



PATIENT

Pete Sorenson

SPECIES

Canine

BREED

Rat Terrier

SEX

MN

AGE

8yr

WEIGHT

15.6lb

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Evoniuk

HOSPITAL NAME

State Avenue Vet
Clinic

REFERRING VET

Dr. Evoniuk

INVOICE

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08/19/2022

PRESENTING CLINICAL SIGNS

QAR, anxious but friendly. Focal 2mm raised mass on the left eye 4 o'clock position. Mild erythema associated. Cornea clear. Teeth mild tartar H/L wNL. BCS 5/9. Abd- soft not painful Recent bloodwork June 2022 NSF Sedated with low dose Dexmed/Butorphanol- abdominal US performed. Nail trim, anal glands expressed= full, tan material Assessment Intermittent morning inappetance, seems to have worsened Morning discomfort/shaking

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2 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.

Normal size and margination were present in the kidneys. A normal 1:3 cortex / medulla ratio and normal corticomedullary definition were maintained. 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 4.0 cm in length. The right kidney measured 3.8 cm in length.

The area of the aortic trifurcation was free of pathology.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.40 cm width at the caudal pole and 0.34 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 0.56 cm width at the caudal 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

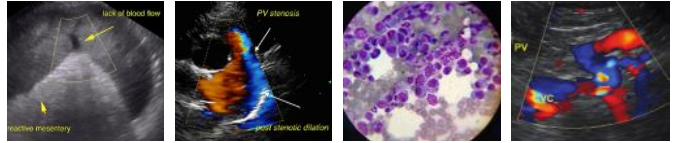
The liver was subjectively normal in size, structure, and contour. The liver parenchyma was uniform and hypoechoic to the spleen with a mild coarse echotexture. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.

Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained moderate non-shadowing to variably echogenic ingesta/chyme with no signs of ileus, obstruction or foreign material. No evidence of obstructive pyloric mural pathology. The pylorus wall measured 0.36 cm in width.



PATIENT	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 0.39 cm in width. The jejunum wall measured 0.35 cm in width.
Pete Sorenson	
SPECIES	Normal visible colon wall layers were present with apparent formed feces in lumen.
Canine	Pancreas
BREED	The pancreas exhibited normal to mildly prominent size with areas of capsule asymmetry and heterogeneous to mildly non-uniform hyperechoic parenchyma. No evidence of neoplastic criteria was observed.
Rat Terrier	Free Abdomen
SEX	No peritoneal effusion was present.
MN	Focal, mildly prominent to enlarged mesenteric node was present. The lymph node was essentially isoechoic to adjacent omentum without evidence of peripheral inflammation and maintaining a normal width: length ratio (<0.5). The lymph node measured 0.40 cm width.
AGE	ULTRASONOGRAPHIC FINDINGS
8yr	<ul style="list-style-type: none"> • Moderate gastric ingesta • Overtly normal small bowel • Heterogeneous to remodeled hyperechoic pancreas • Focal minor benign/reactive mesenteric lymphadenopathy
WEIGHT	INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS
15.6lb	Overall no evidence of significant abdominal visceral pathology was present in this study.
INTERPRETED BY	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.
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	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.
IMAGING PERFORMED BY	Smaller more frequent feeding with gastric protectant protocol may prove beneficial if some degree of gastric stasis is present. Three view chest radiographs suggested if not done to assess for thoracic pathology.
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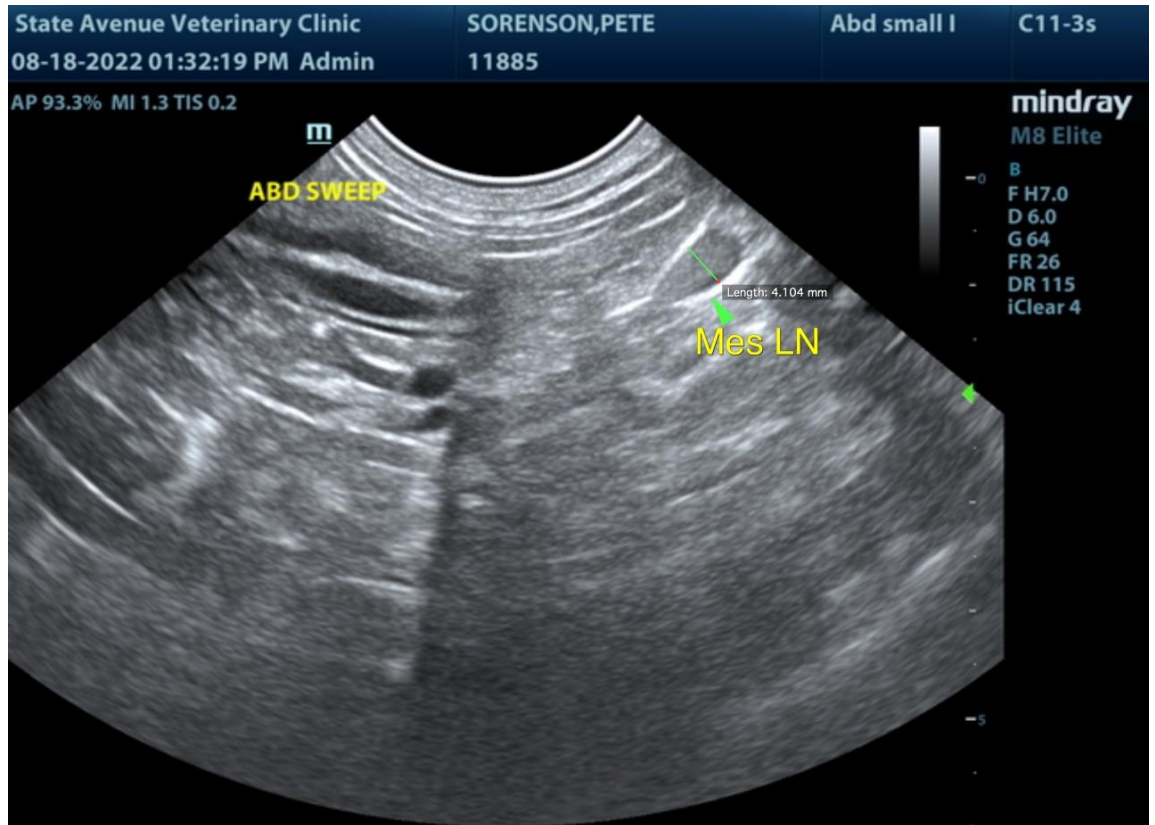
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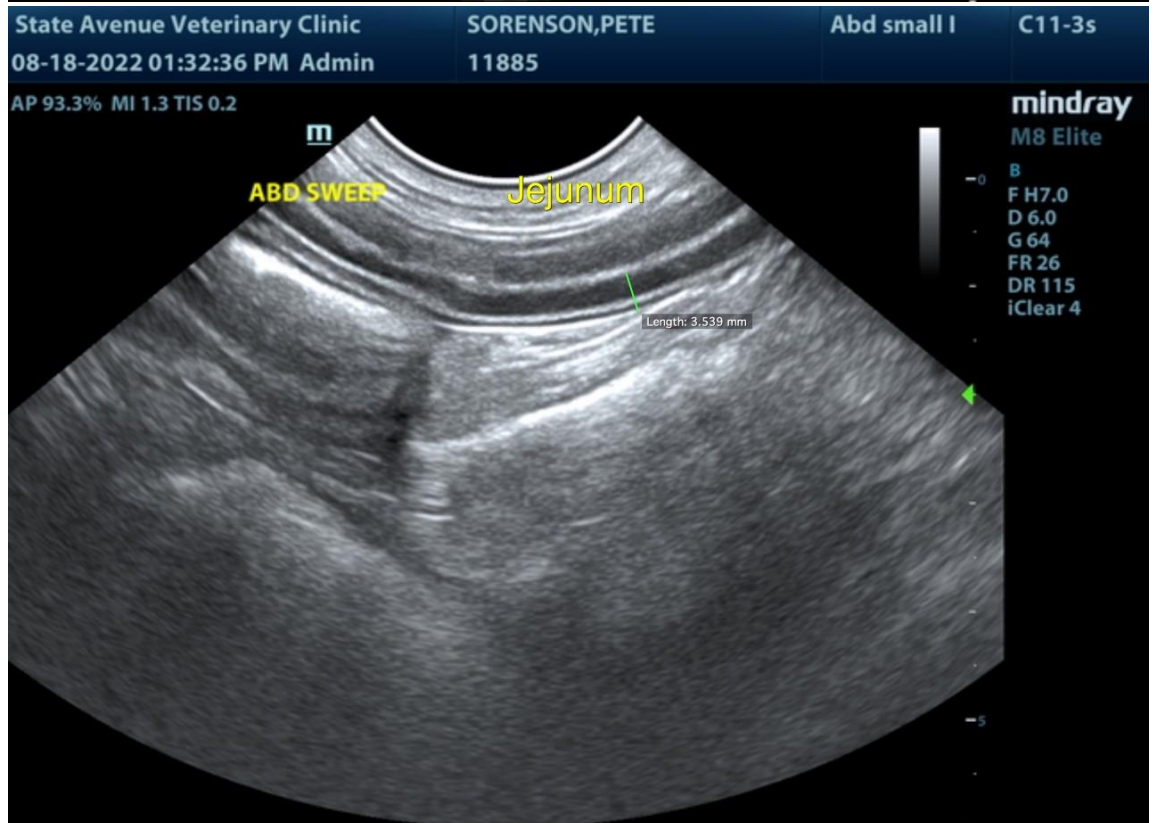
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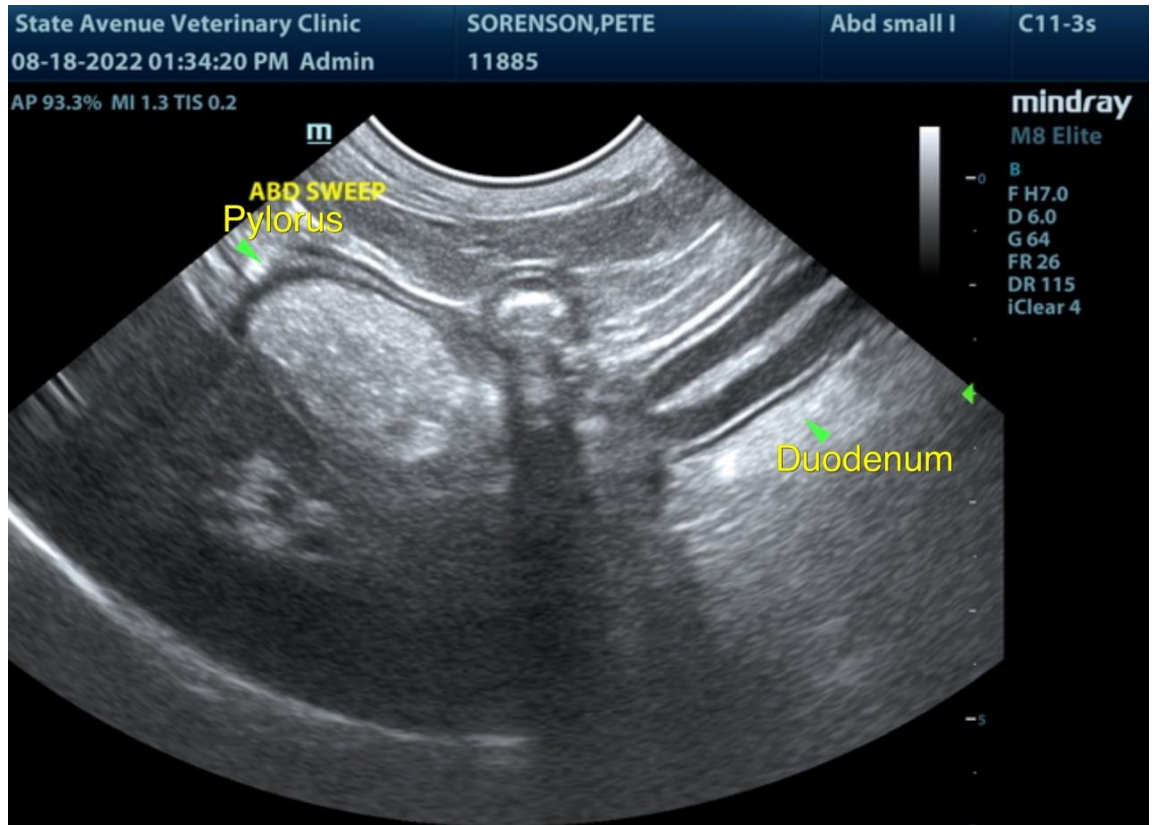
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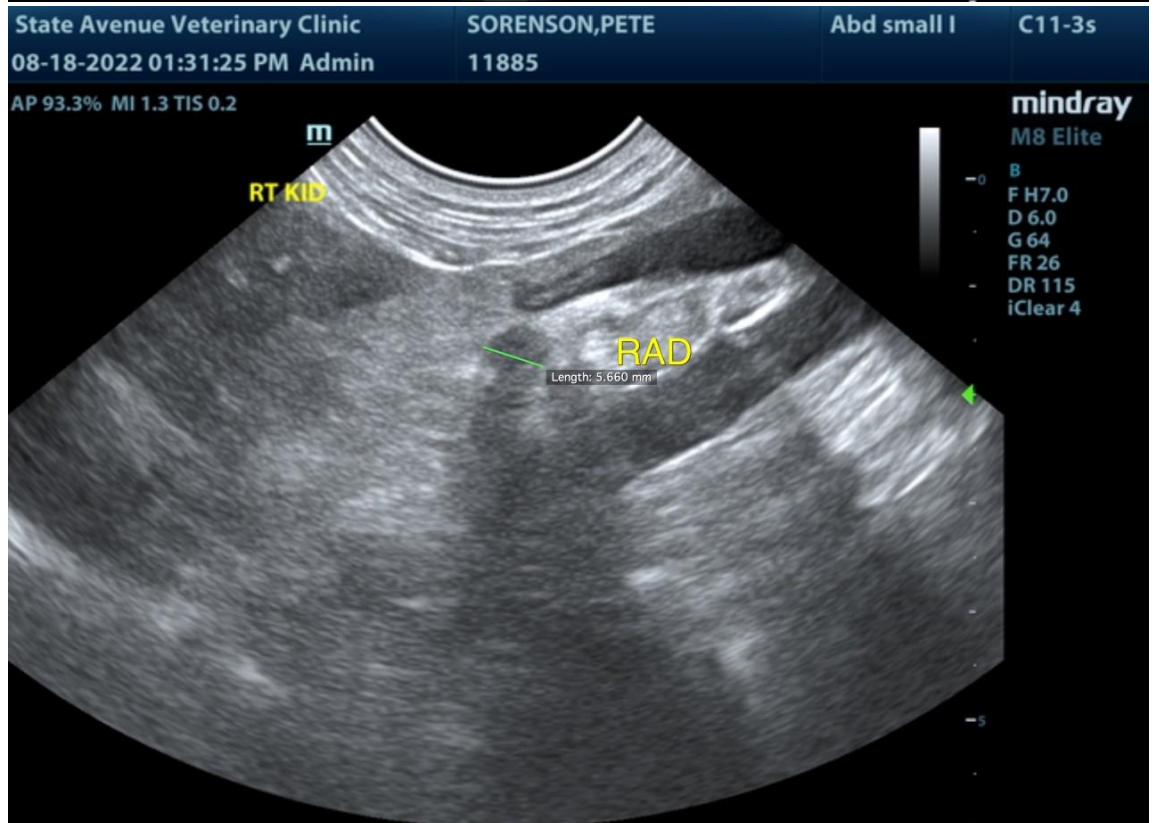
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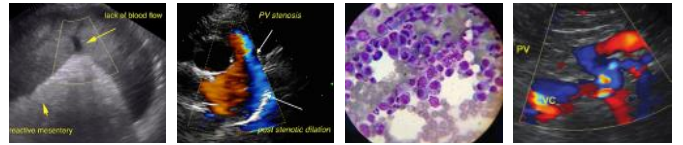
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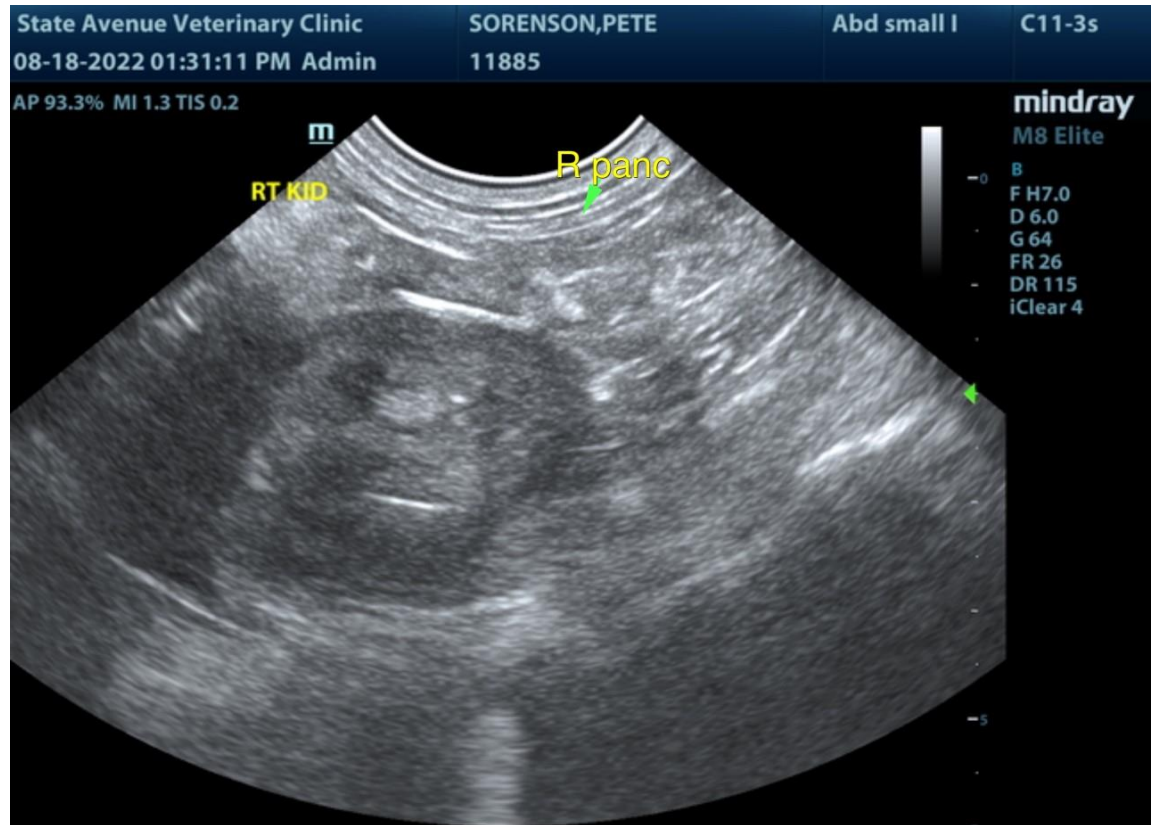
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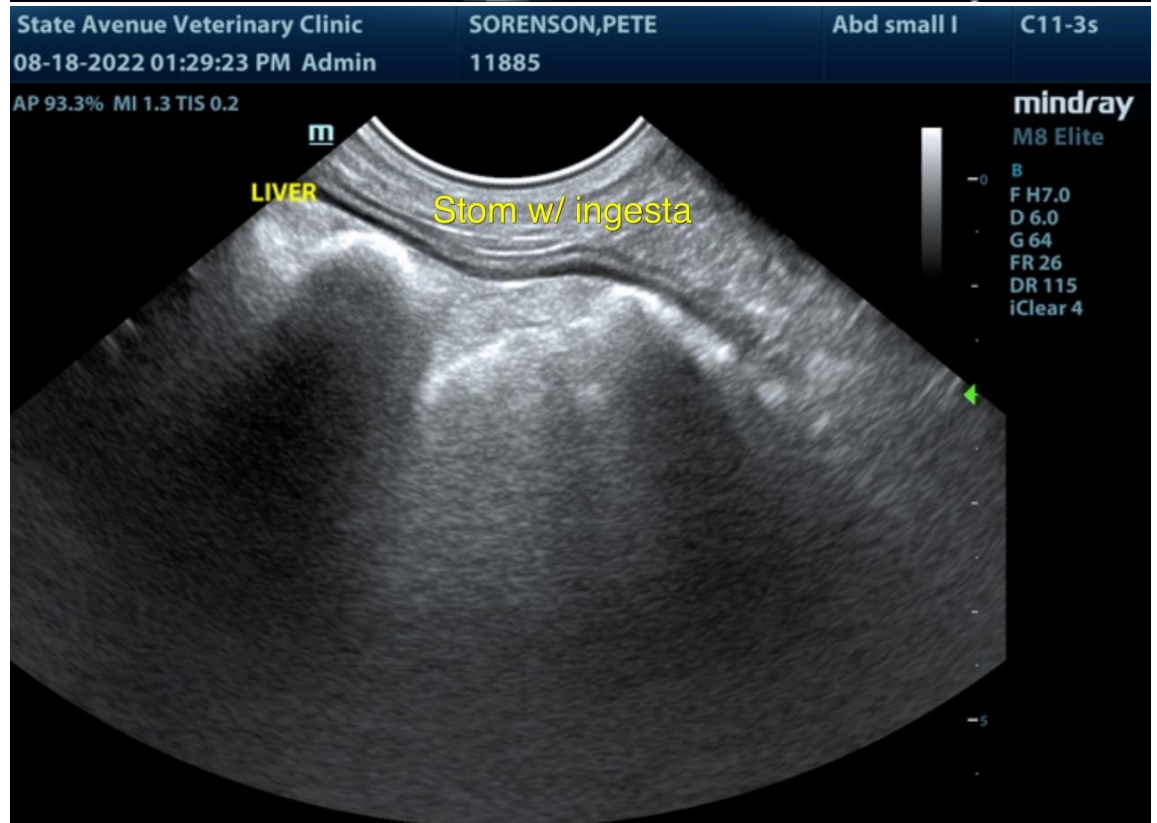
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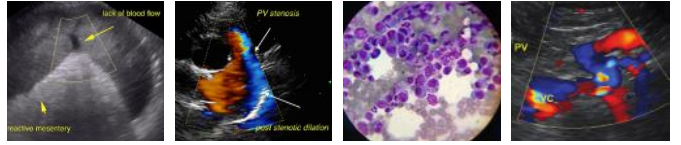
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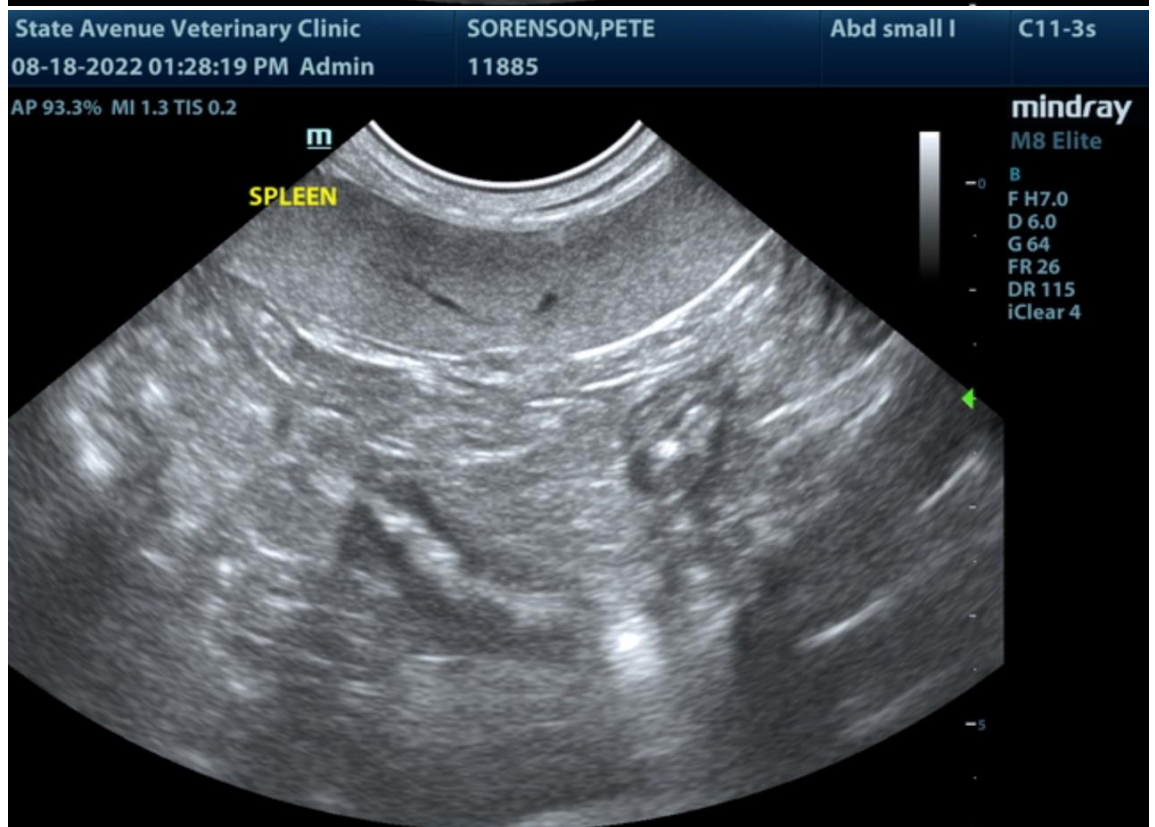
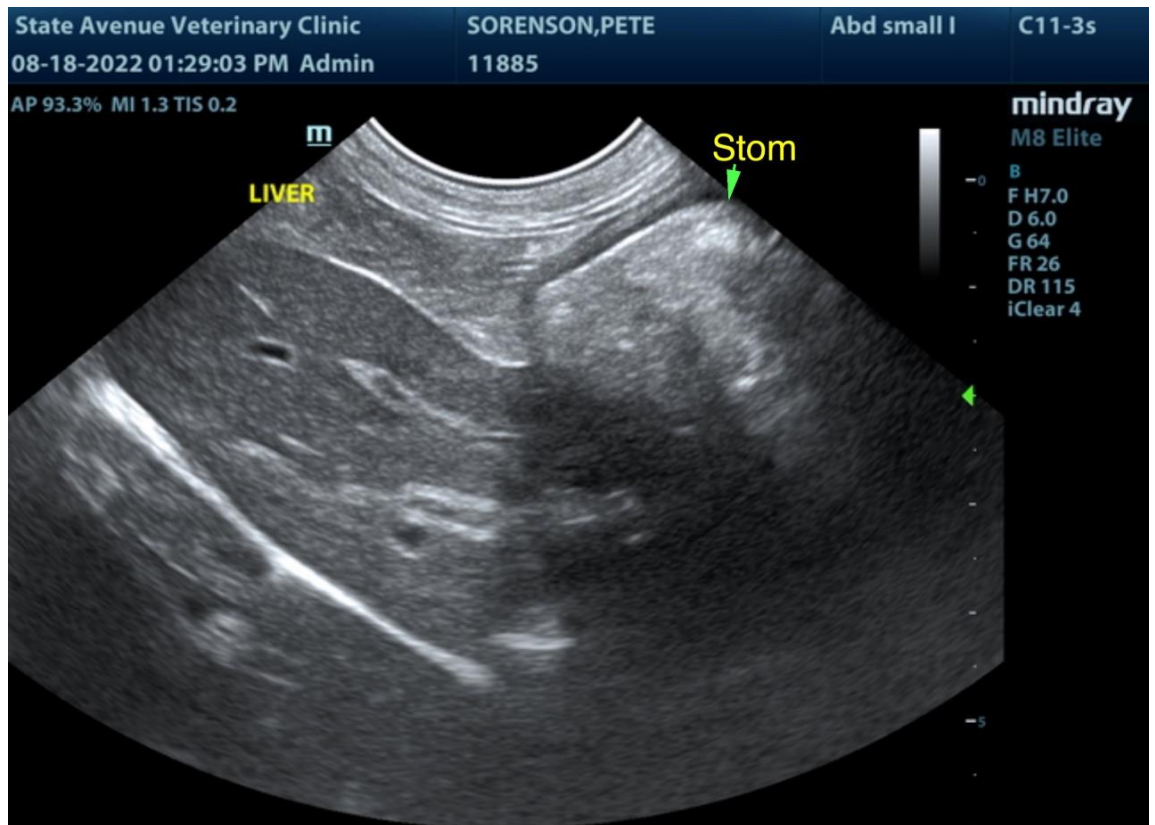
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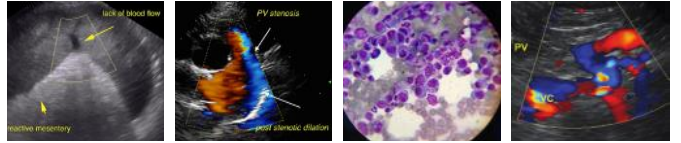
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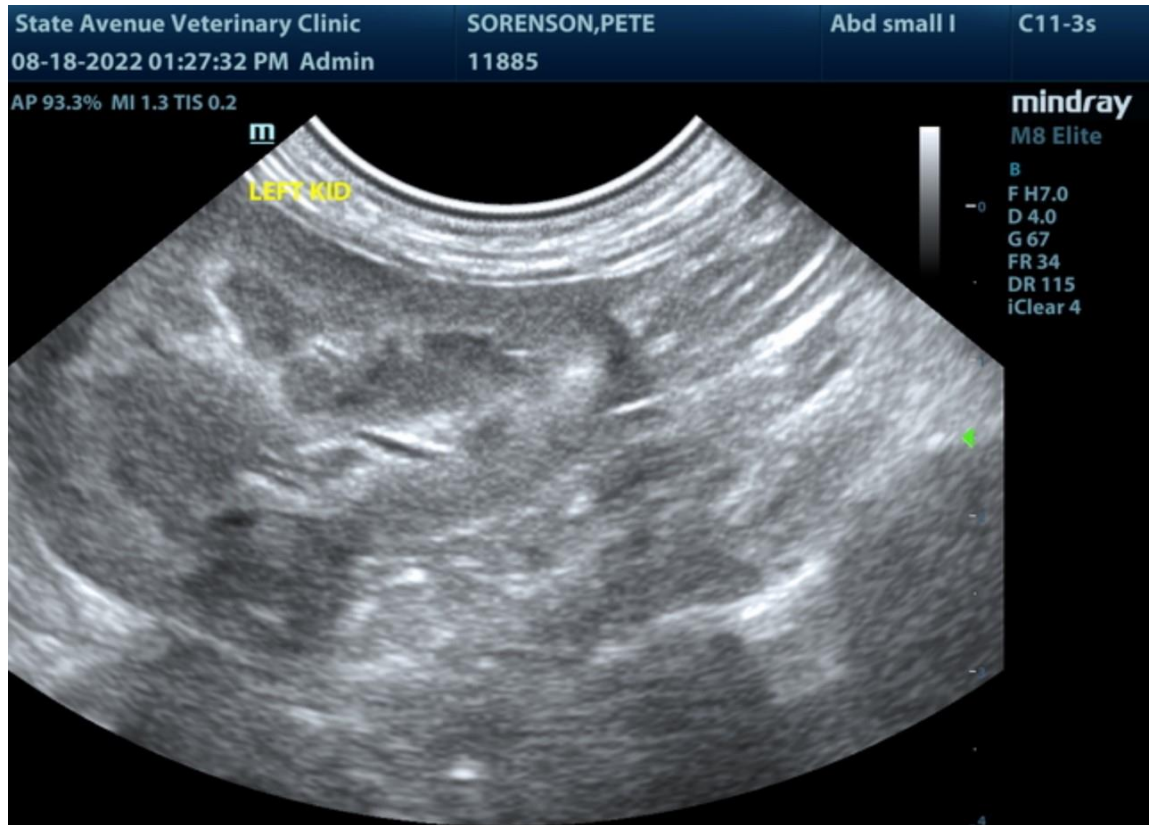
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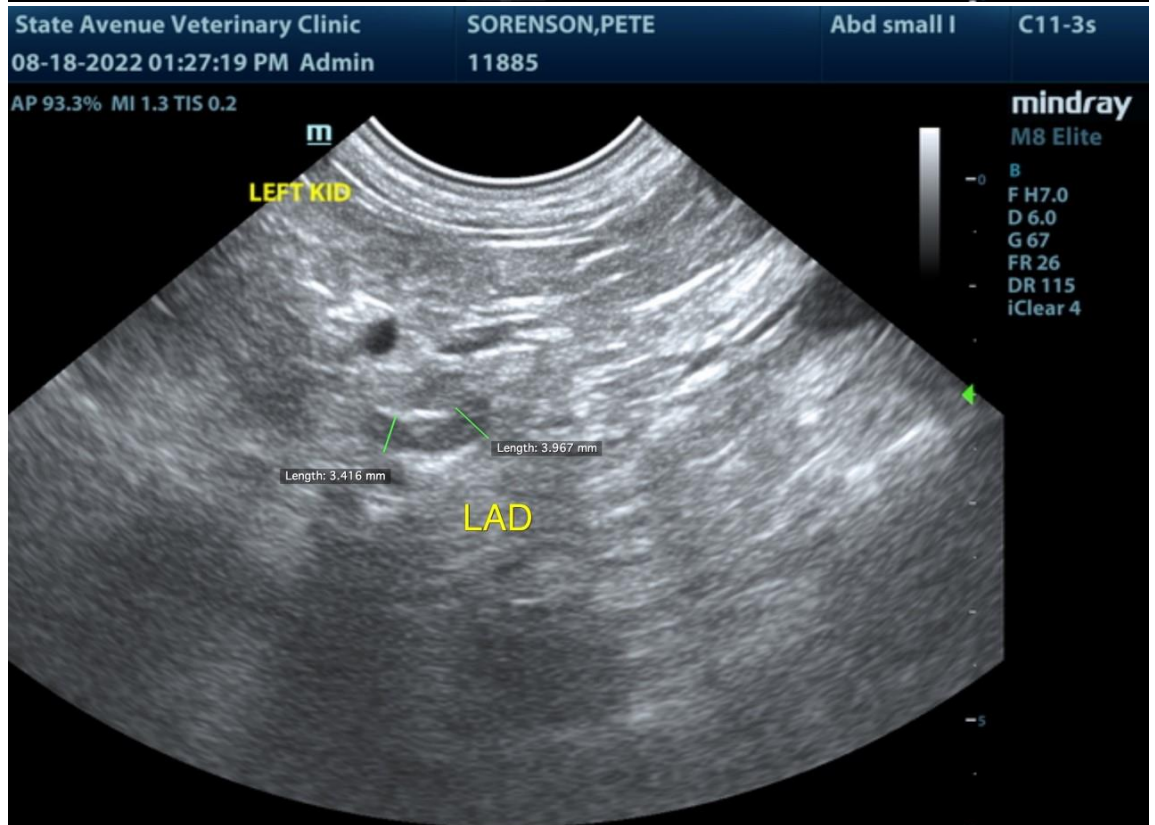
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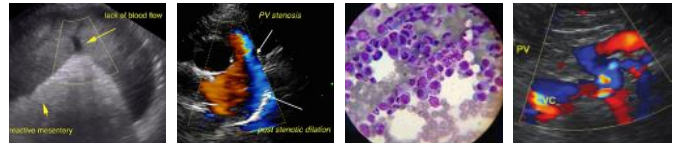
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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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