



PATIENT	PRESENTING CLINICAL SIGNS
Harper Ladjias	Pet having gastroenteritis and diabetes and cushings currently on metroniazole and cerenia.
SPECIES	Abnormal PE/Chem/CBC/UA Results: BUN 47, Glucose 206, ALT 325, Alph 525, CHOL 489, Lipa 5275
Canine	ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN
BREED	Urinary System
Mixed	The urinary bladder was subnormal in size owing to lack of urine distension which prohibited full evaluation of the urinary bladder walls. The 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 a solitary mildly irregular hyperechoic cystic calculus vs accumulated small calculi exhibiting subtle distal acoustic shadowing measuring 1.7 cm in diameter. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes were noted.
SEX	
FS	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. Focal areas of minor medullary mineral were present. The left kidney measured 5.2 cm in length. The right kidney measured 5.1 cm in length.
AGE	
11yr	
WEIGHT	The area of the aortic trifurcation was free of pathology.
25.4	Adrenal Glands
INTERPRETED BY	The bilateral adrenal glands were borderline prominent in size based on caudal pole width and body weight. Mild parenchyma heterogeneity and mild capsule asymmetry was present without suspicion for overt neoplasia. The left adrenal gland measured 0.77 cm width in the caudal pole. The right adrenal gland measured 0.71 cm width in the caudal pole.
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	Spleen
IMAGING PERFORMED BY	The spleen exhibited subtle parenchyma heterogeneity with pinpoint hyperechoic splenic foci suggestive of areas of microinfarction, fibrosis or mineralization.
Marco Lichfield	Liver/Gallbladder
HOSPITAL NAME	The liver presented enlarged in size. 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. The gallbladder was non-distended in size with primarily anechoic luminal content and mild non-organized hyperechoic sediment. No evidence of gallbladder or peripheral gallbladder inflammation was present. The cystic and common bile ducts were normal.
Dr Robert Sova	Gastrointestinal
REFERRING VET	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.
Dr Robert Sova	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.
INVOICE	Normal visible colon wall layers were present with apparent non formed feces in lumen.
14214ag	
DATE	
06/26/2023	



PATIENT

Pancreas

Harper Ladjias

The pancreas was normal in size and contour with isoechoic to heterogeneous parenchyma compared to adjacent omentum. No signs of active inflammation or neoplasia.

SPECIES

Free Abdomen

Canine

No omental masses, overt lymphadenopathy or peritoneal effusion was present.

BREED

Mixed

ULTRASONOGRAPHIC FINDINGS

- Urinary bladder cystic calculus vs accumulated small calculi.
- Mild chronic frenal changes with focal medullary mineral.
- Benign hepatopathy-sonographically suggestive of vacuolar/diabetic hepatopathy.
- Gallbladder debris (non-mucocele).
- Heterogenous pancreas- patient/ age related variant, remodeling owing to previous inflammatory episode or mild to chronic pancreatitis possible.
- Unremarkable GI tract with non-formed feces in colon-suspect mild gastroenteritis.
- Bilateral borderline/prominent adrenal glands.

SEX

FS

AGE

11yr

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

A full urinary workup including UA, C/S and baseline UPC level if evidence of proteinuria is suggested. If current treatment for Cushing's syndrome, recheck ACTH stim if not recently done may be considered.

WEIGHT

25.4

Mild gastroenteritis or low grade chronic pancreatitis, dietary indiscretion / food hypersensitivity, occult parasitism pending recheck adrenal testing are all potentials.

No evidence of intra-abdominal neoplastic criteria.

Hepatosupportive medications such as Denamarin and Ursodiol may prove beneficial.

As needed GI support to include gastroprotectants, dietary therapy and empirical deworming may prove beneficial. A GI panel to include PLI/TLI/Cobalamin/Folate could be considered if persistent/progressive GI signs.

For an additional charge, internal medicine consult can be utilized through SonoPath.com. You can select the internal medicine drop down at <http://spa.sonopath.com/>.

One of the world's top internists & SonoPath associate Dr. Remo Lobetti BVSc, MMedVet, PhD, DECVIM can evaluate your case through SonoPath. <https://sonopath.com/resources/sonopath-services/internal-medicine-teleconsultation-services>

INTERPRETED BY

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

IMAGING PERFORMED BY

Marco Lichfield

HOSPITAL NAME

Dr Robert Sova

REFERRING VET

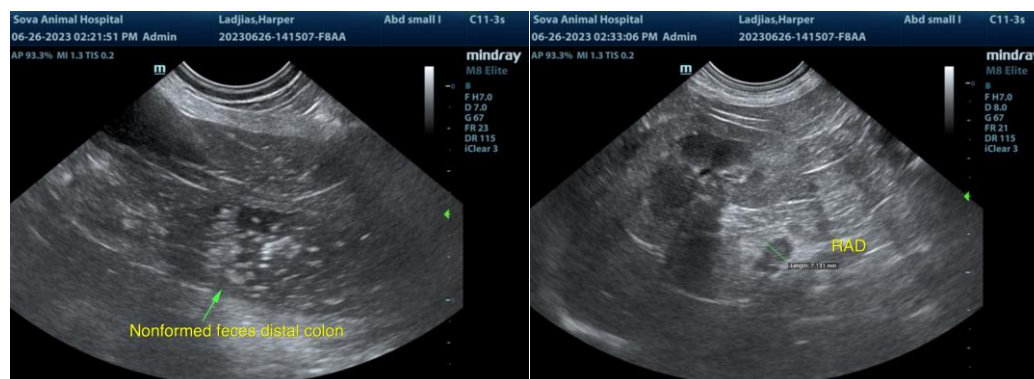
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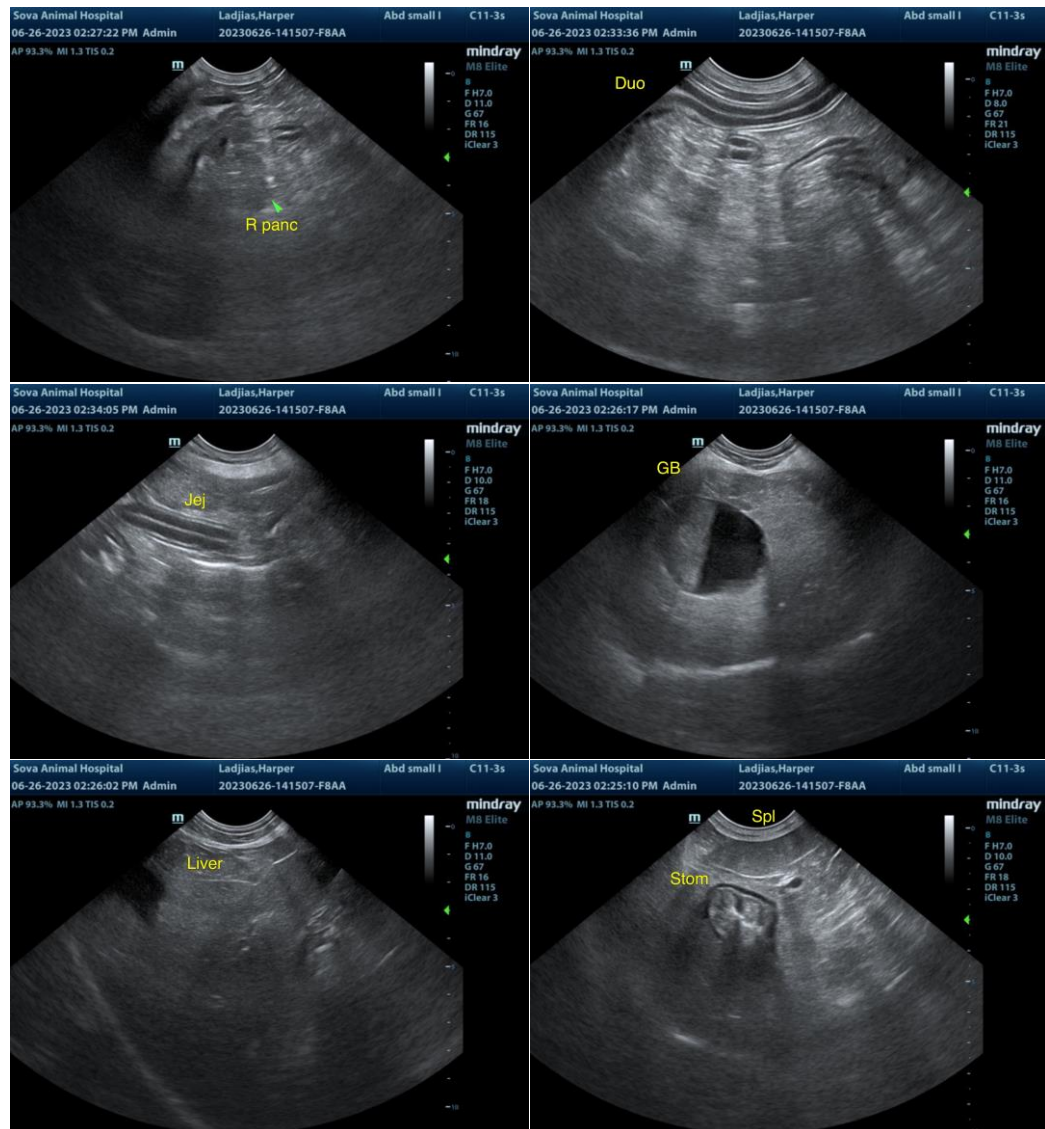
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PATIENT

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SPECIES

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BREED

Mixed

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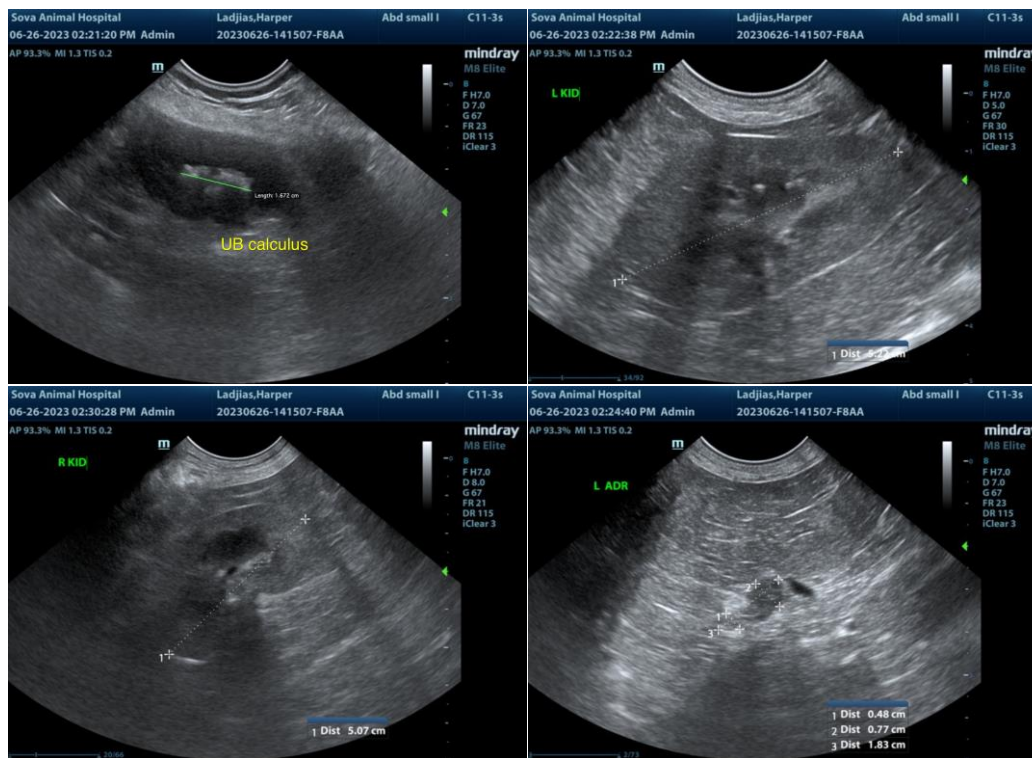
FS

AGE

11yr

WEIGHT

25.4



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.

INTERPRETED BY

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

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.

IMAGING PERFORMED BY

Marco Lichfield

R. McKenzie Daniel, DVM, DABVP (Canine/Feline Practice)
info@sonopath.com

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