



PATIENT	PRESENTING CLINICAL SIGNS
Harley Norsworthy	Increased SDMA and ALT. Slightly low HGB, HCT, RBC.
SPECIES	ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN
Canine	Urinary System
BREED	The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 5.0 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 were noted.
Lab	No overt pathology in the area of the residual prostate.
SEX	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 minor loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The left kidney measured 7.9 cm. The right kidney measured 7.9 cm.
Neutered Male	The area of the aortic trifurcation was free of pathology.
AGE	Adrenal Glands
7 Years	The adrenal glands were uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.75 cm at the cranial pole and 0.48 cm at the caudal pole. The right adrenal gland was not definitively visualized.
WEIGHT	Spleen
50 kg	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.
INTERPRETED BY	Liver
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	The liver was subjectively normal in size, structure, and contour. The liver parenchyma was uniform and hypoechoic to the spleen with a mild coarse echotexture. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content. Mild non-organized, non-mineralized debris present, primarily in the caudal lumen and gallbladder neck. The cystic and common bile ducts were normal.
IMAGING PERFORMED BY	Gastrointestinal
Dave Stasiuk, RDMS, RDCS	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.
HOSPITAL NAME	INVOICE
Resolution Vet Ultrasound Ltd	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.
REFERRING VET	37563
Healing Traditions Holistic Vet Clinic	Normal visible colon wall layers were present with apparent formed feces in lumen.
DATE	No evidence of loss of gastrointestinal wall layering or evidence of overt ulceration.
5/9/22	



PATIENT

Pancreas

Harley Norsworthy

SPECIES

Canine

BREED

Lab

SEX

Neutered Male

AGE

7 Years

WEIGHT

50 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Dave Stasiuk, RDMS,
RDCS

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The pancreas was normal in size and contour with isoechoic to heterogeneous parenchyma compared to adjacent omentum. A focal area of hypoechoic pancreatic parenchyma noted at the area of the pancreas base or proximal right limb with potential for solitary subjectively benign or reactive pancreaticoduodenal lymph node, measuring 1.3 cm in diameter. No signs of active inflammation or neoplasia.

ULTRASONOGRAPHIC FINDINGS

- Minor age related kidneys
- Mild inflammatory hepatopathy pattern – benign.
- Mild gallbladder debris (non-mucocele)
- Heterogeneous pancreas exhibiting potential focal hypoechoic parenchyma, parenchymal nodule versus overlying benign/reactive pancreaticoduodenal lymph node.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Further renal staging to include urine C/S and protein: creatinine ratio on sterile urine sample may be considered.

Potential for low-grade to mild chronic to chronic active or mixed pattern pancreatitis could be suspected if evidence of cranial abdominal or subxiphoid discomfort on palpation. Correlation with a spec cPL could be considered if clinically indicated.

Leptospirosis titers/PCR could be considered if endemic to the area or potential exposure. Hepatosupportive medications may prove beneficial. Overall, an obvious cause of the mild anemia was not definitively evident. CBC pathology review +/- resting cortisol level (if clinically indicated, given the non-visualized right adrenal gland) could be considered for further assessment.





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Canine

BREED

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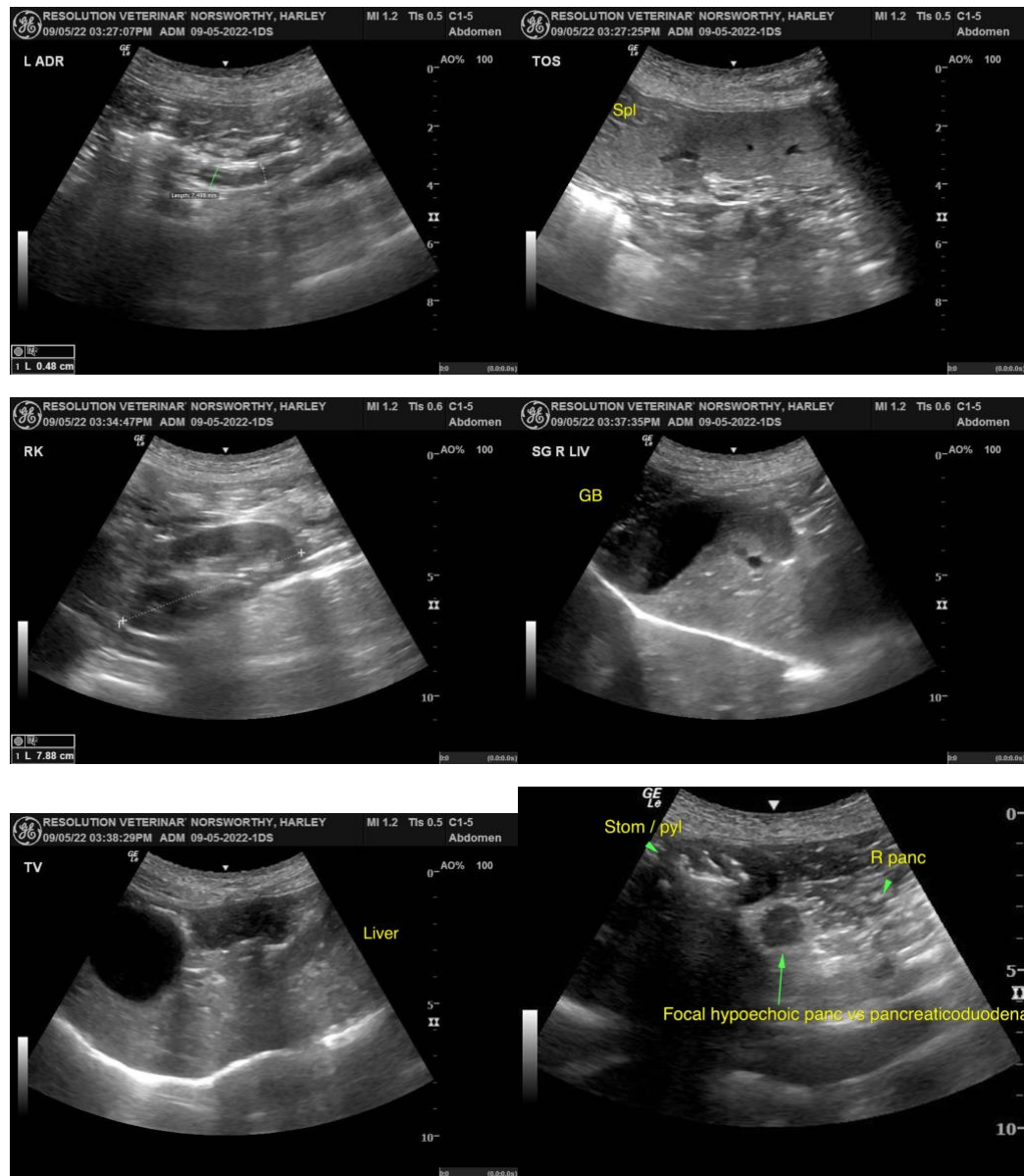
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)

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