



PATIENT PRESENTING CLINICAL SIGNS

Sparky Hynes Inappetance, dental disease, 3/6 murmur Clindamycin
 HCT 38.2, WBC 9.1, ALP 524

SPECIES

Canine

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

BREED

Urinary System

Jack Russell Terrier
 Mix

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 3.0 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 was noted.

SEX

MN

The area of the residual prostate was free of overt pathology, measuring 0.9 cm diameter.

AGE

2012

The area of the aortic trifurcation was free of pathology.

WEIGHT

17.2

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. The left kidney measured 4.9 cm in length. The right kidney measured 4.8. cm in length.

Adrenal Glands

INTERPRETED BY

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

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 2.0 cm length x 0.56 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 2.0 cm length x 0.49 cm width at the caudal pole.

IMAGING PERFORMED BY

Rebekah Jakum, CVT
 ARDMS/RVT

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.

HOSPITAL NAME

Cherryville Animal
 Hospital

Liver/ Gallbladder

REFERRING VET

Dr. Miller

The liver was mildly enlarged yet maintained symmetrical capsule contour. Nonuniform mildly mixed echogenic hepatic parenchyma was present with intermittent mildly hypoechoic intraparenchymal nodules. An example of a liver nodule measured 1.4 cm in diameter. Primarily anechoic content with moderate, mildly echogenic gallbladder debris was present. No evidence of gallbladder or peripheral gallbladder inflammation was noted. The gallbladder was otherwise normal. The cystic and common bile ducts were normal.

INVOICE

14423

DATE

7/27/22



PATIENT *Gastrointestinal*

Sparky Hynes 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. The gastric body wall width measured 0.33 cm.

SPECIES

Canine 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. The duodenum wall width measured 0.27 cm.

BREED

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

Mix

Pancreas

SEX

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

MN

Free Abdomen

AGE

No overt lymphadenopathy or peritoneal effusion was present.

2012

ULTRASONOGRAPHIC FINDINGS

WEIGHT

17.2

- Mild hepatomegaly exhibiting nonuniform to intermittently nodular parenchyma
- Mild gallbladder debris (non-mucocele)
- Age-related renal changes
- Mild heterogeneous pancreas

INTERPRETED BY

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

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The diffuse hepatic changes are nonspecific with potential considerations including vacuolar hepatopathy, inflammatory disease, areas of nodular to regenerative hyperplasia, hematopoiesis, nonobstructive cholestasis or other hepatopathy. While the possibility of infiltrative neoplasia cannot be excluded. Assuming normal clotting status, ultrasound-guided hepatic parenchymal and parenchymal nodule FNA if accessible is warranted for screening cytology. Hepatosupportive medications including Denamarin and Ursodiol may prove beneficial.

IMAGING

PERFORMED BY

Rebekah Jakum, CVT
ARDMS/RVT

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Hospital

Mild age-related pancreatic changes are suspected with minor remodeling owing to previous Inflammation or low-grade to chronic pancreatitis possible. Spec cPL could be considered for further assessment.

REFERRING VET

Dr. Miller

No overt evidence of gastrointestinal pathology was noted. As-needed gastrointestinal support is recommended.

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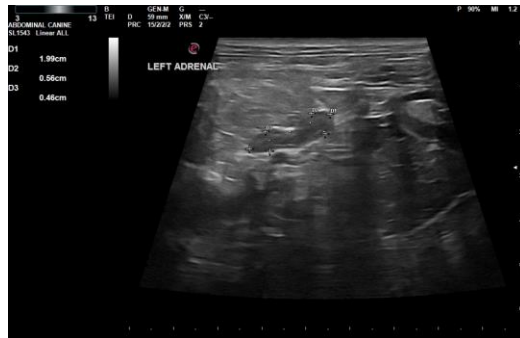
Dr. Miller

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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.

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