



**PATIENT PRESENTING CLINICAL SIGNS**

Sophie Rickter History: Lethargic vomiting some diarrhea

**SPECIES** Abnormal PE/Chem/CBC/UA Results: Mod Elevation of renal enzymes CRD grade 2 severe elevation of cPL and non regenerative anemia with a leukopenia

Canine **ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**BREED** *Urinary System*

Min Pin Terrier Mix The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 3 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.

**SEX** 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 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 4.5 cm in length. The right kidney measured 4.4 cm in length.

**AGE** 12 The area of the aortic trifurcation was free of pathology.

**WEIGHT** *Adrenal Glands*

6.8 kg Bilateral symmetrical adrenal gland enlargement with uniformly hypoechoic parenchyma was present. The left adrenal gland measured 0.55 cm width at the caudal pole and 0.63 cm width at the cranial pole. The right adrenal gland measured 0.52 cm width at the caudal pole and 0.63 cm width at the cranial pole.

**INTERPRETED BY** *Spleen*

R. McKenzie Daniel, DVM, DABVP (Canine and Feline) The spleen exhibited generalized parenchyma heterogeneity with multiple pinpoint to focal hyperechoic foci. These foci are nonspecific yet could indicate focal areas of microinfarction, fibrosis or mineralization and are considered incidental. 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.

**IMAGING PERFORMED BY** *Liver*  
Dr. Belan

**HOSPITAL NAME** 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. Several nondisruptive well demarcated uniform hyperechoic intraparenchymal nodules were present, an example measuring 0.5 cm in diameter. The hepatic and portal vasculature were normal in appearance without signs of congestion.

**REFERRING VET** The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.

**INVOICE** *Gastrointestinal*

10827ag 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.

**DATE** The intestinal walls demonstrated intact wall layering and maintained 1:3 muscularis / mucosa ratio. Segmental propensity for mildly prominent duodenojejunal submucosa was noted. The lumen of the small intestine was empty with no signs of ileus, obstruction or foreign material.

06/15/2022



**PATIENT**

Sophie Rickter

The colon walls presented intact yet prominent wall layering with mild thickened to echogenic submucosa. Semi formed fecal matter was present in the colon along with areas of empty lumen with lumen dilation.

**SPECIES**

Canine

***Pancreas***

The pancreas exhibited prominent size in the pancreas base and right pancreatic limb with nonhomogeneous to mixed echogenic parenchyma. The left pancreatic limb exhibited mildly echogenic parenchyma including several hypoechoic nodules subjectively in the left pancreatic limb, an example measuring 0.93 cm in diameter. Subtle evidence of peri pancreatic reactive mesentery was noted.

**BREED**

Min Pin Terrier Mix

***Free Abdomen***

No overt lymphadenopathy or peritoneal effusion was present.

**SEX**

FS

**ULTRASONOGRAPHIC FINDINGS**

**AGE**

12

- Prominent to nonhomogeneous mixed echogenic pancreas with left limb nodules-suspect mixed active to active to chronic pancreatic inflammatory criteria with potential areas of nodular hyperplasia. Pancreatic neoplastic criteria is considered less likely.
- Gastroenterocolitis pattern
- Bilateral nonspecific chronic renal changes
- Bilateral prominent adrenal glands-nonspecific
- Benign hepatic nodules-consistent with probable benign lipogranulomas
- Benign hyperechoic splenic foci

**WEIGHT**

6.8 kg

**INTERPRETED BY**

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

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Assuming normal clotting status a pancreatic FNA could be considered for screening cytology.

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

**IMAGING PERFORMED BY**

Dr. Belan

Empirically, therapy for active to chronic pancreatitis with as needed GI support and assessment of response would be reasonable.

A CBC path review may be considered.

**HOSPITAL NAME**

Healing Traditions AC

**REFERRING VET**

Dr. Balac

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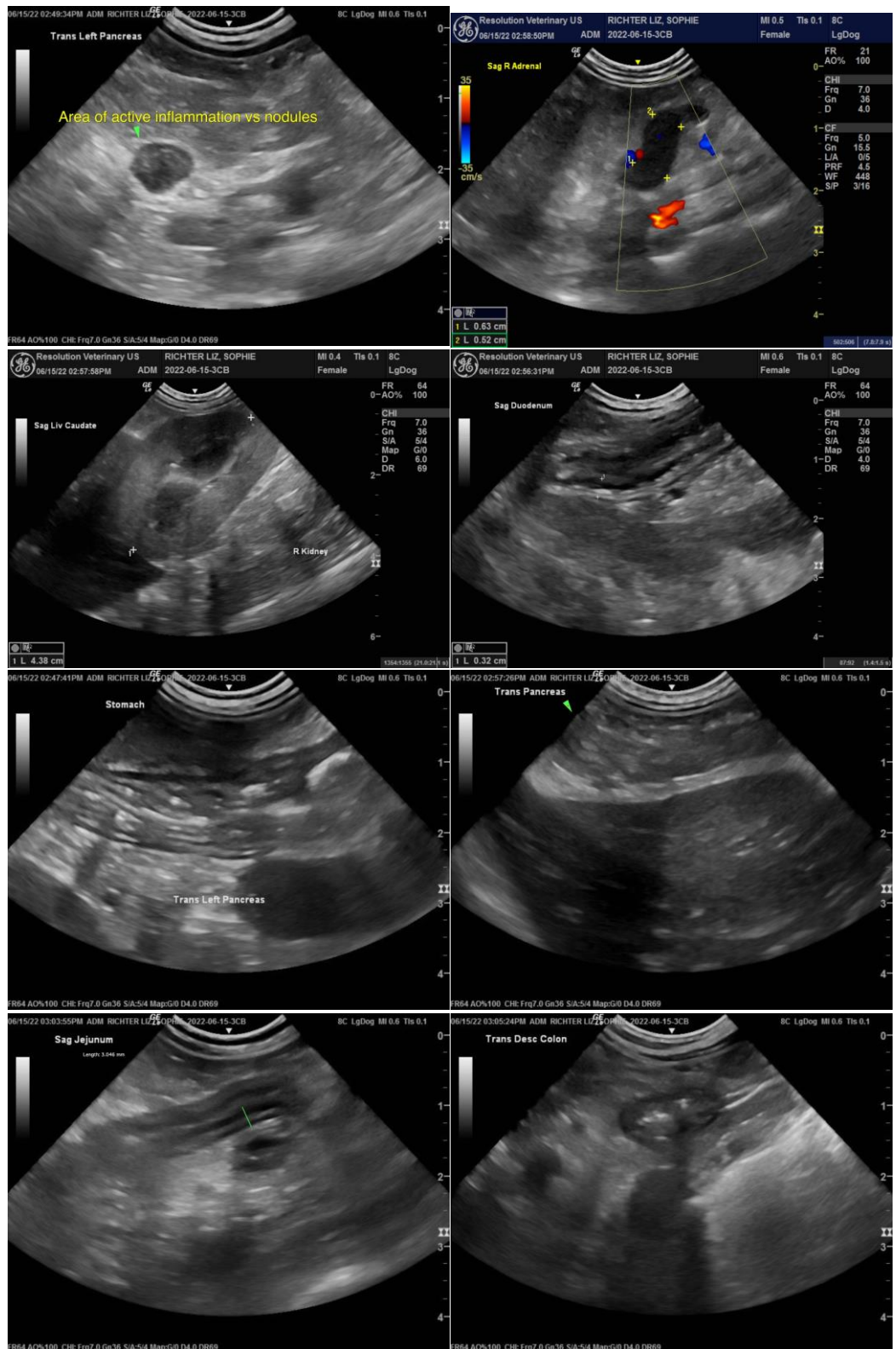
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## PATIENT

Sophie Rickter

## SPECIES

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## BREED

Min Pin Terrier Mix

## SEX

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## AGE

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## WEIGHT

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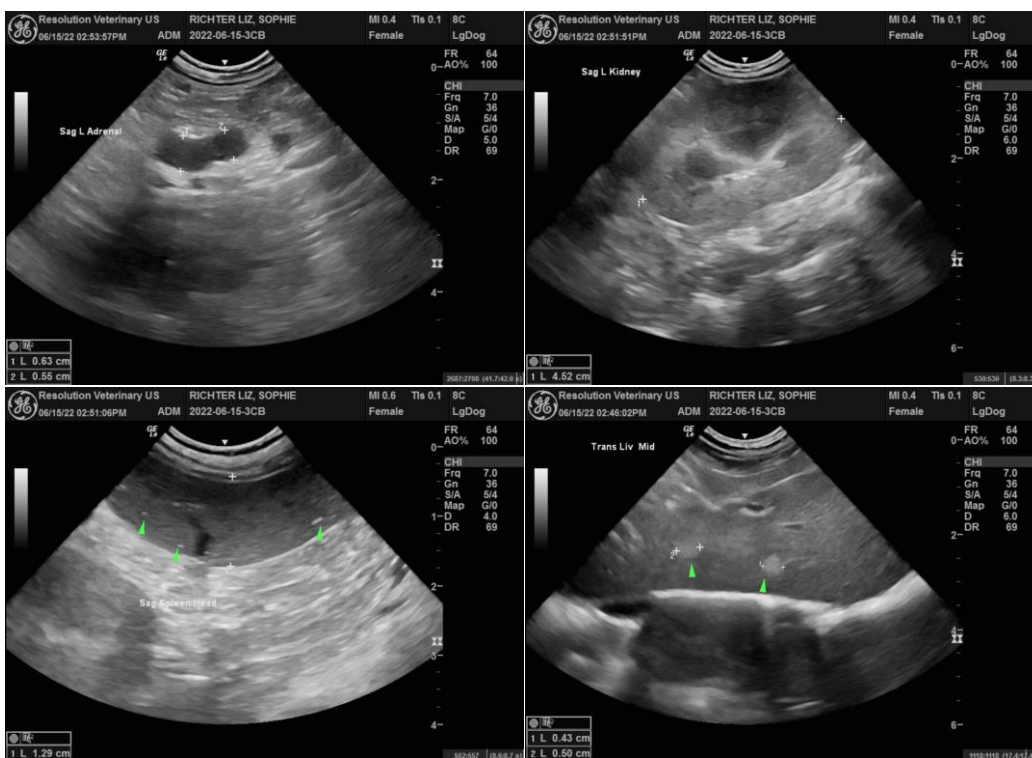
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## INVOICE

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## DATE

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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