



<b>PATIENT</b>	<b>PRESENTING CLINICAL SIGNS</b>
Ethel Hayes	vomiting lethargic poor hair coat intermittent lameness not eating well, not drinking well. Abnormal PE/Chem/CBC/UA Results: Blood shows erythrocytosis as last week; SDMA 27, urea 14.3 and amylase of 1994 and lipase of 2995, suggestive of pancreatitis
<b>SPECIES</b>	
Canine	
<b>BREED</b>	
Dandie Dinmont Terr	
<b>SEX</b>	
FS	
<b>AGE</b>	
11 years	
<b>WEIGHT</b>	
11 kg	
<b>INTERPRETED BY</b>	
R. McKenzie Daniel, DVM, DABVP	
<b>IMAGING PERFORMED BY</b>	
Crystal Hill	
<b>HOSPITAL NAME</b>	
Snelgrove VS	
<b>REFERRING VET</b>	
Dr. McQueen	
<b>INVOICE</b>	
14445	
<b>DATE</b>	
7/28/22	
	<b>ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN</b>
	<b>Urinary System</b>
	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.
	The area of the iliac trifurcation was free of pathology including no evidence of medial Iliac or sublumbar lymphadenopathy.
	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 5.3 cm in length. The right kidney measured 5.1 cm in length.
	<b>Adrenal Glands</b>
	The bilateral adrenal glands were normal in size. No evidence of adrenomegaly or adrenal tumors was noted. Mild parenchyma heterogeneity and mild capsule asymmetry was present without suspicion for overt neoplasia. The left adrenal gland measured 2.4 cm length x 0.60 cm width at the caudal pole. The right adrenal gland measured 1.8 cm length x 0.66 cm width at the caudal pole.
	<b>Spleen</b>
	The spleen exhibited generalized mild enlargement most notable in the caudal spleen with an isoechoic caudal splenic nodule measuring 2.3 cm in diameter. Generalized mild splenic parenchyma heterogeneity was present with normal splenic vascularity.
	<b>Liver/ Gallbladder</b>
	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 mild, non-dependent, mildly congealed debris. The gallbladder was otherwise normal without evidence of gallbladder or peripheral gallbladder inflammatory criteria.
	The cystic duct and common bile ducts were normal without evidence of dilation.
	<b>Gastrointestinal</b>
	The visualized gastric walls were sonographically normal. The lumen of the stomach contained mild nonshadowing ingesta / chyme most consistent with post prandial presentation without signs of ileus, obstruction or foreign material. The pylorus wall width measured 0.45 cm.



<b>PATIENT</b>	The small intestine presented primarily intact wall layering with segmental prominent to mildly thickened intestine exhibiting mildly hyperechoic mucosal speckling to indistinct striations. The duodenum wall measured 0.51 cm width. The jejunum wall measured up to 0.54 cm width.
Ethel Hayes	
<b>SPECIES</b>	The visualized colon exhibited intact to potentially mildly indistinct, mildly prominent wall layering containing semi-formed to soft feces.
Canine	
<b>BREED</b>	<b>Pancreas</b>
Dandie Dinmont Terr	The pancreas was normal in size and contour with heterogeneous to mildly hyperechoic parenchyma. No evidence of pancreatic masses was noted.
	<b>Free Abdomen</b>
<b>SEX</b>	No overt omental masses, significant intraabdominal lymphadenopathy, or evidence of peritoneal free fluid was noted.
FS	
<b>AGE</b>	<b>ULTRASONOGRAPHIC FINDINGS</b>
11 years	<b>Primary Findings</b>
<b>WEIGHT</b>	<ul style="list-style-type: none"> <li>Sonographically unremarkable stomach containing mild ingesta / chyme</li> <li>Segmentally thickened intestine exhibiting segmental mucosal speckling to mild hyperechoic striations - potential IBD</li> <li>Possible colitis</li> <li>Mild nonhomogeneous variable splenomegaly with caudal isoechoic nodule - multiple etiologies possible including benign hyperplasia, hematopoiesis, incidental splenitis, potential for emerging splenic neoplastic criteria cannot be excluded</li> <li>Mild hyperechoic to remodeled pancreas - suspect chronic pancreatitis</li> </ul>
11 kg	
<b>INTERPRETED BY</b>	<b>Secondary Findings</b>
R. McKenzie Daniel, DVM, DABVP	<ul style="list-style-type: none"> <li>Mild chronic renal changes</li> <li>Mild gallbladder debris - incidental</li> </ul>
<b>IMAGING PERFORMED BY</b>	<b>INTERPRETATION OF THE FINDINGS &amp; FURTHER RECOMMENDATIONS</b>
Crystal Hill	The small intestine exhibited segmental mural changes, which although nonspecific are suggestive of underlying inflammatory enteropathy such as IBD. Potential for emerging neoplastic enterocolic disease, which may present in a similar sonographic manner, cannot be definitively excluded.
<b>HOSPITAL NAME</b>	Further assessment may include a GI panel to include PLI/TLI/Cobalamin/Folate. If documented NPO, some degree of metabolic gastric hypomotility or nonobstructive delayed gastric emptying, given the presence of mild gastric ingesta/chyme, could be possible. Endoscopic intestinal biopsies are likely ideal, given this presentation and if possible.
Snelgrove VS	
<b>REFERRING VET</b>	Assuming normal clotting status, screening splenic FNA for cytology using a 25-gauge needle is warranted.
Dr. McQueen	
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**PATIENT**

Ethel Hayes

Although considered unlikely, resting cortisol level to rule out occult Addison's Disease, could be considered.

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**HOSPITAL NAME**

Snelgrove VS

**REFERRING VET**

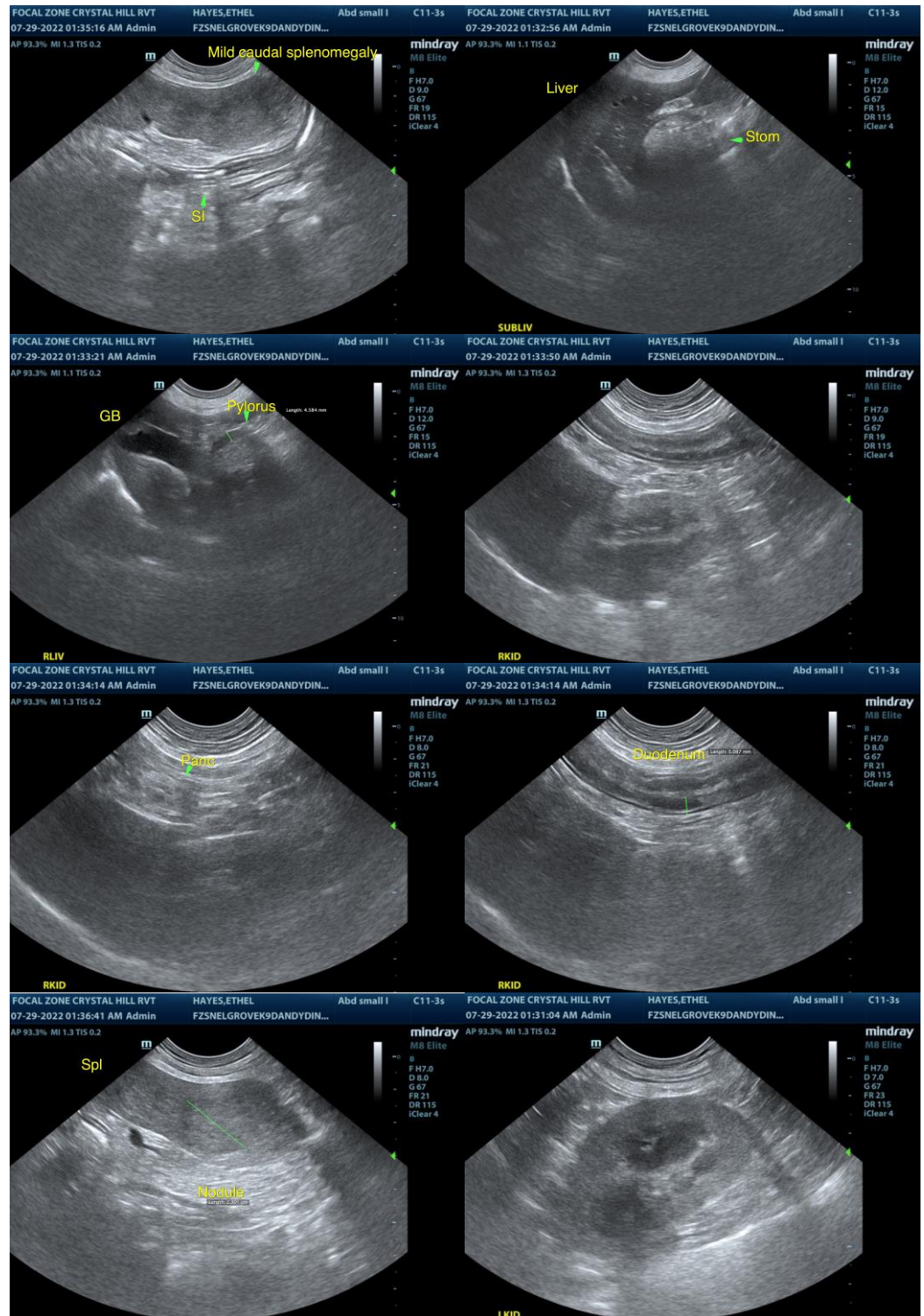
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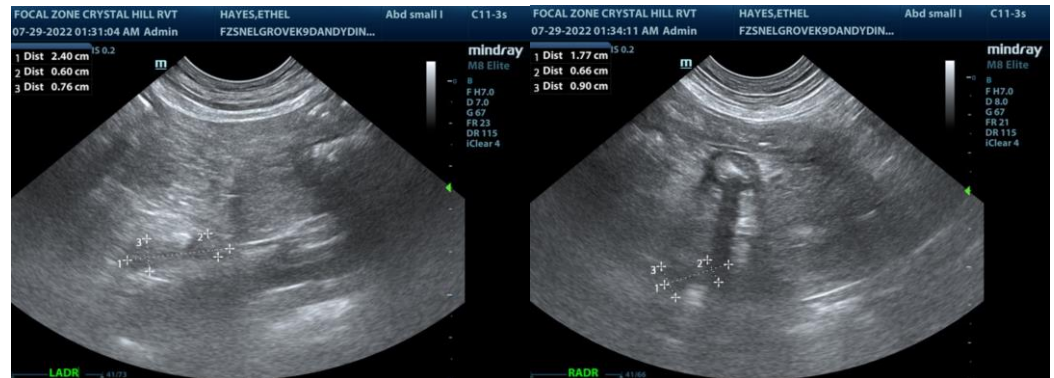
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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