



PATIENT

Bryant Kneisley

PRESENTING CLINICAL SIGNS

Four day duration ADR, not eating well, but eating small amounts, lethargic, occasional vomiting. Pt has hx of pancreatitis.

SPECIES

Canine

Abnormal PE/Chem/CBC/UA Results: Marked increase in ALT and ALKP, snap cpl neg. CBC and UA wnl. Radiographs suggest increased density in the mdi abdomen caudal to the stomach and liver, does not appear splenic on rads.

BREED

Terrier

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 3 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 were noted.

SEX

MN

Normal renal size with asymmetrical margination was present in both kidneys. The renal cortex presented uniformly increased in echogenicity with uniform echotexture. The renal cortex appeared to be hypertrophied resulting in an altered cortex: medulla ratio. Mild loss of corticomedullary distinction was also present. Non-obstructive medullary mineral to small nephroliths were present. Small cortical cysts were present. The renal medullary volume was subjectively reduced. The left kidney measured 4.9 cm in length. The right kidney measured 5.1 cm in length.

WEIGHT

14lb

The area of the aortic trifurcation was free of pathology.

The area of the residual prostate appeared normal and free of pathology.

INTERPRETED BY

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

Adrenal Glands

The bilateral adrenal glands were borderline prominent in size based on caudal pole width and body weight with symmetrical capsule contour and primarily homogenous parenchyma. No evidence of adrenal tumors. The left adrenal gland measured 0.59 cm width at the caudal pole. The right adrenal gland measured 0.60 cm width.

IMAGING PERFORMED BY

Trae Cutchin

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

Friendship Springs
Veterinary Care

Liver/Gallbladder

The liver exhibited generalized enlargement with symmetrical mildly rounded to swollen contour. Primarily uniform increased parenchymal echogenicity comparable to the spleen exhibiting mild to moderate coarse echotexture was present. Non-disruptive mildly hypoechoic parenchymal nodules were present, an example measured 1.2 cm in diameter. Normal vascular volume. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-

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PATIENT	distended in size with thin walls and primarily anechoic luminal content with mild hyperechoic non-organized sediment. The cystic and common bile ducts were normal.
Bryant Kneisley	
SPECIES	Gastrointestinal
Canine	The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained moderate variably echogenic non-shadowing ingesta with no signs of ileus, obstruction or foreign material.
BREED	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.
Terrier	Normal visible colon wall layers were present with apparent formed feces in lumen.
SEX	Pancreas
MN	The pancreas was normal in size and contour with isoechoic mildly heterogenous parenchyma compared to the adjacent omental fat. Minor right and left limb pancreatic duct dilation was present.
AGE	Free Abdomen
13	No omental masses or overt lymphadenopathy was present.
WEIGHT	Intermittent scant perihepatic to peritoneal free fluid was present.
14lb	ULTRASONOGRAPHIC FINDINGS
INTERPRETED BY	<ul style="list-style-type: none"> • Enlarged mildly hyperechoic liver with intermittent non-disruptive hypoechoic nodules-nonspecific, vacuolar hepatopathy, hepatitis/cholangiohepatitis, lipidosis, fibrosis or infiltrative neoplasia possible. • Gallbladder sediment (non-mucocele) • Mild heterogenous pancreas-not sonographically consistent with active pancreatitis criteria, patient/ age related variant, remodeling owing to previous inflammatory episode or mild to chronic pancreatitis possible. • Gastric ingesta, overtly normal small bowel. • Scant perihepatic/peritoneal free fluid. • Bilateral chronic renal changes with non-obstructive medullary nephrolithiasis and cortical cysts. • Borderline bilateral adrenomegaly- nonspecific, no evidence of adrenal neoplastic criteria.
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	
IMAGING PERFORMED BY	INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS
Trae Cutchin	Assuming normal clotting status, using vitamin K premed and using a 25g needle, a hepatic parenchyma and accessible hepatic nodule FNA for screening cytology is warranted for further assessment.
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Trae Cutchin	The presence of gastric ingesta is nonspecific and likely indicates post-prandial presentation. Correlation with most recent meal ingestion is recommended. If documented NPO prior to the ultrasound, the presence of gastric ingesta may indicate some degree of gastric hypomotility or metabolic stasis. The sonographic presentation of the ingesta was most consistent with food, without evidence of foreign material. No overt evidence of intra-abdominal masses.
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Empirically as needed GI/hepatic support with monitoring for gastric emptying if clinically indicated is suggested.

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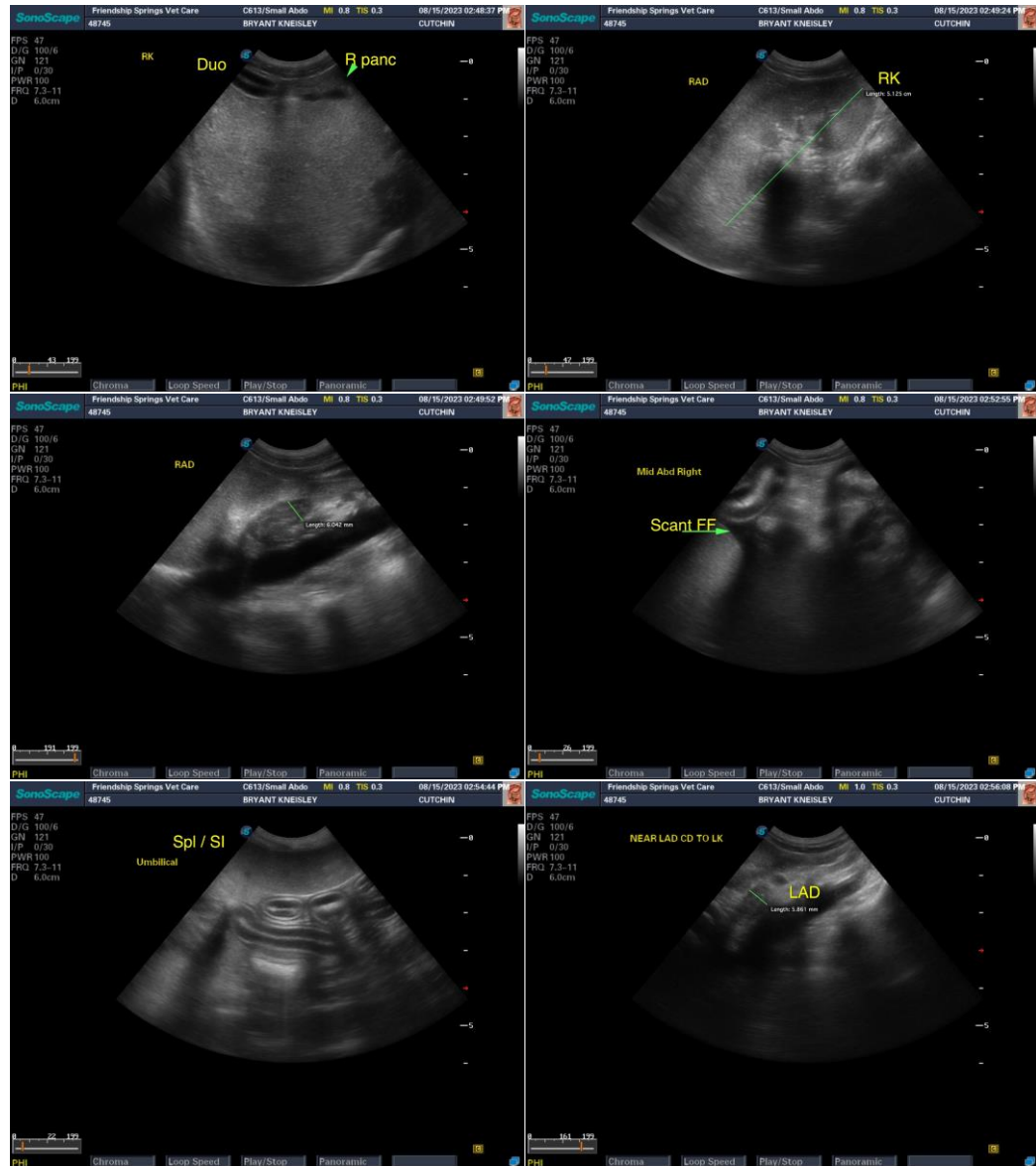
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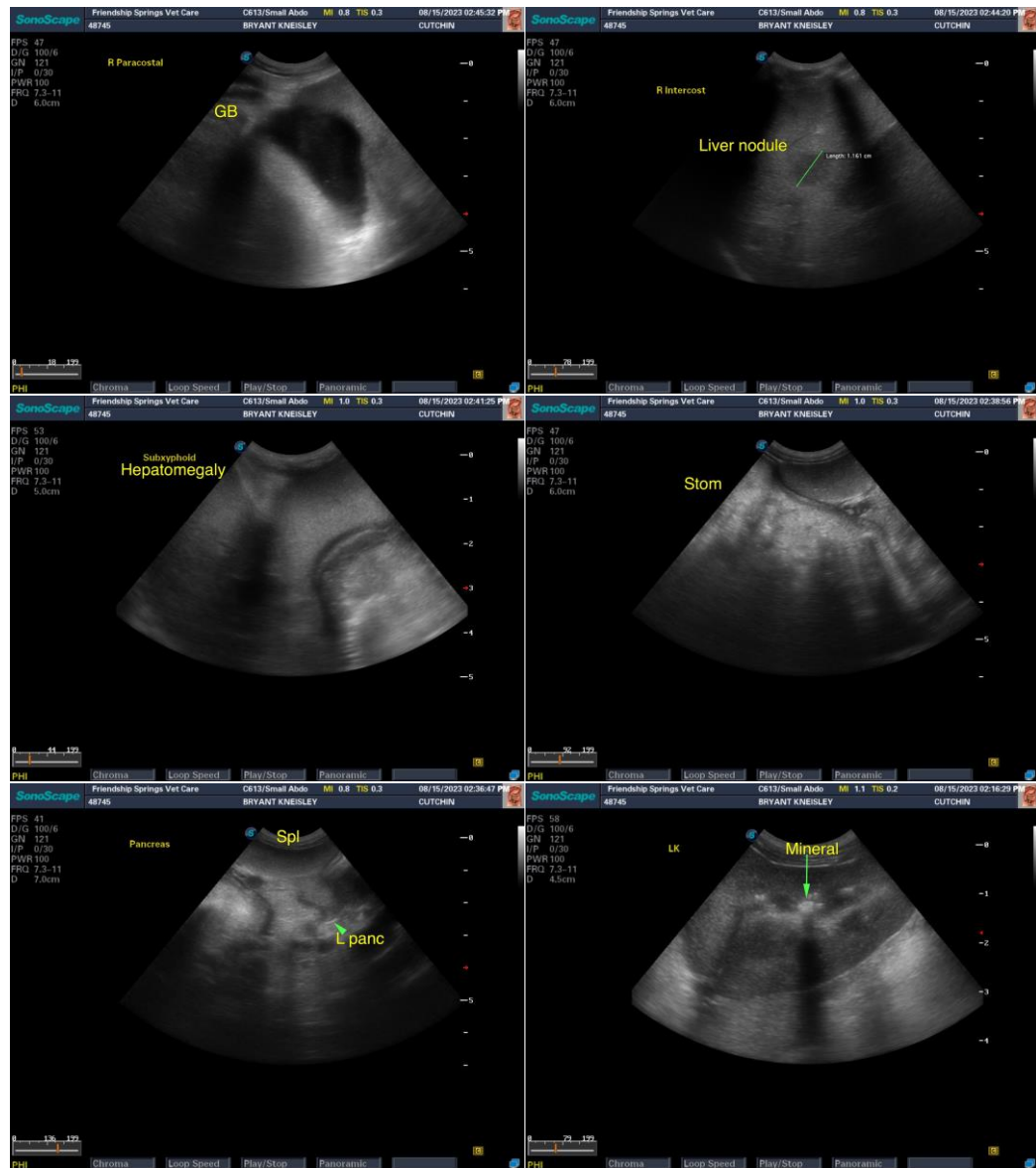
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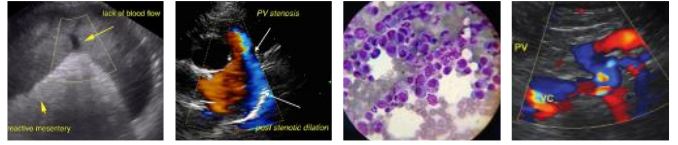
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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



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