



**PATIENT**

Mama Robin  
Thompson

**SPECIES**

Canine

**BREED**

Staffordshire Bull  
Terrier

**SEX**

FS

**AGE**

10 years

**WEIGHT**

78.6 lbs.

**INTERPRETED BY**

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

**IMAGING  
PERFORMED BY**

Jenna Walsh, CVT

**HOSPITAL NAME**

The Ark VC

**REFERRING VET**

Dr. Sangl

**INVOICE**

14224

**DATE**

7/6/22

**PRESENTING CLINICAL SIGNS**

Thinning coat with progressive loss - R/O HypoT4 vs other endocrine metabolic, open  
Abnormal PE/Chem/CBC/UA Results: Mild increase in TP/ALB/Glob and ALT/AST/CHOL

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 4.0 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 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 minor loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The left kidney measured 7.0 cm in length. The right kidney measured 7.2 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 0.57 cm width at the caudal pole and 0.50 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 0.81cm width at the caudal pole and 0.96 cm width at the cranial pole. No evidence of adrenomegaly or tumors was present.

**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/ Gallbladder**

The liver was subjectively normal in size 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. Mild, nonorganized, mildly hyperechoic gallbladder debris was present. The gallbladder was otherwise normal without evidence of gallbladder or peripheral gallbladder inflammatory criteria. The cystic and common bile ducts were normal.



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**Gastrointestinal**

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained mild nonshadowing ingesta without signs of ileus, obstruction or foreign material. Recent meal ingestion is likely.

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.

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

**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 were evident.

**Free Abdomen**

No overt lymphadenopathy or peritoneal effusion was present.

**ULTRASONOGRAPHIC FINDINGS**

- Mild age-related kidneys
- Sonographically unremarkable bilateral adrenal glands
- Low-grade hepatopathy exhibiting minor parenchymal remodeling
- Mild gallbladder debris (non-mucocele)

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Overall, mild age-related abdomen without evidence of significant visceral pathology as a definitive cause of the patient's clinical signs.

No overt evidence of underlying adrenal disease, which would be considered less likely unless clinical signs consistent with adrenal hyperfunction i.e., PU/PD, polyphagia, etc., are present.

Hepatosupportive medications including Denamarin and Ursodiol may prove beneficial. A thyroid panel could be considered if not already done.



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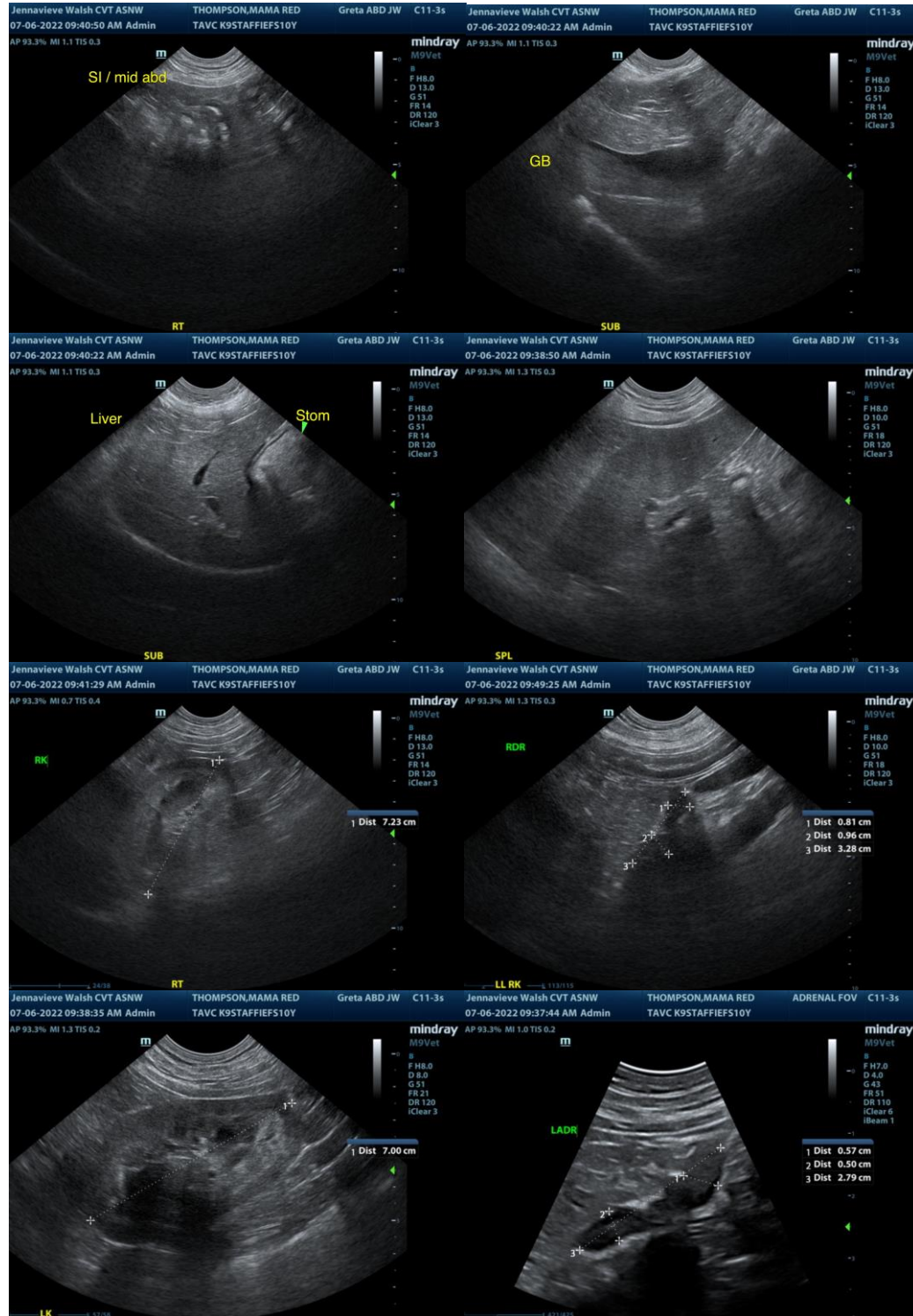
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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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