



PATIENT

Brandie Vokalous

SPECIES

Canine

BREED

Terrier X

SEX

Female Spay

AGE

13

WEIGHT

6.1 kg

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

Dr. Belan

HOSPITAL NAME

Alpine 24/7

REFERRING VET

Dr. Bruce

INVOICE

15047

DATE

5/5/22

PRESENTING CLINICAL SIGNS

Hyporexia lethargic suspect soft tissue mass on AFAST Patient sensitive to probe pressure upper right quadrant

Abnormal PE/Chem/CBC/UA Results: Elevated ALP

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 3.0 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.

The area of the aortic trifurcation was free of pathology.

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. The left kidney measured 3.9 cm in length. The right kidney measured 4.2 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 0.38 cm width at the caudal pole and 0.28 cm width at the cranial pole.

The right adrenal gland was indistinctly visualized, measuring 0.47 cm caudal pole width.

Spleen

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.

Liver/ Gallbladder

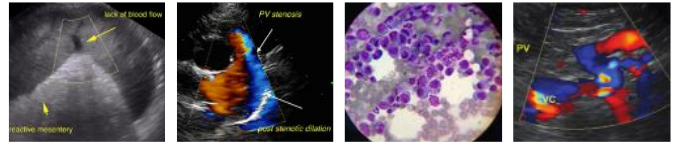
The liver was subjectively normal in size, structure, and contour. The liver parenchyma was mildly nonuniform and hypoechoic to the spleen with a moderate coarse echotexture and subjective mild to benign parenchymal remodeling. The hepatic and portal vasculature were normal in appearance without signs of congestion. Solitary ill-defined hyperechoic mid intraparenchymal nodule, measuring 1.0 cm in diameter.

The gallbladder was normal in size with mildly thickened to echogenic gallbladder walls. Anechoic content was present in the gallbladder. The ventral gallbladder wall measured 0.46 cm. The cystic and common bile ducts were normal.

Gastrointestinal



PATIENT	The stomach presented intact yet prominent wall layering. Minor retained non-shadowing chyme was present in the pylorus lumen, The pylorus wall measured 0.56 cm.
Brandie Vokalous	
SPECIES	The small intestine presented intact wall layering and maintained 1:3 muscularis/mucosa ratio with mild nonobstructive segmental duodenojejunal ileus.
Canine	Normal visible colon wall layers were present with apparent formed feces in lumen.
BREED	Pancreas
Terrier X	The pancreas base and right pancreatic limb exhibited mild prominent size with areas of capsule asymmetry. Mixed echogenic parenchyma noted, exhibiting primarily hyperechoic to focal hypoechoic parenchyma echogenicity.
SEX	Free Abdomen
Female Spay	Intermittent minor benign pancreaticoduodenal lymph nodes were noted adjacent to the pancreas base and right pancreatic limb, which were not consistent with inflammatory or neoplastic criteria.
AGE	
13	
WEIGHT	ULTRASONOGRAPHIC FINDINGS
6.1 kg	Primary Findings
INTERPRETED BY	<ul style="list-style-type: none"> • Chronic to chronic active pancreatitis pattern • Minor associated pancreaticoduodenal lymphadenopathy- subjectively benign • Gastritis with segmental duodenojejunal ileus • Bilateral chronic renal changes • Hepatic parenchymal remodeling with solitary ill-defined yet subjectively benign intraparenchymal nodule- likely small lipogranuloma or nodular hyperplasia • Mildly thickened gallbladder- suspect mild chronic cholecystitis (non-mucocele)
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	
IMAGING PERFORMED BY	INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS
Dr. Belan	The sonographic presentation of the pancreas in conjunction with reported sensitivity in the right cranial abdomen is consistent with chronic-to-chronic active pancreatitis without evidence of pancreatic neoplastic criteria, which is considered unlikely. Potential for concurrent mild chronic cholecystitis given the appearance of the gallbladder as well as benign or vacuolar hepatic parenchymal changes suspected. No evidence of intraabdominal masses or overt neoplastic criteria.
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INVOICE	Empirical GI support and therapy for chronic-to-chronic active pancreatitis would be reasonable with assessment of clinical response. Hepatosupportive medications could also be considered.
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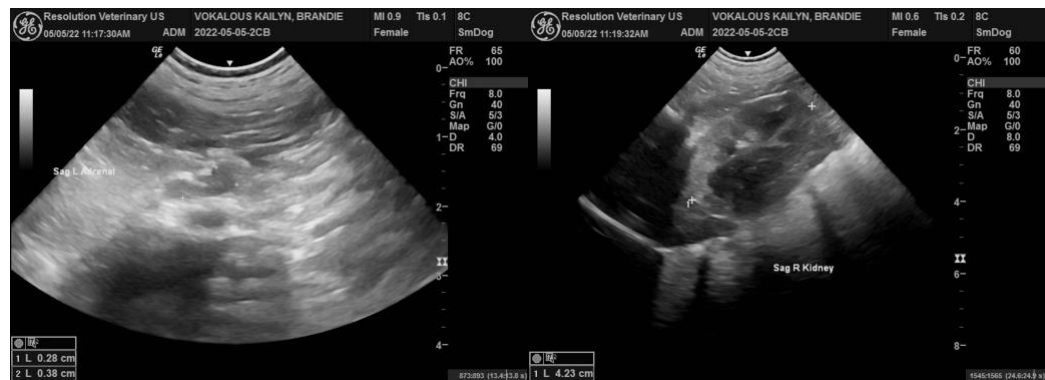
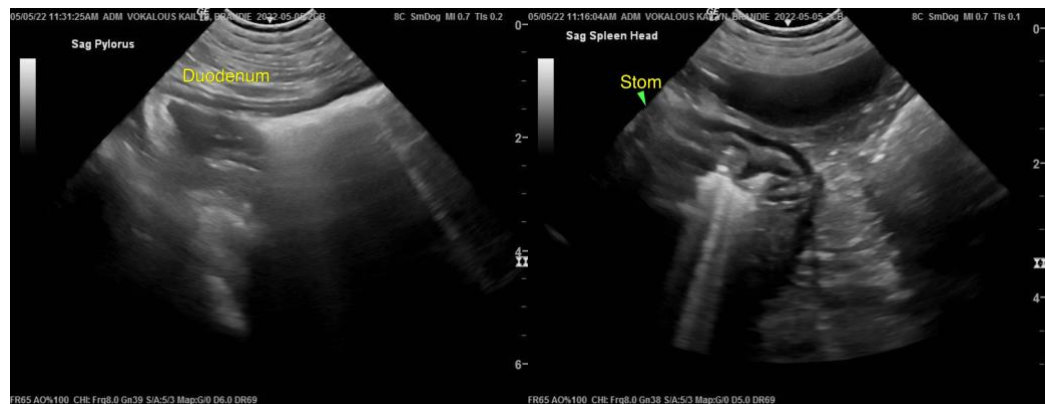
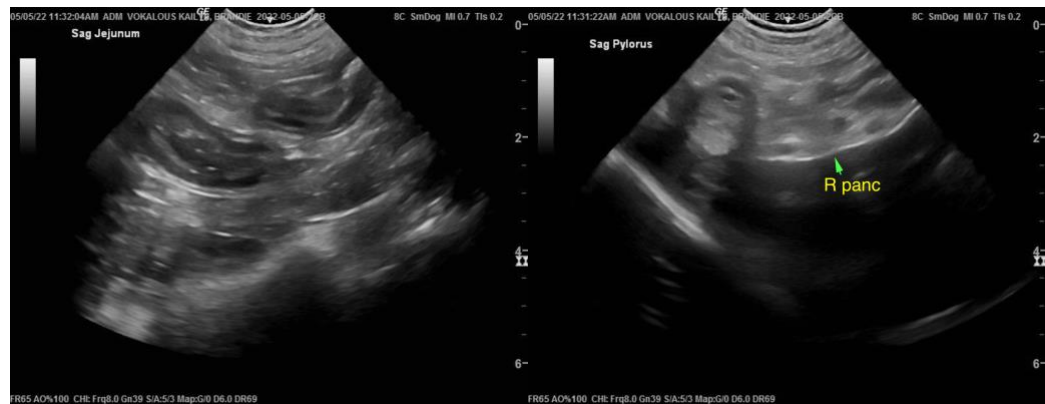
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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