



**PATIENT PRESENTING CLINICAL SIGNS**

Suzie Siegfried Vomiting bile, decreased appetite, responsive to Cerenia.  
 Medication: Pepcid, Cerenia

**SPECIES ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

Canine **Urinary System**

**BREED** 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.

Terrier Mix

**SEX** The area of the aortic trifurcation was free of pathology.

FS Normal size and margination were present in the kidneys. A normal 1:3 cortex / medulla ratio and minor indistinct corticomedullary border demarcation were present. The echogenicity of the cortex was similar to or slightly less than normal liver parenchyma while the medulla echogenicity was hypoechoic to the cortex with no evidence of pelvic dilation. The left kidney measured 5.2 cm in length. The right kidney measured 5.6 cm in length.

**AGE**

2011

**WEIGHT Adrenal Glands**

29 The left adrenal gland was irregularly enlarged in size exhibiting mild asymmetrical yet intact capsule contour. Mild nonhomogeneous, nonmineralized left adrenal parenchyma was noted. The left adrenal gland measured 4.1 cm length x 2.6 width at the cranial pole and 1.4 cm width at the caudal pole.

**INTERPRETED BY**

R. McKenzie Daniel, DVM, DABVP (Canine and Feline) The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 3.1 cm length x 0.44 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**

Maple Hills VH **Liver/ Gallbladder**

**REFERRING VET**

Dr. Banzhof 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 containing primarily anechoic content with mild gallbladder sediment. The cystic and common bile ducts were normal.

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**DATE**

8/16/23



**PATIENT** *Gastrointestinal*

Suzie Siegfried The stomach presented wall thickening secondary to echogenic mucosa hypertrophy. Intact wall layering was maintained and distinct. Mild retained anechoic fluid was noted with no evidence of gastric foreign material. No evidence of overt mechanical pyloric outflow obstruction was noted.

**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 foreign material. Mild upper to mid duodenal nonobstructive ileus was noted.

**BREED**

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

*Pancreas*

**SEX** 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.  
 FS

**AGE** *Free Abdomen*

2011 No overt lymphadenopathy or peritoneal effusion was present.

**ULTRASONOGRAPHIC FINDINGS**

**WEIGHT**

29

- Gastroduodenitis pattern with mild gastric and upper to mid duodenal nonobstructive ileus
- Sonographically normal pancreas
- Early minor age-related renal changes
- Irregularly enlarged, mildly nonhomogeneous left adrenal gland - concern for neoplastic criteria, i.e., pheochromocytoma or other, potential for functional vs. nonfunctional adenomatous change, hyperplasia, or other
- Minor gallbladder sediment (non-mucocele)

**INTERPRETED BY**

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

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Assessment and monitoring of systemic BP for evidence of hypertension, which may allude to a left pheochromocytoma is suggested. If documented hypertension or concern for pheochromocytoma based on clinical signs, urine catecholamine levels are warranted.

**IMAGING PERFORMED BY**

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 ARDMS/RVT

**HOSPITAL NAME**

Maple Hills VH

Minor potential for emerging occult upper gastrointestinal infiltrative neoplasia is considered unlikely given the overall intact gastroduodenal wall layering and without evidence of mechanical obstruction criteria.

**REFERRING VET**

Dr. Banzhof

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Empirical therapy for gastroduodenitis, which may include gastroprotectant protocol omeprazole 1.0 mg/kg PO SID, along with canned novel protein or hydrolyzed diet trial with possible smaller/more frequent feedings, assessment of clinical response, and sonographic reassessment of the upper gastrointestinal tract and left adrenal gland in 3-4 weeks, sooner if progressive clinical signs, would be reasonable. Alternatively, abdominal CT for further assessment of the left adrenal gland is recommended if possible.

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**PATIENT**

Suzie Siegfried

**SPECIES**

Canine

**BREED**

Terrier Mix

**SEX**

FS

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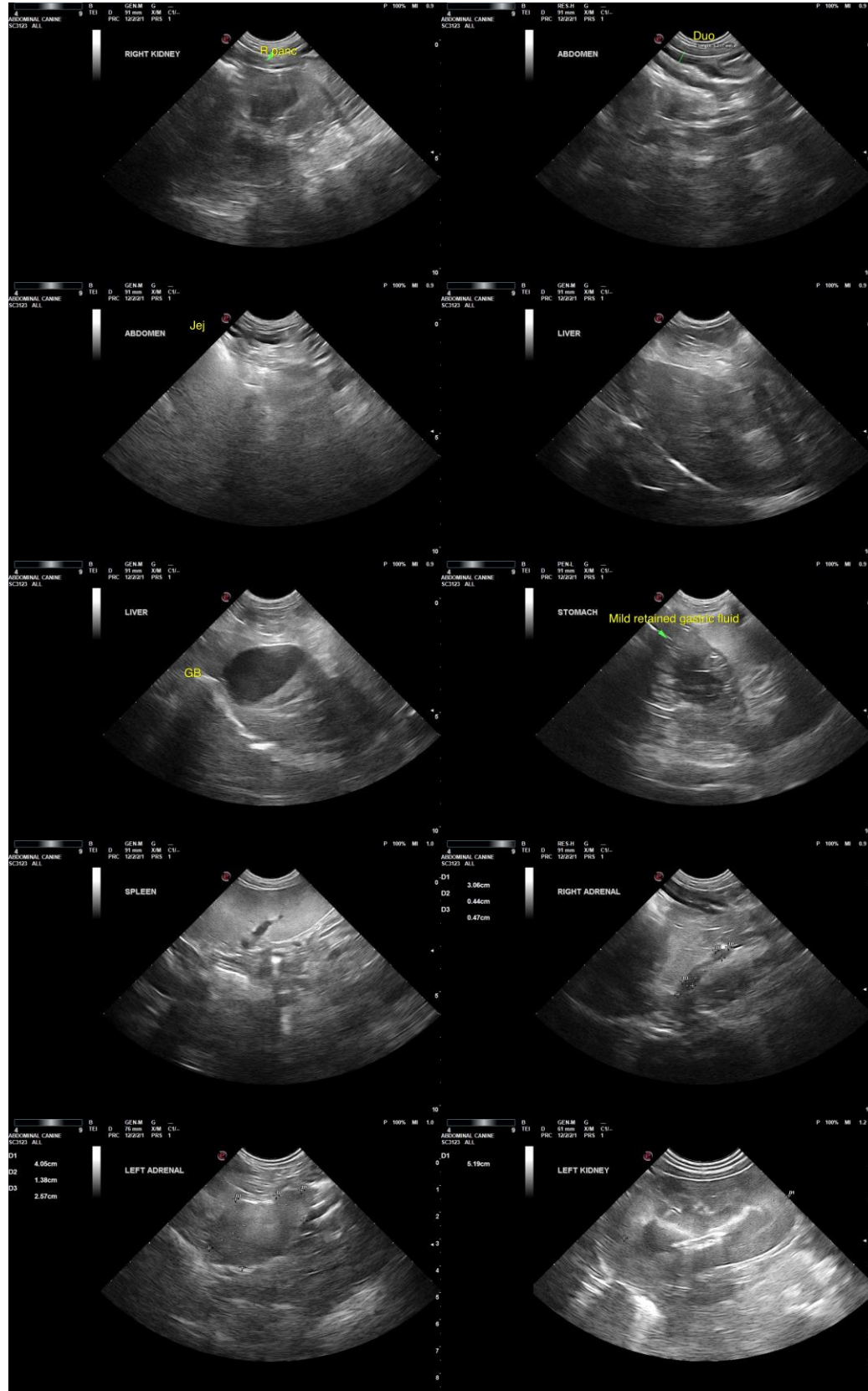
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**PATIENT**

Suzie Siegfried

**SPECIES**

Canine

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.

**BREED**

Terrier Mix

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.

**SEX**

FS

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