



**PATIENT PRESENTING CLINICAL SIGNS**

**Mork Chechak** Lethargy, possible painful abdomen - likely patient temperament, fever on exam, concern for neoplasia or IMTP

**SPECIES** CBC- HCT 47.9, WBC 3.3 with neutropenia, suspected band neutrophils, thrombocytopenia, platelets 52

Canine  
Chemistry panel - Total protein 9.0, globulin 5.6, ALP 363, TBili 1.0, 4DX-Negative

**BREED ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

Rat Terrier Mix **Urinary System**

**SEX** 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 changes was noted.

MN

**AGE** No overt pathology was noted in the area of the residual prostate.

8 years The area of the aortic trifurcation was free of pathology and without evidence of medial iliac or sublumbar lymphadenopathy.

**WEIGHT** Normal size and margination were present in the kidneys. A normal 1:3 cortex / medulla ratio and normal corticomedullary definition were maintained. The echogenicity of the cortex was similar to or slightly less than normal liver parenchyma while the medulla echogenicity was hypoechoic to the cortex with no evidence of pelvic dilation. The left kidney measured 5.3 cm in length. The right kidney measured 5.5 cm in length.

**INTERPRETED BY**

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

**Adrenal Glands**

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 2.0 cm length x 0.41 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 2.1 cm length x 0.42 cm width at the caudal pole.

**IMAGING PERFORMED BY**

Rebekah Jakum, CVT  
ARDMS/RVT

**Spleen**

**HOSPITAL NAME**

Pocono Peak VC

The spleen exhibited generalized enlargement yet maintained a symmetrical capsule contour and finely textured homogeneous parenchyma. Normal splenic vascularity was present. No splenic masses or nodules were noted.

**REFERRING VET**

Dr. Coyle

**Liver/ Gallbladder**

The liver exhibited potential for mild generalized 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 mild, primarily nondependent to mildly congealed yet nonorganized gallbladder debris. The gallbladder walls were sonographically

**INVOICE**

13623

**DATE**

4/6/22



**PATIENT**

Mork Chechak

normal without evidence of Inflammatory changes. No evidence of peripheral gallbladder inflammation was noted. The cystic and common bile ducts were normal.

***Gastrointestinal***

**SPECIES**

Canine

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained mild retained ingesta / chyme primarily in the antrum and pylorus. The stomach was otherwise sonographically unremarkable.

**BREED**

Rat Terrier Mix

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.

**SEX**

***Pancreas***

MN

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.

**AGE**

8 years

***Free Abdomen***

No omental masses, lymphadenopathy or peritoneal effusion were present.

**WEIGHT**

23

**ULTRASONOGRAPHIC FINDINGS**

- Mild splenomegaly
- Hepatopathy - subjectively benign
- Mild nondependent gallbladder debris
- Overtly normal gastrointestinal tract with mild retained gastric ingesta / chyme - retained gastric ingesta may indicate post prandial presentation, although some degree of metabolic / nonobstructive gastric hypomotility could be possible if documented NPO

**INTERPRETED BY**

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

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Although not definitive, the liver is suggestive of nonspecific / idiopathic vacuolar hepatopathy, given the sole ALP elevation without concurrent ALT elevation. The presence of gallbladder debris may indicate concurrent nonobstructive cholestasis. Potential for very early, noninflamed gallbladder mucocele is possible.

**IMAGING PERFORMED BY**

Rebekah Jakum, CVT  
 ARDMS/RVT

**HOSPITAL NAME**

Pocono Peak VC

**REFERRING VET**

Dr. Coyle

The splenomegaly may indicate hyperplasia, hematopoiesis, or splenitis, while the potential for splenic neoplasia cannot be excluded. Assuming normal clotting status, splenic FNA using a 25-gauge needle is warranted for screening cytology.

**INVOICE**

13623

Expanded vector-borne / infection serology could be considered in this patient while ultimately, bone marrow assessment may be indicated. Empirically, Doxycycline +/- Prednisone trial could be considered with assessment of clinical and CBC response.

**DATE**

4/6/22



**PATIENT**

Mork Chechak

For an additional charge, internal medicine consult can be utilized through Sonopath.com. You can select the internal medicine drop down at <http://spa.sonopath.com/>.

**SPECIES**

Canine

One of the world's top internists & SonoPath associate Dr. Remo Lobetti BVSc, MMedVet, PhD, DECVIM can evaluate your case through SonoPath. <https://sonopath.com/resources/sonopath-services/internal-medicine-teleconsultation-services>

**BREED**

Rat Terrier Mix

**SEX**

MN

**AGE**

8 years

**WEIGHT**

23

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Rebekah Jakum, CVT  
ARDMS/RVT

**HOSPITAL NAME**

Pocono Peak VC

**REFERRING VET**

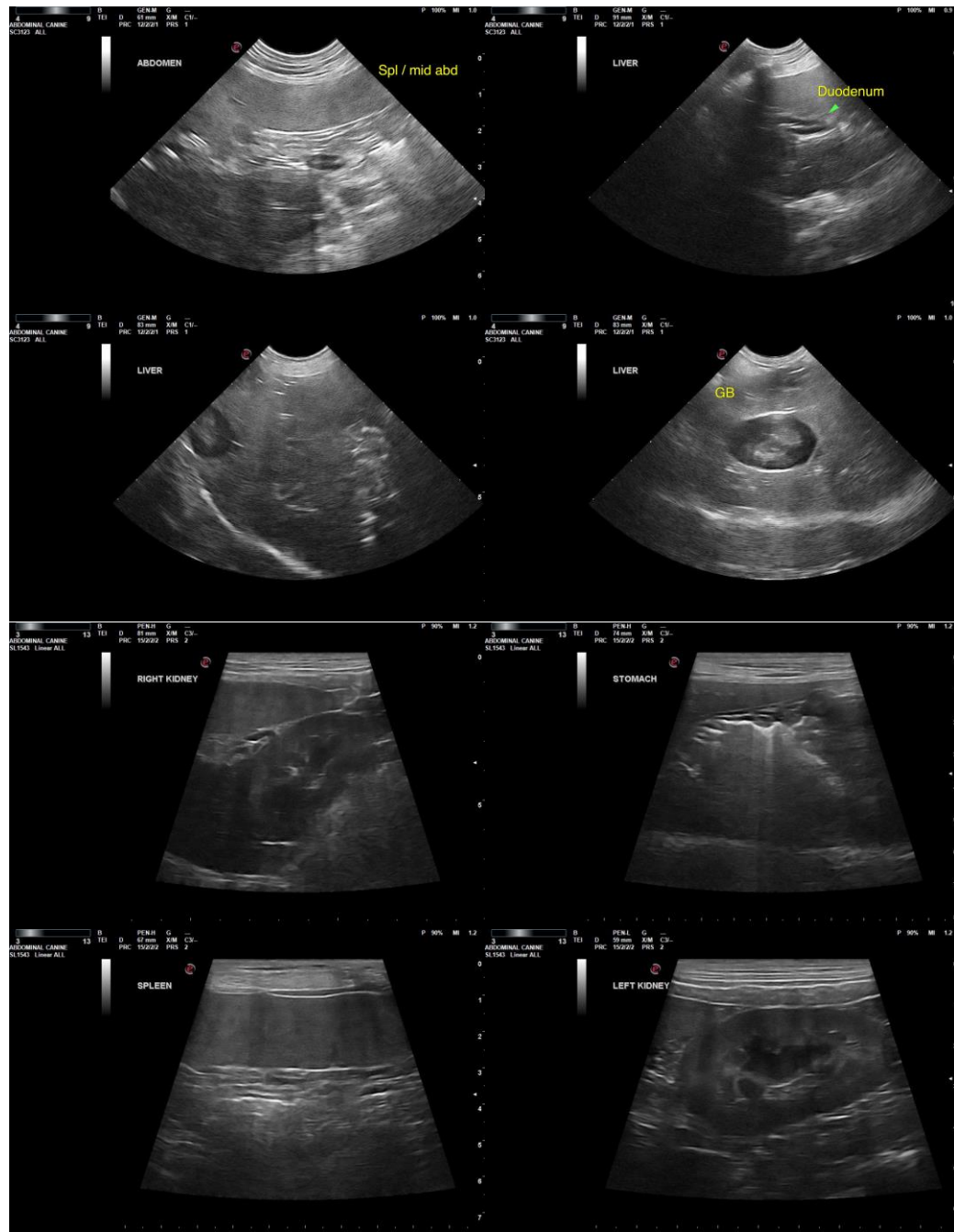
Dr. Coyle

**INVOICE**

13623

**DATE**

4/6/22





**PATIENT**

Mork Chechak

**SPECIES**

Canine

**BREED**

Rat Terrier Mix

**SEX**

MN

**AGE**

8 years

**WEIGHT**

23

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Rebekah Jakum, CVT  
ARDMS/RVT

**HOSPITAL NAME**

Pocono Peak VC

**REFERRING VET**

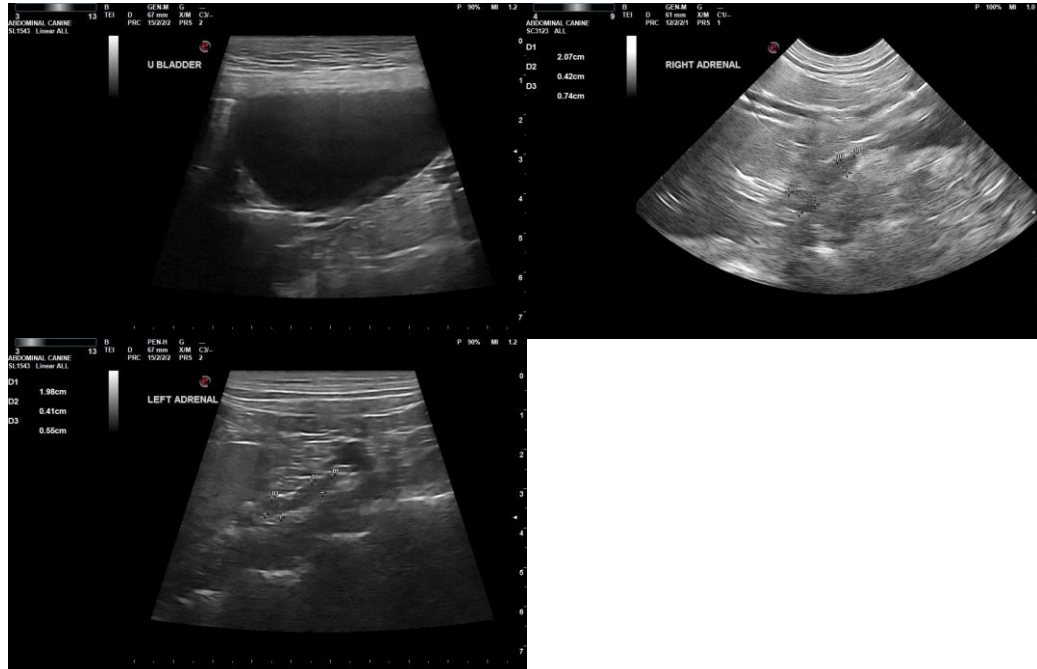
Dr. Coyle

**INVOICE**

13623

**DATE**

4/6/22



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)