



PATIENT	PRESENTING CLINICAL SIGNS
Brandy Nichols	Presented at our hospital for panting, lethargy, shaking. Urinary accidents in house for 1 week. Previous Health Concerns: liver value (ALP) elevations and urine crystals (general check up with blood work at rdvm 4-6 weeks ago)
SPECIES	Abnormal PE/Chem/CBC/UA Results: Rdvm bloodwork 7/4/21: Retic 23.4; PLT 495; SDMA 15; K 5.5; Chl 107; ALP 1161; chol 387; T4 normal; 4Dx negative; ACTH normal Chem:chol 357 H, ALP 480 H Cbc:lym 0.34 L, eos 0.02 L, neu 95.3% H, lym 2.7% L, mono 1.9% L, eos 0.1% L, mcv 59 L Epoc:pO2 68.5 H, cSO2 93.8 H, lactate 3.57 H Rads: abnormal cranial abdomen
Canine	
BREED	ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN
Sheltie	Urinary System
SEX	The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of cm exhibited normal thickness and tone. Primarily anechoic urine was present in the lumen. Minor non-dependent particulate sediment was present without evidence of calculus formation. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic mural changes were noted.
Spayed Female	
AGE	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 loss of corticomedullary symmetry and definition expected for the age of the patient. Minor pyelectasia noted in the left kidney. The right kidney measured 5.9 cm. The left kidney measured 5.3 cm.
11 Years	
WEIGHT	The area of the aortic trifurcation was free of pathology.
15 kg	Adrenal Glands
INTERPRETED BY	The bilateral adrenal glands were normal in size. Mild parenchyma heterogeneity and mild capsule asymmetry was present without suspicion for overt neoplasia. The left adrenal gland measured 2.5 cm length x 0.71 cm at the caudal pole. The right adrenal gland was indistinctly visualized, measuring 0.63 cm x 3.0 at the caudal pole. No evidence of adrenal tumors.
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	Spleen
IMAGING PERFORMED BY	The spleen exhibited primarily finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. Multifocal, well-defined, symmetrical, echogenic nodules were present primarily in the medial contour adjacent to the hilus. Example of nodule measured 0.38 cm in width. 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 or neoplastic changes were not noted. The echogenic nodules tend to trend benign and are most consistent with benign hyperplasia or myelolipomas.
Erin Wicks	
HOSPITAL NAME	
Shores VEC	
REFERRING VET	Liver
Dr. Zippay	The liver was subjectively normal in size, structure, and contour. The liver parenchyma was mildly nonuniform and hypoechoic to the spleen with a moderate coarse echotexture and subjective mild to benign parenchymal remodeling. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non distended in size with mild, echogenic, nonmineralized biliary sludge. The common bile duct was normal.
INVOICE	Gastrointestinal
24870	The stomach presented wall thickening secondary to echogenic mucosa hypertrophy. Intact wall layering was maintained and distinct. Minor retained pyloric fluid was present. Pylorus wall measured 0.94 cm.
DATE	
8/24/21	



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. Duodenum wall measured 0.45 cm.
Brandy Nichols	
SPECIES	Normal visible colon wall layers were present with subjective semiformed to soft feces.
Canine	Pancreas
BREED	The left pancreatic limb exhibited mildly prominent size with asymmetrical contour and heterogeneous to mixed echogenic parenchyma.
Sheltie	Free Abdomen
SEX	Generalized mild non-uniform increased cranial omental echogenicity was present.
Spayed Female	Intermittent, subtly prominent to isoechoic mid to cranial mesenteric lymphadenopathy noted. Example measured 0.60 cm in width.
AGE	A focal, small pocket of scant free fluid noted in the left mid to craniolateral abdomen, lateral to the spleen.
11 Years	ULTRASONOGRAPHIC FINDINGS
WEIGHT	<ul style="list-style-type: none"> • Minor particulate urinary bladder sediment • Mild chronic renal changes with minor left kidney pyelectasia • Non-splenic nodules – consistent with probable benign myelolipomas • Mild hepatomegaly with parenchymal remodeling – subjectively benign • Mild gallbladder debris (non-mucocele) • Heterogeneous to mild mixed echogenic pancreas • Mild generalized cranial abdominal reactive mesentery with minor associated lymphadenopathy and small pocket of scant peritoneal free fluid. • Mild gastritis
15 kg	
INTERPRETED BY	INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	The left renal pyelectasia may be owing to chronic renal changes, potential pelvic scarring possibly owing to previous calculi passage, IV fluid therapy (if applicable). Urine C/S and protein: creatinine ratio on sterile urine sample is recommended.
IMAGING PERFORMED BY	REFERRING VET
Erin Wicks	The appearance of the liver, in light of the historically elevated yet recently improved ALP, may include vacuolar hepatopathy or mild non-clinical cholestasis. Inflammatory hepatopathy possible, while the possibility of hepatic neoplasia is considered a less likely differential diagnosis.
HOSPITAL NAME	INVOICE
Shores VEC	Although not definitive, the clinical signs of this patient may be owing to chronic to mixed pancreatic inflammation, which may be potentially resolving. This possibility would be considered probable if evidence of cranial abdominal or subxiphoid discomfort on palpation. Correlation with a spec cPL may be considered.
REFERRING VET	DATE
Dr. Zippay	Associated reactive cranial abdominal mesentery, subjective reactive mildly hyperplastic lymphadenopathy and focal peritoneal free fluid suspected. No overt evidence of pancreatic neoplasia.
INVOICE	
24870	
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8/24/21	



PATIENT

Brandy Nichols

Musculoskeletal and neurological examination suggested if not done to rule out non-abdominal pain or discomfort as a possible cause of the patient's clinical signs.

SPECIES

Canine

BREED

Sheltie

SEX

Spayed Female

AGE

11 Years

WEIGHT

15 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Erin Wicks

HOSPITAL NAME

Shores VEC

REFERRING VET

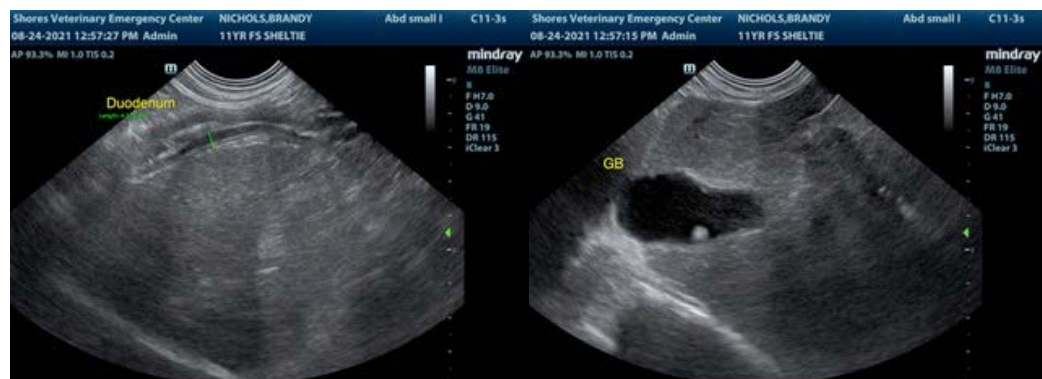
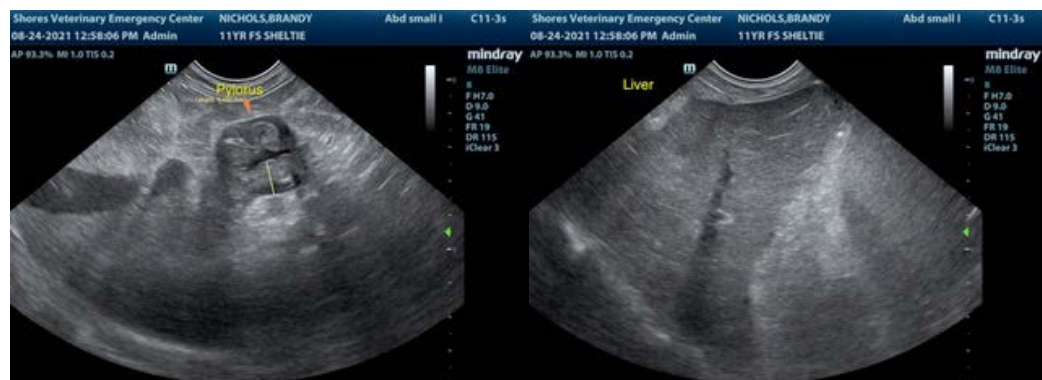
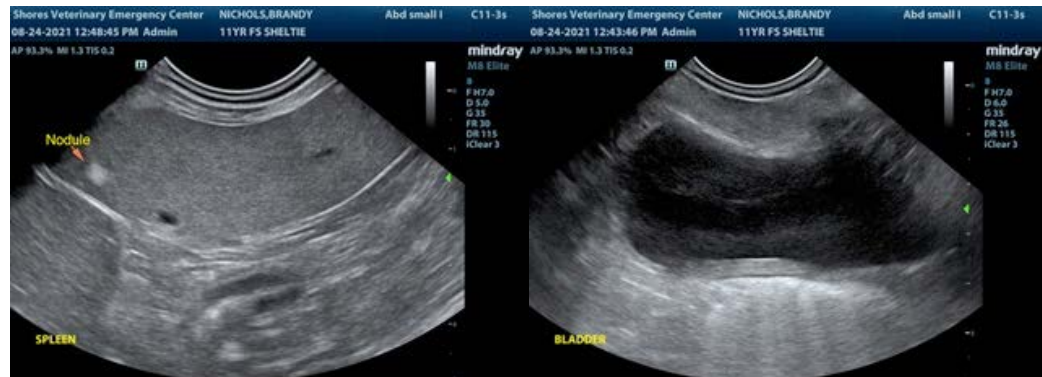
Dr. Zippay

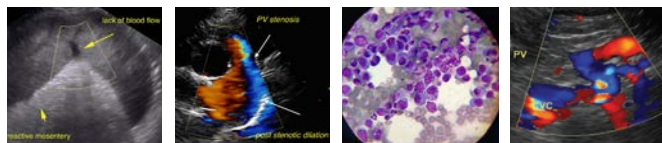
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Brandy Nichols

SPECIES

Canine

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Spayed Female

AGE

11 Years

WEIGHT

15 kg



The information and recommendations provided are based on the images presented by the referring veterinarian. 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.

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INTERPRETED BY

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 (Canine and Feline)

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