



PATIENT

Koko Martinez

SPECIES

Canine

BREED

Jack Russell Terr

SEX

MN

AGE

10

WEIGHT

11.5 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Belan

HOSPITAL NAME

McKnight 24 HR AH

REFERRING VET

Dr. Pugh

INVOICE

13745

DATE

4/27/22

PRESENTING CLINICAL SIGNS

History of seizures. Chronic intermittent diarrhea with blood
Abnormal PE/Chem/CBC/UA Results: Hemolysis and chronic anemia

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The bladder was normal in size and tone containing anechoic urine with no sediment or calculi. Subjective mild generalized prominent urinary bladder walls exhibiting subtle micropolyploid luminal surface contour changes were present.

The residual prostate was symmetrically normal in size with uniform parenchyma and slight coarse echotexture measuring 0.68 cm in width.

A solitary, medial iliac lymph node was present. The lymph node was essentially isoechoic to surrounding mesentery and not consistent with inflammatory or neoplastic criteria. The lymph node was normal in size maintaining a normal width: length ratio (<0.5).

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 border demarcation expected for the age of the patient. No evidence of pelvic dilation was present. The left kidney measured 4.6 cm in length. The right kidney measured 4.5 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 0.46 cm width at the caudal pole and 0.39 cm width at the cranial pole. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.50 cm width at the caudal pole and 0.51 cm width at the cranial 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 exhibited subjective mild enlargement. 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. The gallbladder was non-distended in size with thin walls containing primarily anechoic content and mild nondependent particulate luminal debris. The cystic and common bile ducts were normal.



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Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained mild to moderate ingesta / chyme exhibiting subtle progressive distal acoustic shadowing. The ventral gastric body wall width measured 0.30 cm.

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 width measured 0.41 cm. The jejunum wall width measured 0.41 cm.

Normal visible colon wall layers were present with semi-formed feces in lumen. The distal descending colon wall width at the level of the urinary bladder measured 0.16 cm.

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 were evident.

Free Abdomen

No omental masses, lymphadenopathy, or peritoneal effusion were present.

ULTRASONOGRAPHIC FINDINGS

- Mild chronic renal changes
- Subtly thickened urinary bladder - not specific, suspect age-related to discrete micropolypliod urinary bladder changes, potential for mild cystitis if previous clinical signs suggestive of cystitis, no evidence of urinary bladder neoplastic criteria
- Minor gallbladder debris - considered incidental
- Overtly normal gastrointestinal tract and colon with mild gastric ingesta / chyme
- Subjective mild benign hepatomegaly

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Overall, mild geriatric abdomen without evidence of significant visceral pathology.

Given the intermittent diarrhea with blood, intermittent low-grade colitis or enterocolitis is suspected. Hydrolyzed diet trial and as-needed therapy for low-grade colitis +/- prophylactic deworming is suggested.

CBC pathology review is recommended, given the reported hemolysis and chronic anemia. A neurological and/or internal medicine consult is suggested.



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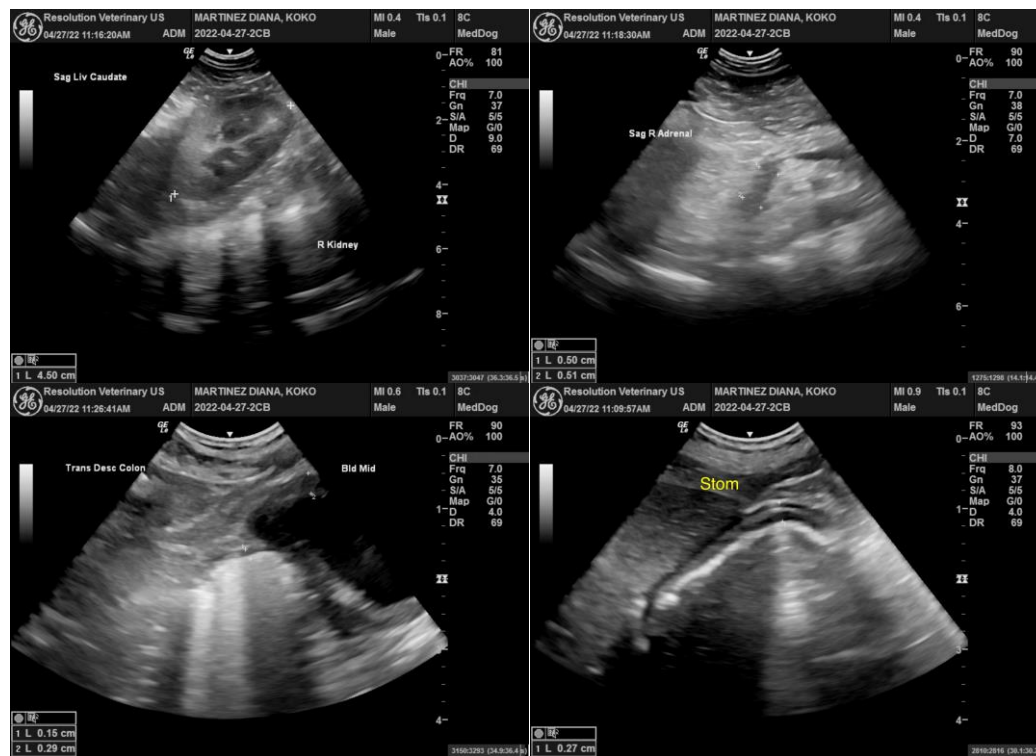
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)
info@SonoPath.com