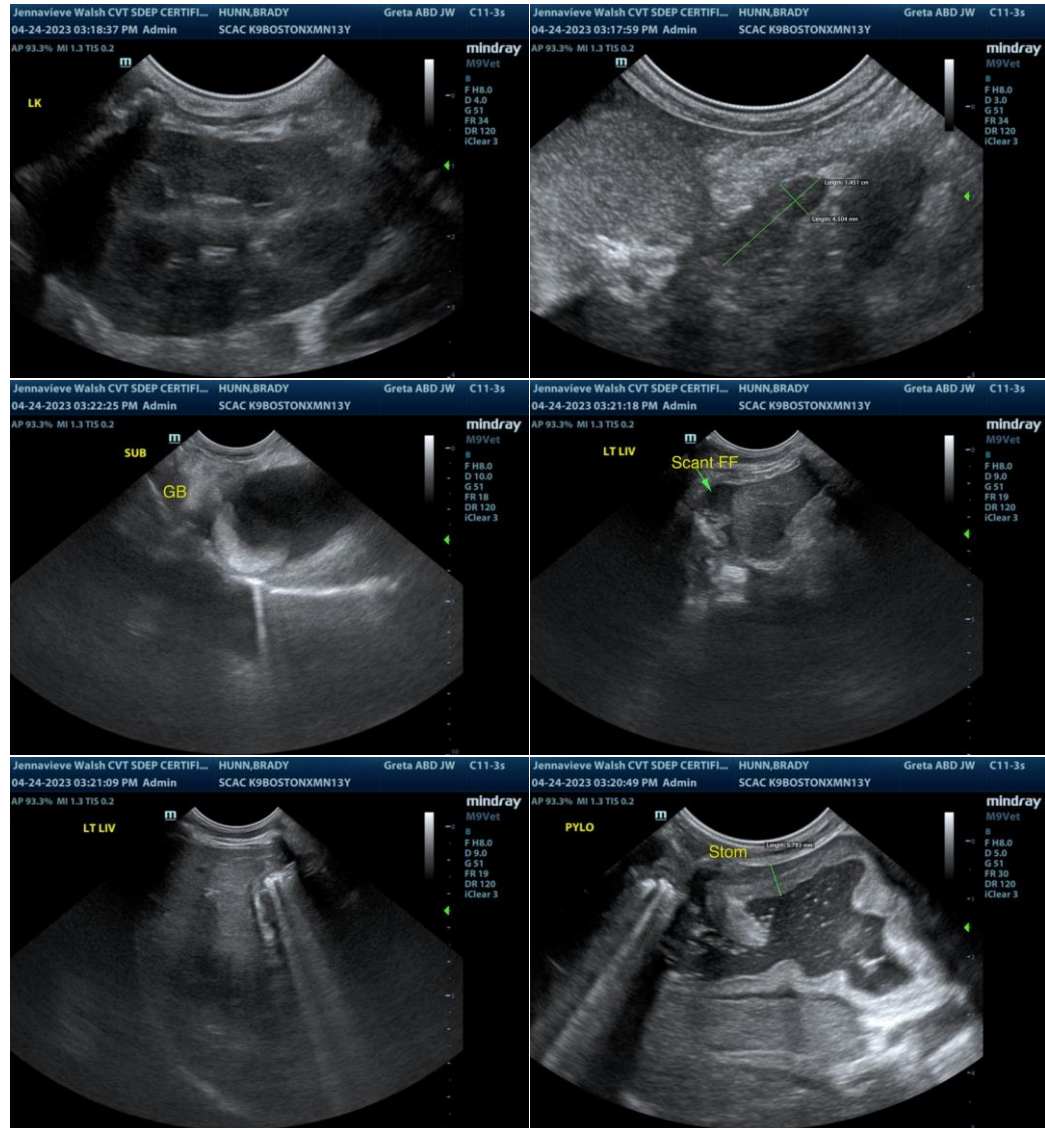
Dr. Koch

INVOICE

13591ag

DATE

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Brady Hunn

SPECIES

Canine

BREED

Boston Terrier Mix

SEX

MN

AGE

13yr

WEIGHT

13.2lb

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IMAGING PERFORMED BY

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HOSPITAL NAME

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Clinic

REFERRING VET

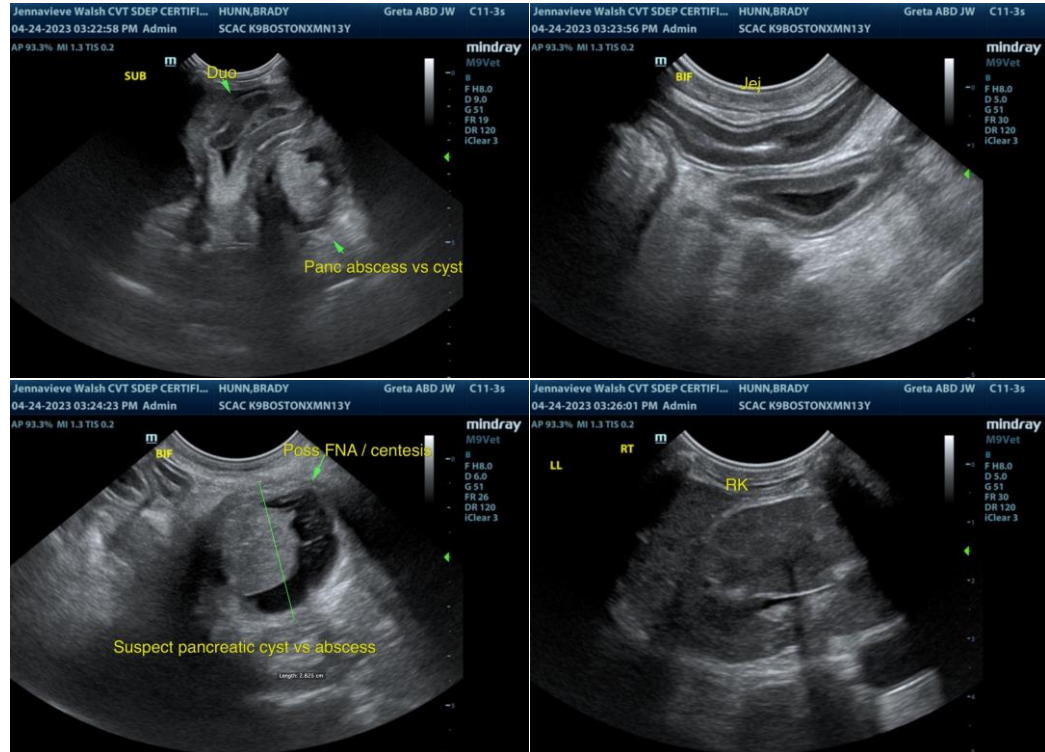
Dr. Koch

INVOICE

13591ag

DATE

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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