



**PATIENT PRESENTING CLINICAL SIGNS**

Ava O'Brien History: ADR, decreased appetite, history of HGE Cerenia, Gabapentin

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**SPECIES**

Canine

**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.

**BREED**

Chihuahua

Normal size and margination was 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.

**SEX**

FS

The left kidney measured 3.0 cm in length. The right kidney measured 3.3 cm in length.

**AGE**

10yr

The area of the aortic trifurcation was free of pathology.

**Adrenal Glands**

**WEIGHT**

6.5

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.44 cm width at the caudal pole and 1.5 cm length. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.42 cm width at the caudal pole and 1.33 cm length.

**INTERPRETED BY**

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

**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.

**IMAGING PERFORMED BY**

Rebekah Jakum, CVT  
 ARDMS/RVT

**Liver**

The liver presented borderline to mildly 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 congestion. The gallbladder was non-distended in size with primarily anechoic luminal content and moderate non-dependent mobile hyperechoic debris. The cystic and common bile ducts were normal.

**HOSPITAL NAME**

Lehigh Valley Animal  
 Hospital Bath

**REFERRING VET**

Dr. Tan

**Gastrointestinal**

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. The gastric body wall measured 0.26 cm in width.

**INVOICE**

11396ag

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. The duodenum wall measured 0.29 cm in width. The jejunum wall measured 0.22 cm in width.

**DATE**

08/18/2022

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



**PATIENT** *Pancreas*

Ava O'Brien The pancreas was mildly enlarged in size with areas of minor capsule asymmetry and heterogeneous to mixed parenchyma.

**SPECIES** *Free Abdomen*

Canine No overt lymphadenopathy or peritoneal effusion was present.

**BREED** **ULTRASONOGRAPHIC FINDINGS**

Chihuahua

**SEX**

FS

**AGE**

10yr

**WEIGHT**

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**INTERPRETED BY**

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- Borderline to mild hepatomegaly
- Moderate gallbladder debris (non-mucocele)
- Heterogeneous to remodeled pancreas-age related variant, remodeling owing to inflammatory past episode or low grade to chronic pancreatitis possible
- Sonographically unremarkable GI tract
- Minor age related renal changes

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Overall, no evidence of significant abdominal visceral pathology was present in this study as a definitive cause of the patient's clinical signs.

The pancreas was non-specific and may indicate patient/ age variant, remodeling owing to previous inflammatory episode or mild to chronic pancreatitis possible. This potential may be considered if evidence of cranial abdominal or subxiphoid discomfort on palpation. Correlation with a spec cPL or a GI panel to include PLI/TLI/Cobalamin/Folate is recommended.

The gallbladder debris may be secondary to fasting or indicate nonclinical cholestasis. Assessment of hepatic enzyme level is suggested if not recently done. Hepatosupportive medications including Denamarin and Ursodiol may prove beneficial. Three view chest radiographs suggested if not done to assess for thoracic pathology.

As needed empirical GI support is recommended.





**PATIENT**

Ava O'Brien

**SPECIES**

Canine

**BREED**

Chihuahua

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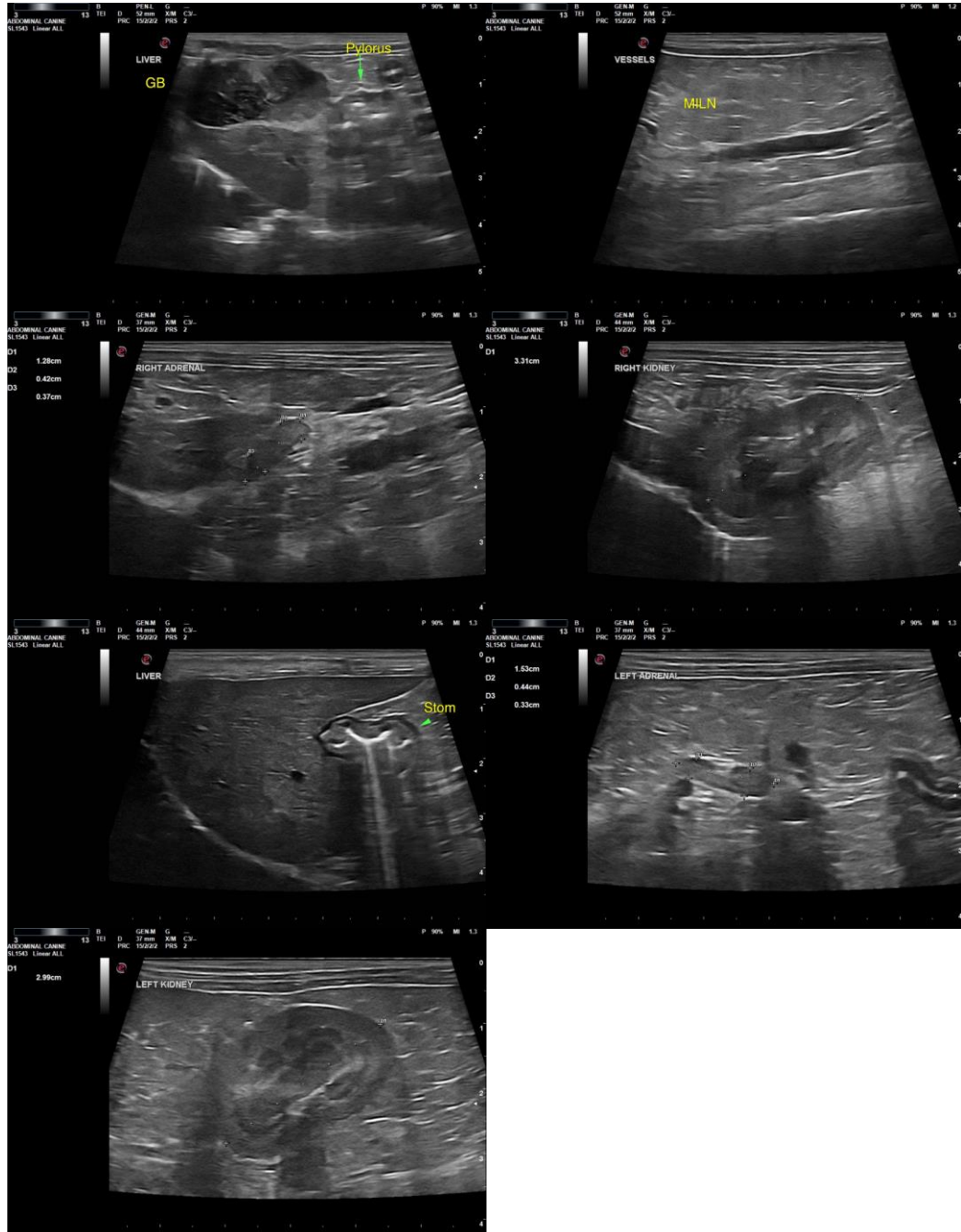
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.



**PATIENT**

Ava O'Brien

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