

PATIENT	PRESENTING CLINICAL SIGNS
Tucker Phoenix	Ongoing management for suspect acute flare of IVDD (pain in thoracolumbar spine and cervical spine), with recent onset of inappetence and yellow discolored diarrhea Patient ate small amount of food over last 1-2 days but minimal Grade 3 dental tartar Otherwise normal on exam Current Medications
SPECIES	Buprenorphine (0.015 mg/kg IV), Convenia (8 mg/kg SQ), Metronidazole (15 mg/kg IV), Vitamin B-12 (0.25 mL SQ) & Cerenia (1 mg/kg IV) injections given 5/3/23 Radiographic Findings Radiographs (R lateral whole body + cervical spine): - No overt intervertebral compression or disc mineralization - No evidence of cervical subluxation - Normal gas opacities throughout intestines - Normal cardiac and pulmonary structures - Otherwise no soft tissue or skeletal changes noted Primary Question/Differential to Be Answered in This Exam Pancreatic or hepatic pathology
Canine	
BREED	
Terrier X	
SEX	Abnormal PE/Chem/CBC/UA Results: Diagnostics 5/3/23: - CBC - Marked Leukocytosis and Neutrophilia, Thrombocytopenia --> PLT 48k --> Small clumps seen on blood smear **likely artifact but consider CBC path review if PLTs still low on recheck** - Chem - LIP now markedly elevated at >1000 (was 432 on 4/27), ALKP increased to 724 (was 151), elevated TCHOL (317), Mild hypocalcemia (Ca 8.6), otherwise wnl -- linked Diagnostics from 4/27/23: - CBC - wnl - Chem - Mild hypokalemia (K 3.6), mild elevations in ALKP (151) and AST (86), moderately elevated LIP (432), mild decreased TRIG (17), otherwise wnl - HWT - neg 4x
Neutered Male	
AGE	
10 Years	
WEIGHT	ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN
10.7 Pounds	Urinary System
INTERPRETED BY	The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2.0 cm exhibited normal thickness and tone. Primarily anechoic urine was present in the lumen with mild, primarily dependent particulate sediment, which may indicate cellular debris/protein, crystalline debris, or mucus. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic mural changes were noted.
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	
IMAGING PERFORMED BY	The residual prostate was free of pathology.
Jenna Walsh, CVT	The area of the aortic trifurcation was free of pathology.
HOSPITAL NAME	Normal size and margination was 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 loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The left kidney measured 4.2 cm. The right kidney measured 4.5 cm. Pinpoint medullary mineral noted in both kidneys.
The Veterinary Hospital	
REFERRING VET	Adrenal Glands
Dr. Berman	The adrenal glands were uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 1.7 cm length x 0.47 cm at the caudal pole. The right adrenal gland measured 1.6 cm length x 0.39 cm at the caudal pole.
INVOICE	Spleen
47146	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.
DATE	
5/4/23	



PATIENT	Liver
Tucker Phoenix	The liver exhibited borderline to possible 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.
SPECIES	The gallbladder was non-distended in size with primarily anechoic luminal content. Minor non-organized gallbladder debris without evident of gallbladder or peripheral gallbladder inflammatory criteria. The cystic and common bile ducts were normal.
Canine	
BREED	Gastrointestinal
Terrier X	
SEX	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.
Neutered Male	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.
AGE	Normal visible colon wall layers were present with apparent formed feces in lumen.
10 Years	
WEIGHT	Pancreas
10.7 Pounds	The pancreas was mildly prominent in size with mildly heterogeneous parenchyma compared to adjacent omentum. No signs of active inflammation or neoplasia.
INTERPRETED BY	ULTRASONOGRAPHIC FINDINGS
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	<ul style="list-style-type: none"> • Mild urinary bladder sediment • Mild age related renal changes • Hepatopathy – subjectively benign, sonographically suggestive of vacuolar hepatopathy pattern. • Minor gallbladder debris (non-mucocele). • Structurally unremarkable gastrointestinal tract/colon. • Variably prominent, mildly non-homogeneous pancreas.
IMAGING PERFORMED BY	
Jenna Walsh, CVT	
HOSPITAL NAME	INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS
The Veterinary Hospital	Overall, no sonographic evidence of significant visceral pathology. Assessment for evidence of cranial abdominal or subxiphoid discomfort on palpation, which may allude to low-grade pancreatitis suggested. Screening hepatic FNA cytology (assuming normal clotting status) could be considered, primarily to assess for evidence of non-obvious inflammatory criteria and rule out unlikely potential for occult infiltrative neoplasia. Fresh fecal analysis (if not done) as well as GI panel to include PLI, TLI, cobalamin and folate warranted. Fasting cholesterol level suggested if evidence of persistent or progressive hypercholesterolemia. Urinalysis +/- screening culture and sensitivity suggested if evidence of inflammatory sediment.
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PATIENT

Tucker Phoenix

SPECIES

Canine

BREED

Terrier X

SEX

Neutered Male

AGE

10 Years

WEIGHT

10.7 Pounds

INTERPRETED BY

R. McKenzie Daniel,
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(Canine and Feline)

IMAGING PERFORMED BY

Jenna Walsh, CVT

HOSPITAL NAME

The Veterinary
Hospital

REFERRING VET

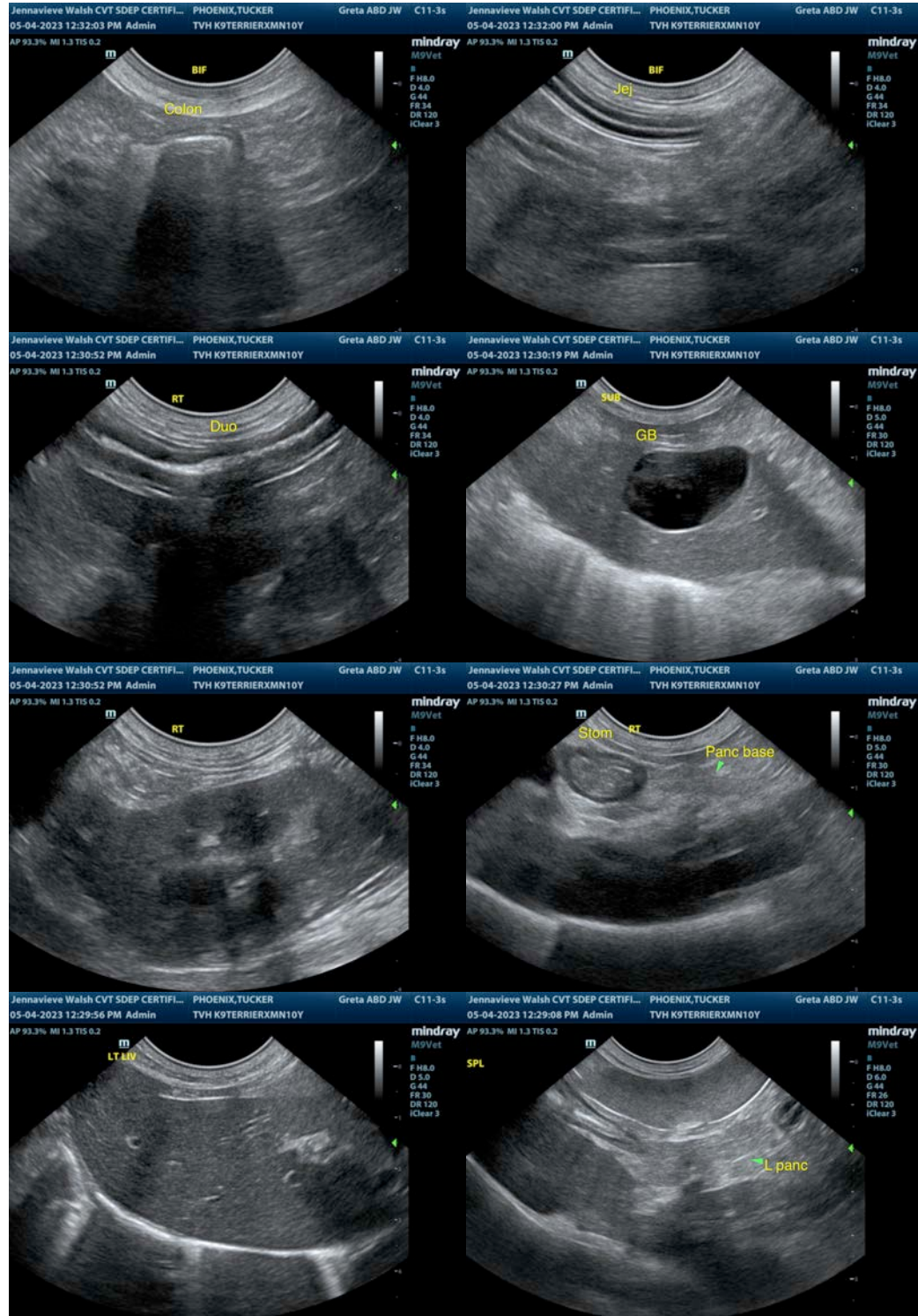
Dr. Berman

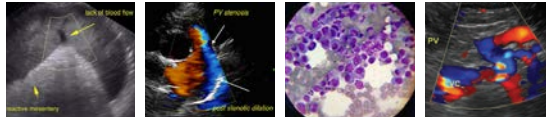
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PATIENT

Tucker Phoenix

SPECIES

Canine

BREED

Terrier X

SEX

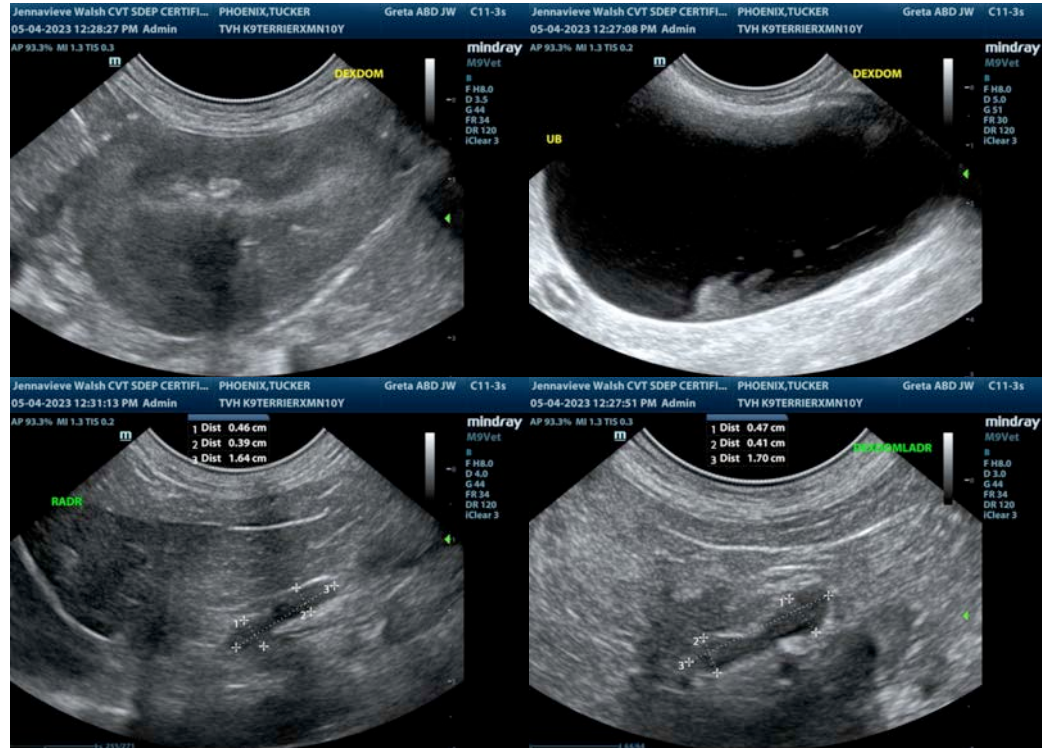
Neutered Male

AGE

10 Years

WEIGHT

10.7 Pounds



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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)

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