



PATIENT

Rocko Borrego

SPECIES

Canine

BREED

Terrier Mix

SEX

MN

AGE

12 y

WEIGHT

22.0

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Hannah Fearing

HOSPITAL NAME

Lanier-AH

REFERRING VET

Dr. Hannah Fearing

INVOICE

14577

DATE

8/11/22

PRESENTING CLINICAL SIGNS

Rocko just hasn't been acting like himself overall. He seems lethargic. Mom is concerned that his joints might be painful. He also seems "tight" in his abdomen. He has a history of bladder stones (had surgery but they came back) and arthritis (has been on carprofen previously, but it didn't seem to help a lot). Mom has noted a couple of bumps on him - tail and under his chest. He can be picky about eating, but that is not new for him. No vomiting, diarrhea, coughing, or sneezing out of the ordinary.

Abnormal PE/Chem/CBC/UA Results: Normal PE

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder was normal in size and tone with mild dependent luminal and cystourethral junction mineral to small calculi, which did not appear to be obstructive to urinary outflow.

Intermittent urinary bladder polyps to polypoid cystitis was present primarily in the ventral and apical urinary bladder wall with an example of a polyp measuring 0.56 cm. The urethra exhibited normal structure and tone to a depth of 2.0 cm.

The area of the residual prostate was free of overt pathology.

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 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 4.6 cm in length. The right kidney measured 4.8 cm in length.

Adrenal Glands

The bilateral adrenal glands exhibited subjective mild prominent size, maintained symmetrical capsule contour and subtle nonhomogeneous parenchymal. No evidence of parenchymal mineralization was noted. The left adrenal gland measured 0.75 cm width at the caudal pole and 0.7 cm width at the cranial pole. The right adrenal gland measured 0.72 cm width at the caudal pole and 0.74 cm width at the cranial pole.

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 presented moderately 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



PATIENT	congestion. The gallbladder was non-distended in size with moderate, nondependent yet nonorganized, mildly hyperechoic debris. The cystic and common bile ducts were normal. No evidence of gallbladder or peripheral gallbladder inflammation was noted.
Rocko Borrego	
SPECIES	Gastrointestinal
Canine	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.
BREED	
Terrier Mix	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.
SEX	Normal visible colon wall layers were present with apparent formed feces in lumen.
MN	Pancreas
AGE	The pancreas was normal in size and contour with isoechoic to heterogeneous parenchyma compared to adjacent omentum. No signs of active inflammation or neoplasia.
12 y	
WEIGHT	Free Abdomen
22.0	No overt lymphadenopathy or peritoneal effusion was present.
INTERPRETED BY	ULTRASONOGRAPHIC FINDINGS
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	<ul style="list-style-type: none"> • Mild dependent urinary bladder and cystourethral junction mineral / small calculi • Mild chronic renal changes with focal mild medullary mineral • Bilateral prominent adrenal glands - nonspecific • Vacuolar hepatopathy pattern - benign • Moderate gallbladder debris (non-mucocele), potential for very early to emerging mucocele possible • Mild pancreatic remodeling - likely age-related pancreatic changes and incidental, potential for remodeling owing to previous inflammation or low-grade chronic pancreatitis possible
IMAGING PERFORMED BY	INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS
Dr. Hannah Fearing	Further renal staging to include urine C/S and protein: creatinine ratio on sterile urine sample may be considered.
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INVOICE	Given the lack of reported clinical signs such as PU/PD, polyphagia, etc., the bilateral prominent adrenal glands may be a normal patient variant. Full adrenal workup could be considered if these clinical signs are noted.
14577	
DATE	Correlation with full CBC/Chemistry panel and T4 levels is recommended to assess for evidence of hepatic enzyme elevation or cholestasis.
8/11/22	Potential for low-grade to chronic pancreatitis may be suspected if evidence of cranial abdominal or subxiphoid discomfort on palpation. A spec cPL could be considered if clinically indicated.



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If evidence of hepatic enzyme elevations or cholestasis, hepatosupportive medications including Denamarin and Ursodiol may be considered.

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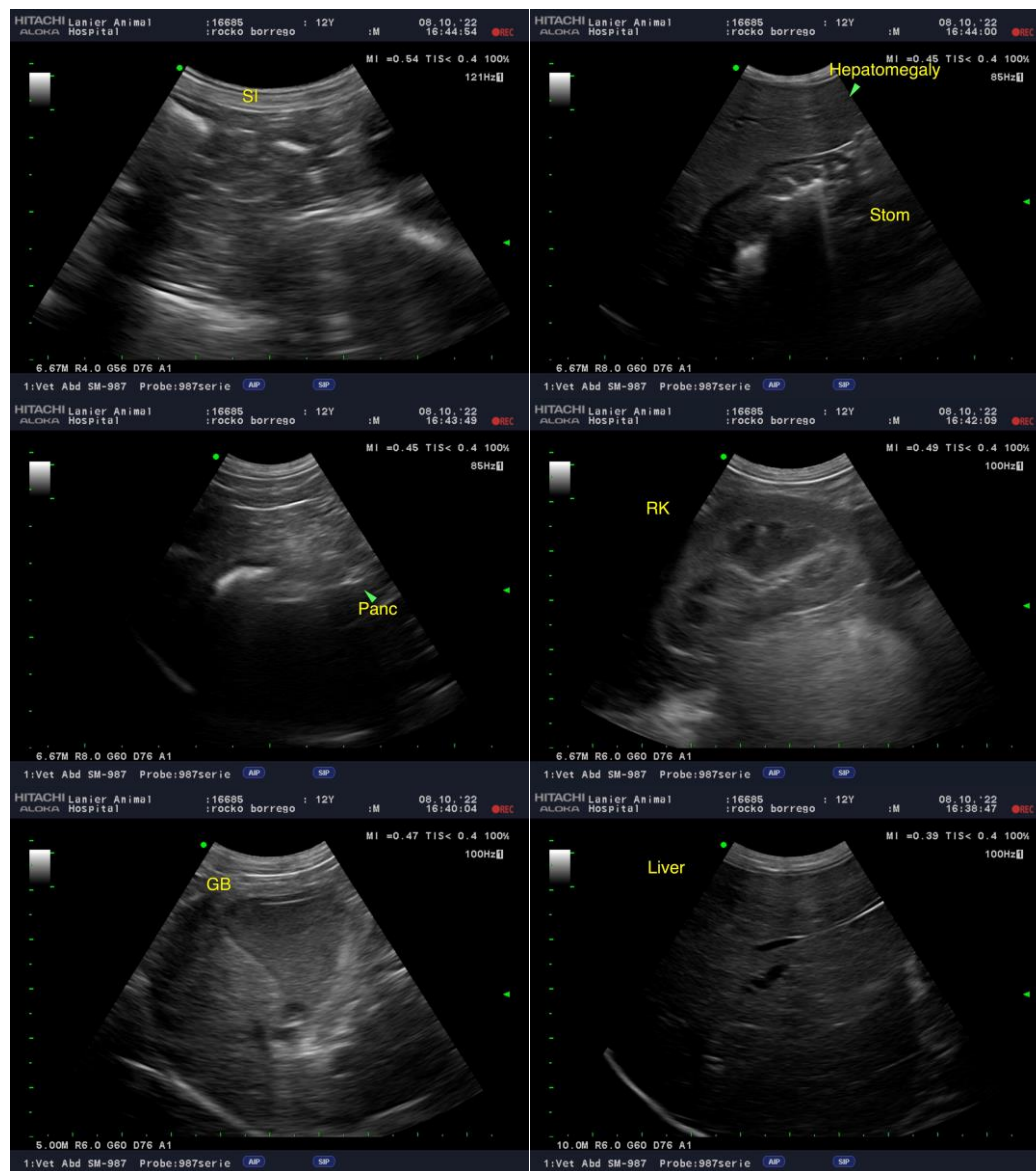
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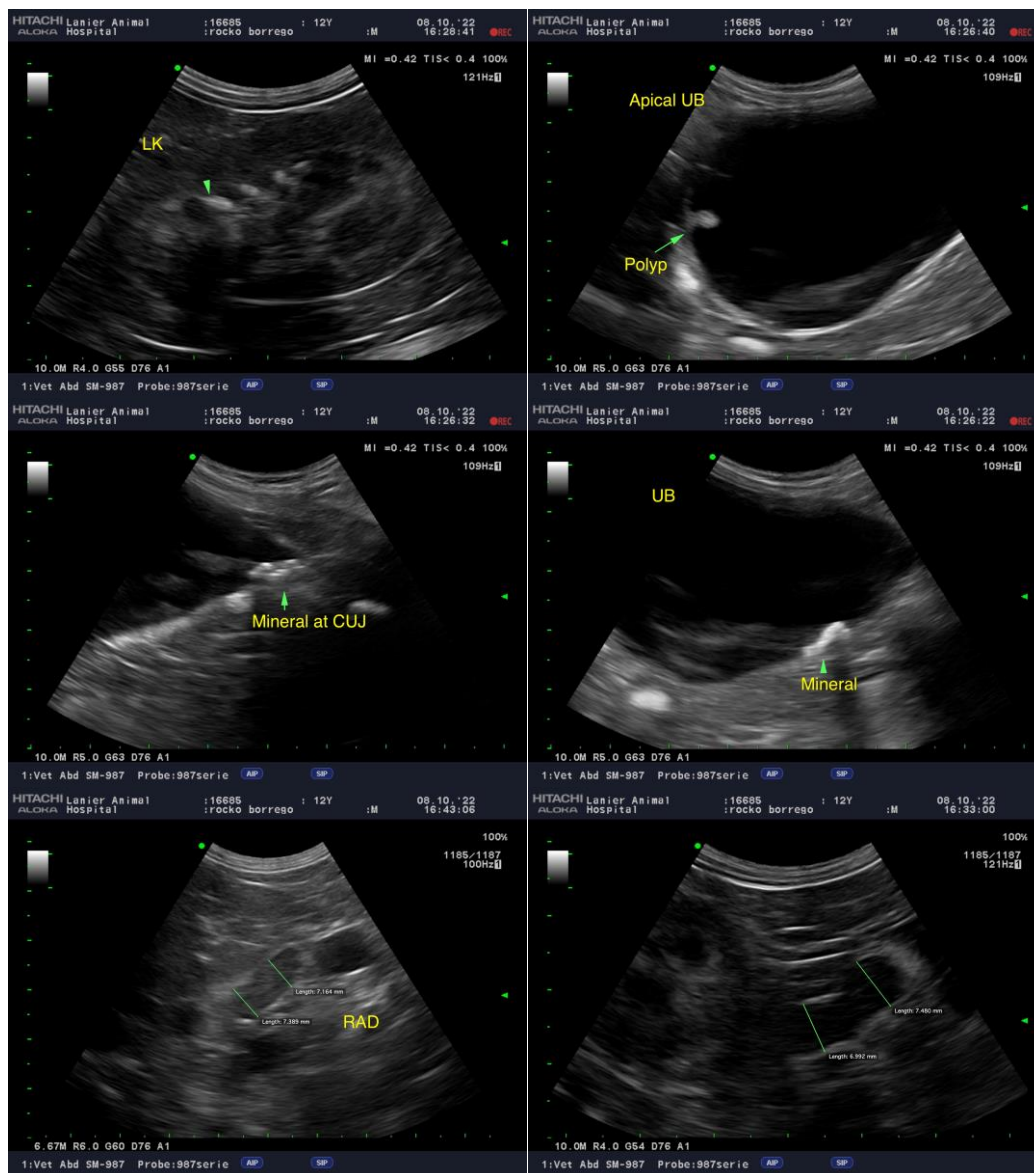
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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