



**PATIENT**

Kennedy Alexandre

**SPECIES**

Canine

**BREED**

Terrier Mix

**SEX**

Spayed Female

**AGE**

7 Years

**WEIGHT**

59.5 Pounds

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Pamela Harrigan, RDMS

**HOSPITAL NAME**

VCA Hanson AH

**REFERRING VET**

Sarah Kussman, DVM

**INVOICE**

16259

**DATE**

6/23/22

**PRESENTING CLINICAL SIGNS**

History: Elevated total bilirubin (1.6: RR 0.1-0.3) found incidentally on wellness bloodwork. Not icteric, no vomiting, has normal appetite. History chronic suspected pancreatitis; had elevated PrecisionPSL on labs (164). Remainder of labs, including liver enzymes, are WNL.

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to 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.

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 5.5 cm in length. The right kidney measured 5.9 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 0.60 cm width at the caudal pole and 0.61 cm width at the cranial pole.

The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.61 cm width at the caudal pole and 0.61 cm width at the cranial pole.

**Spleen**

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.

**Liver**

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. The cystic and common bile ducts were normal.

**Gastrointestinal**

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained mild ingesta/chyme without signs of obstruction or foreign material. The mild gastric ingesta/chyme is likely consistent with postprandial presentation.



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The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. Minor duodenal chyme was present.

Normal visible colon wall layers were present with apparent formed feces in lumen.

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Canine

**Pancreas**

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 was evident.

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Terrier Mix

**ULTRASONOGRAPHIC FINDINGS**

- Sonographically unremarkable liver/gallbladder
- Mild gastric ingesta/chyme
- Sonographically unremarkable pancreas

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

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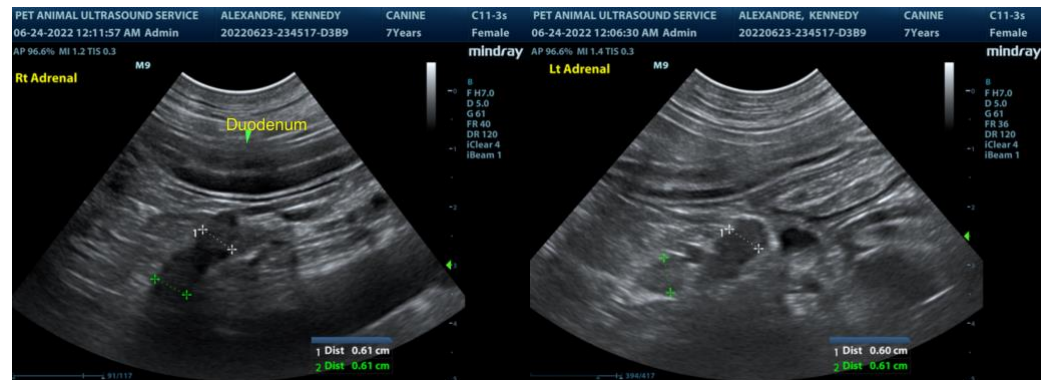
Overall, no overt evidence of abdominal visceral pathology. The lumen of the stomach contained mild ingesta/chyme without signs of obstruction or foreign material. The mild gastric ingesta/chyme is likely consistent with postprandial presentation. Correlation with most recent meal ingestion is suggested yet no overt evidence of gastrointestinal pathology, in conjunction with no reported vomiting and normal appetite. No evidence of active pancreatitis, although low-grade to mild chronic pancreatitis may at times present sonographically normal. No evidence of hepatobiliary pathology or obstructive criteria. The mild elevated total bilirubin could potentially suggest minor nonclinical cholestasis. Ursodiol therapy could be considered if persistent/progressive total bilirubin elevations.

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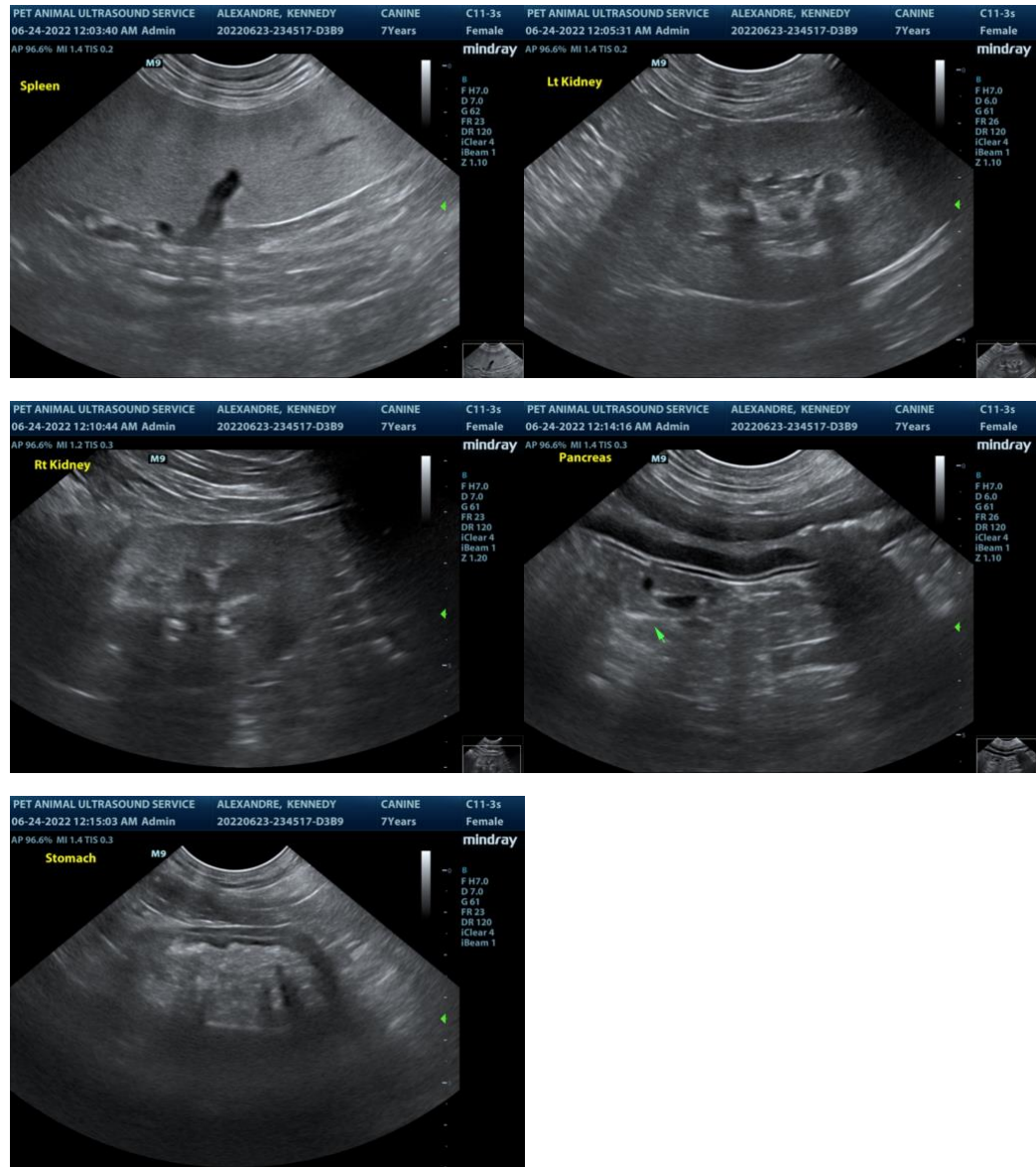
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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**