



**PATIENT**

Scooter Datri

**SPECIES**

Canine

**BREED**

Terrier Mix

**SEX**

FS

**AGE**

14 years

**WEIGHT**

10.05 lbs.

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Amanda Lacey-Crook - SDEP  
Certified

**HOSPITAL NAME**

Rivers Edge Pet  
Medical Center

**REFERRING VET**

Dr. Jamie Sullivan

**INVOICE**

14068

**DATE**

6/9/22

**PRESENTING CLINICAL SIGNS**

P became a picky eater about 3-4 years ago. Now P is hungry but losing weight (lost 1.55 pounds from 5/18/22 to today). New behavior is that P will stand and just shake. P has severe dental disease and BW was performed as pre-op BW for dental COHAT. Found azotemia but O reports no PU/PD. Recommend long term use of Cerenia Recommend SQ fluids at home, if O and P can handle this Recommend an abdominal ultrasound Recommend Renal diet, canned is ideal. Recommend trying RCVD Renal diet or Science Diet k/d Recommend recheck renal panel in 2-3 months  
Abnormal PE/Chem/CBC/UA Results: Chem: Elevated - BUN 73 (6-31), Creatinine 1.9 (0.5-1.6), BUN/Creat 38 (4-27), Magnesium 2.6 (1.5-2.5), Sodium 157 (139-154) CBC: WNL T4: 1.5 (0.8-3.5) UA: USG 1.019 (1.015-1.05) Fecal: O&P - None Seen Giardia (ELISA) Negative Accuplex: Negative x 4

Findings:

Thoracic and abdominal radiograph exam: 8 images dated May 18, 2022

No prior imaging is listed for comparison.

The cardiac silhouette, pulmonary vessels, and lung are normal. There is no evidence of mediastinal nor pleural space pathology.

Abdominal detail is fair. The silhouettes of the liver, spleen, kidneys, and bladder have normal size, shape, and opacity. The stomach

contains a small amount of gas, no opaque foreign material. The small intestine contains a small amount of fluid and gas; dimensions

are appropriate. There is no evidence of opaque foreign material nor an obstructive pattern. The particulate material in the colon is

consistent with feces.

There are no orthopedic abnormalities.

Assessment:

> Unremarkable thorax and abdomen

> No orthopedic abnormalities

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

The urinary bladder, trigone, and cystourethral junction exhibited normal thickness and tone. Primarily anechoic urine was present in the lumen. Mild, nondependent, particulate sediment was present without evidence of calculus formation. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic mural changes were noted.

The residual prostate was without pantology measuring 0.61 cm in diameter.

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 corticomodullary symmetry and definition expected for the age of the patient. Areas of nonobstructive medullary and pelvic miner were present in both kidneys. No evidence of pyelectasia was present. The left kidney measured 3.1 cm in length. The right kidney measured 2.8 cm in length.



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***Adrenal Glands***

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The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 1.6 cm length x 0.47 cm width at the caudal pole. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 1.4 cm length x 0.41 cm width at the caudal pole.

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***Spleen***

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The spleen exhibited mild parenchyma heterogeneity. Ill-defined, nondisruptive, echogenic nodules were present throughout the medial parenchyma adjacent to the hilus. 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 or neoplastic criteria were not noted. The echogenic nodules tend to trend benign and are most consistent with benign hyperplasia or myelolipomas. The spleen was otherwise normal in size and contour.

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***Liver/ Gallbladder***

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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. The gallbladder was non distended in size with mild nondependent nonorganized gallbladder debris. The gallbladder was otherwise normal. The cystic duct and common bile ducts were normal without evidence of dilation.

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***Gastrointestinal***

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.

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The small intestine presented intact wall layering and generalized maintained a 1:3 muscularis/mucosa ratio. A small unspecified nonshadowing echo exhibiting potential for associated hyperechoic linear component was present in the subjective distal ileum lumen at the approximate level of the ileocolic junction. This echo measured approximately 1.0 cm x 0.45 cm. No evidence of small intestinal mechanical / metabolic Ileus pattern was noted.

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

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***Pancreas***

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

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***Free Abdomen***

No overt lymphadenopathy or peritoneal effusion was present.

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**ULTRASONOGRAPHIC FINDINGS**

- Minor urinary bladder sediment
- Bilateral chronic renal changes with nonobstructive medullary mineral



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- Benign splenic nodule - consistent with ill-defined myelolipoma
- Mild gallbladder debris (non mucocele) - likely incidental potentially secondary to fasting
- Overtly normal gastrointestinal tract with suspect small unspecified nonobstructive echo in area of distal ileum / ileocolic junction
- Minor pancreatic remodeling - likely age-related pancreatic changes and incidental, potential for low-grade to chronic pancreatitis possible

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Potential for low-grade to chronic pancreatitis may be considered if evidence of cranial abdominal or subxiphoid discomfort on palpation. Correlation with a Spec cPL could be considered.

The clinical significance of the suspect small unspecified yet overtly nonobstructive luminal echo at the level of the ileocolic junction is unclear. This echo could potentially indicate passing ingesta, although the possibility of a small potentially passing foreign body cannot be excluded. This echo did not overtly appear to involve the distal ileal or ileocolic wall. However, this possibility cannot be definitively excluded. Given the lack of obstructive pattern, sonographic recheck of this area in 7-10 days would be ideal.

Further renal staging to include urine C/S and protein: creatinine ratio on sterile urine sample may be considered. A GI panel to include PLI/TLI/Cobalamin/Folate as well as three view chest radiographs and neurological / musculoskeletal examination are recommended to assess for or rule out occult disease which may cause weight loss.

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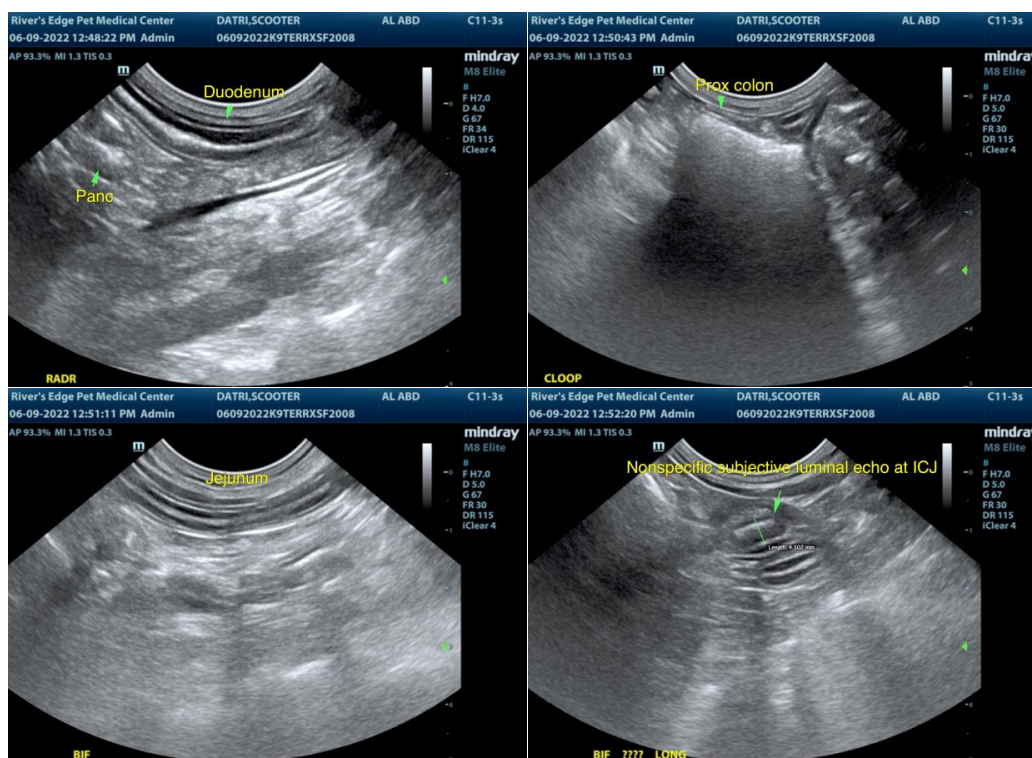
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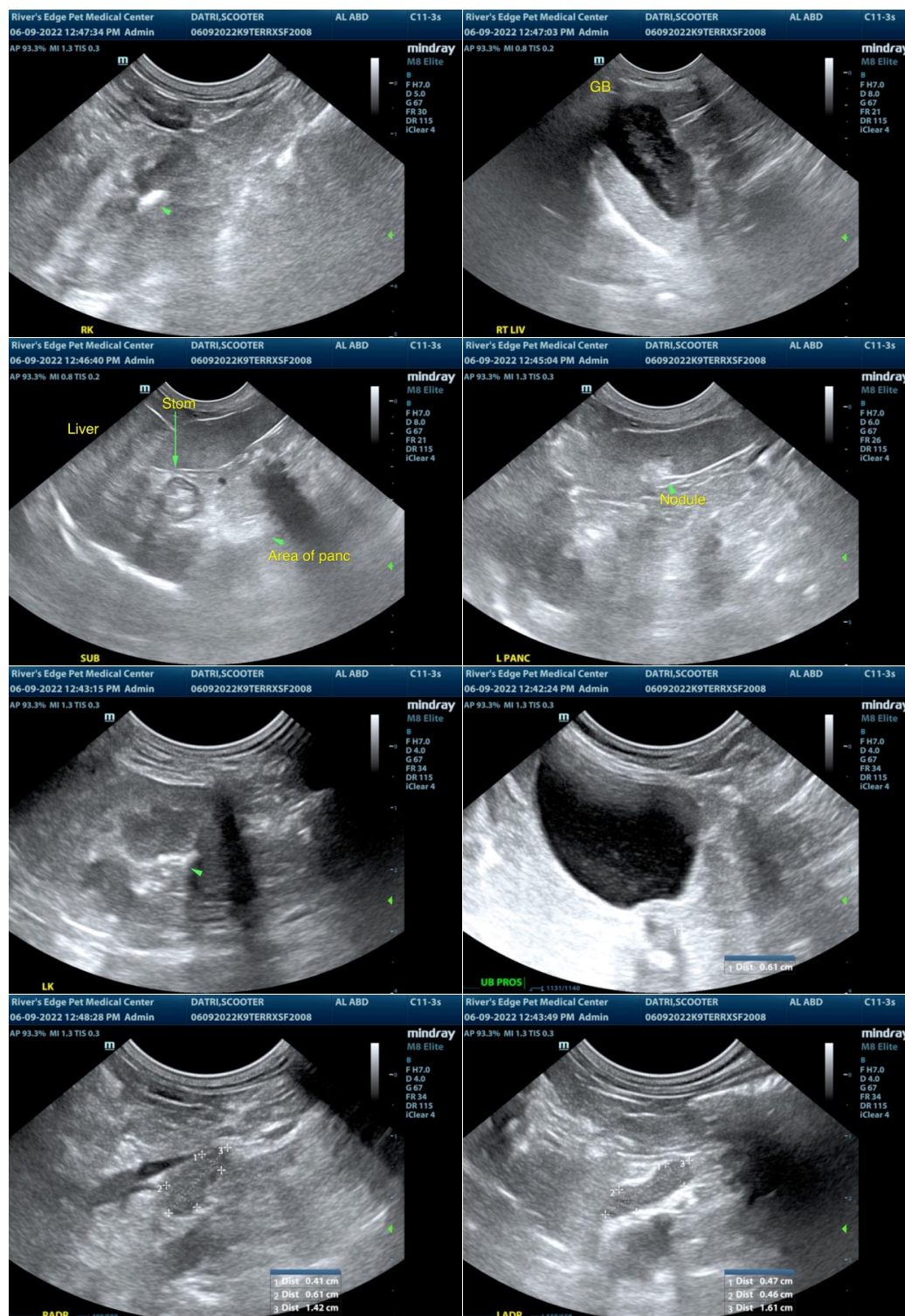
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.



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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.

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**info@SonoPath.com**

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