

**PATIENT**

Maxie Martini

**SPECIES**

Canine

**BREED**

Jack Russell Terrier

**SEX**

FS

**AGE**

6 yrs

**WEIGHT**

15 lbs.

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

A. Rodriguez

**HOSPITAL NAME**

Foxfield VS

**REFERRING VET**

A. Rodriguez

**INVOICE**

14739

**DATE**

8/27/22

**PRESENTING CLINICAL SIGNS**

Intermit vomiting. pancreatitis

Abnormal PE/Chem/CBC/UA Results: Amy: 1509, Lipa: 2069,

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 3.0 cm exhibited normal thickness and tone. Primarily anechoic urine was present in the lumen. Mild, 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.

The area of the aortic trifurcation was free of pathology.

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 3.9 cm in length. The right kidney measured 4.2 cm in length.

**Adrenal Glands**

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 1.8 cm length x 0.66 cm width at the caudal pole. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 1.7 cm length x 0.51 cm width at the caudal pole.

**Spleen**

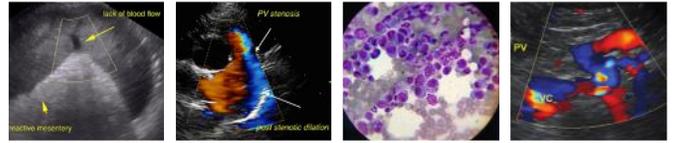
The spleen exhibited a finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. The capsule was smooth and regular without apparent expansion. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis. Acute to chronic inflammatory, neoplastic, or benign parenchyma changes were not noted.

**Liver/ Gallbladder**

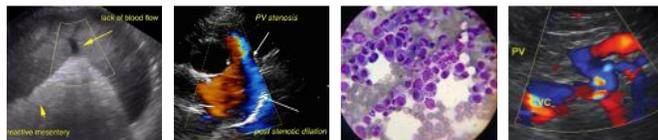
The liver was subjectively normal in size, structure, and contour. The liver parenchyma was uniform and hypoechoic to the spleen with a mild coarse echotexture. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended in size with thin 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 mild, potentially retained, focally non shadowing ingesta/chyme. Potential for small nonobstructive hairball density in the stomach measuring approximately 1.3 cm in diameter is possible



|  |  |
|--|--|
| <b>PATIENT</b>   | yet not definitive. The gastric body wall width measured 0.36 cm. The pylorus wall width measured 0.47 cm.   |
| Maxie Martini  |  |
| <b>SPECIES</b>   | The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. Subtle segmental duodenojejunal mucosal speckling was noted. The lumen of the small intestine was empty with no signs of ileus, obstruction or foreign material.  |
| Canine   |  |
| <b>BREED</b>   | Normal visible colon wall layers were present with subjective semi-formed to potential soft fecal matter.  |
| Jack Russell Terrier                                     |  |
| <b>SEX</b>   | <b>Pancreas</b>  |
| FS   | The left pancreatic limb was normal in size and contour with mildly hypoechoic homogeneous parenchyma compared to adjacent omentum. The pancreas base and right pancreatic limb were normal in size and contour with isoechoic to mildly nonhomogeneous parenchyma.  |
| <b>AGE</b>   | <b>Free Abdomen</b>  |
| 6 yrs  | No overt lymphadenopathy or peritoneal effusion was present.   |
| <b>WEIGHT</b>  | <b>ULTRASONOGRAPHIC FINDINGS</b>   |
| 15 lbs.  | <b>Primary Findings</b>  |
| <b>INTERPRETED BY</b>                                    | <ul style="list-style-type: none"> <li>Mild gastroenteritis pattern with mild focally shadowing gastric ingesta / chyme</li> <li>Heterogeneous to regional hypoechoic pancreas</li> </ul>  |
| R. McKenzie Daniel,<br>DVM, DABVP<br>(Canine and Feline) | <b>INTERPRETATION OF THE FINDINGS &amp; FURTHER RECOMMENDATIONS</b>  |
| <b>IMAGING PERFORMED BY</b>                              | Overall, the appearance of the pancreas was nonspecific yet the potential for regional low-grade to chronic inflammation in the left pancreatic limb with possible mixed inflammatory pattern with subjective chronic right pancreatic changes is possible.  |
| A. Rodriguez   | Potential for concurrent inflammatory bowel as a contributing factor to the intermittent vomiting could be possible although no evidence of significant intestinal mural changes was present.  |
| <b>HOSPITAL NAME</b>                                     | Although not definitive, small hairball-type density in the stomach, which appeared to be nonobstructive, cannot be excluded. Sonographic monitoring for evidence of persistent retained ingesta and/or gastric emptying is suggested. Further assessment of the gastrointestinal tract and pancreas may include a GI panel to include PLI/TLI/Cobalamin/Folate. Monitoring for semi-formed to soft fecal production going forward is suggested. |
| Foxfield VS  |  |
| <b>REFERRING VET</b>                                     |  |
| A. Rodriguez   |  |
| <b>INVOICE</b>   | Empirically, conservative therapy for chronic to chronic active pancreatitis with as-needed gastrointestinal support, which may include bland low-fat or hydrolyzed diet trial with potential long-term dietary therapy, as-needed gastroprotectants, and assessment of clinical response would be reasonable.   |
| 14739  |  |
| <b>DATE</b>  |  |
| 8/27/22  |  |



**PATIENT**

Maxie Martini

**SPECIES**

Canine

**BREED**

Jack Russell Terrier

**SEX**

FS

**AGE**

6 yrs

**WEIGHT**

15 lbs.

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

A. Rodriguez

**HOSPITAL NAME**

Foxfield VS

**REFERRING VET**

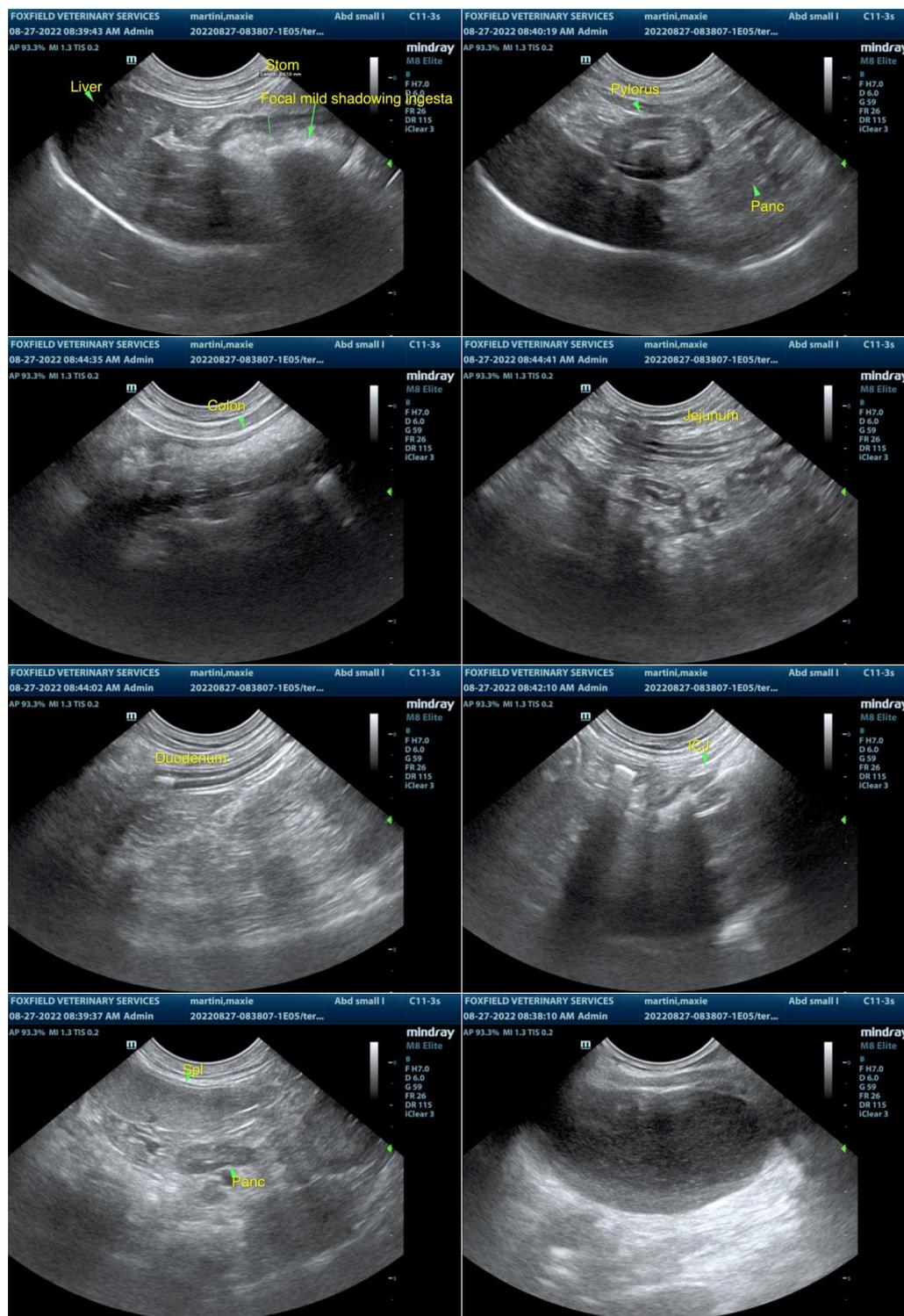
A. Rodriguez

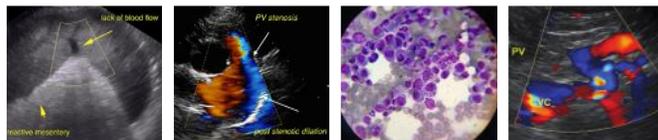
**INVOICE**

14739

**DATE**

8/27/22





## PATIENT

Maxie Martini

## SPECIES

Canine

## BREED

Jack Russell Terrier

## SEX

FS

## AGE

6 yrs

## WEIGHT

15 lbs.

## INTERPRETED BY

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

## IMAGING PERFORMED BY

A. Rodriguez

## HOSPITAL NAME

Foxfield VS

## REFERRING VET

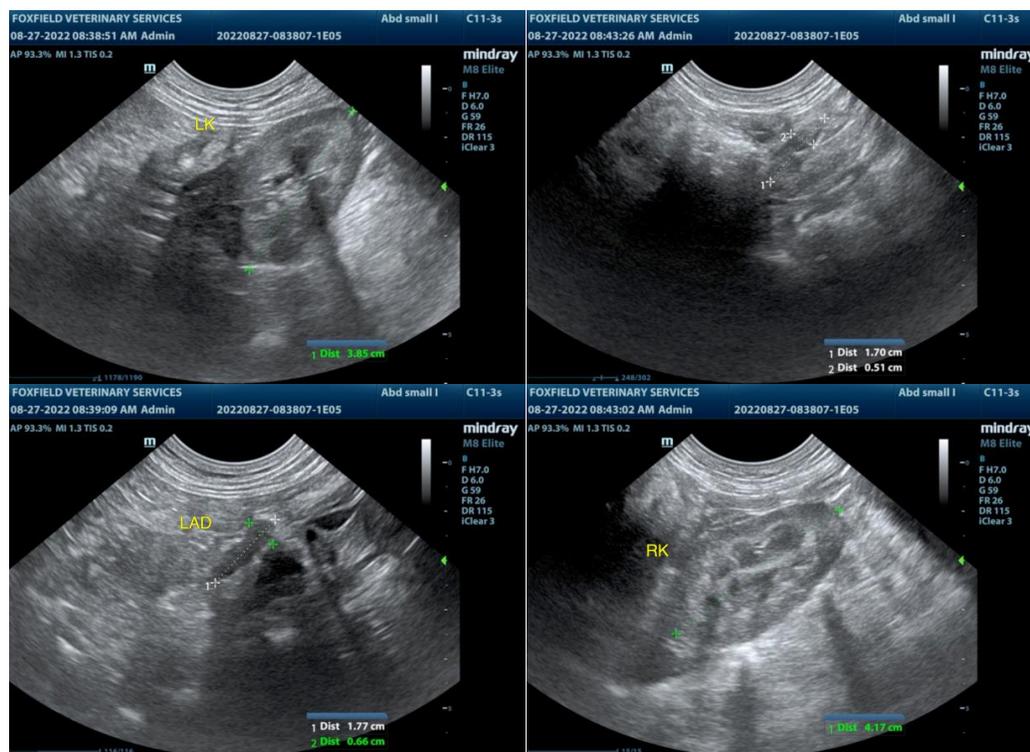
A. Rodriguez

## INVOICE

14739

## DATE

8/27/22



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