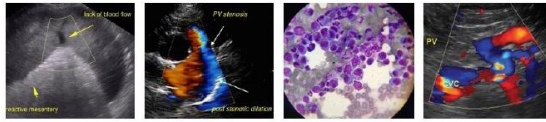




<b>PATIENT</b>	<b>PRESENTING CLINICAL SIGNS</b>
Mama Wrona-Tune	Abnormal protein levels consistent with inflammation somewhere. Has been on Metacam, Gabapentin and Cartrophen.
<b>SPECIES</b>	Abnormal PE/Chem/CBC/UA Results: WBCs low, Neuts low, Calcium low, Albumen low, Glob high, rest WNL. U/A free catch - dark yellow and clear, SG 1.067, pH 6.5, protein 1+, Squamous epith cells 1+ Calcium oxalate dihydrate 21-50/hpf
Canine	
<b>BREED</b>	
Belgian Mal X	
<b>SEX</b>	
FS	
<b>AGE</b>	
9 years	
<b>WEIGHT</b>	
30 kg.	
<b>INTERPRETED BY</b>	<b>ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN</b>
R. McKenzie Daniel, DVM, DABVP	<b>Urinary System</b>
<b>IMAGING PERFORMED BY</b>	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.
Crystal Hill	No evidence of medial Iliac or sublumbar lymphadenopathy/masses.
<b>HOSPITAL NAME</b>	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 6.6 cm in length. The right kidney measured 6.3 cm in length.
Simcoe AH	<b>Adrenal Glands</b>
<b>REFERRING VET</b>	The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 2.2 cm length x 0.61 cm width at the caudal pole. The right adrenal gland was indistinctly visualized owing to patient size and conformation, yet no overt pathology was noted in the area of the right adrenal gland.
Lancashire	<b>Spleen</b>
<b>INVOICE</b>	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.
14790	<b>Liver/ Gallbladder</b>
<b>DATE</b>	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.
8/3/23	The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.



**PATIENT**

Mama Wrona-Tune

**SPECIES**

Canine

**BREED**

Balgian Mal X

**SEX**

FS

**AGE**

9 years

**WEIGHT**

30 kg.

**INTERPRETED BY**

R. McKenzie Daniel,  
DVM, DABVP

**IMAGING PERFORMED BY**

Crystal Hill

**HOSPITAL NAME**

Simcoe AH

**REFERRING VET**

Lancashire

**INVOICE**

14790

**DATE**

8/3/23

**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 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.

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

**Pancreas**

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.

**Free Abdomen**

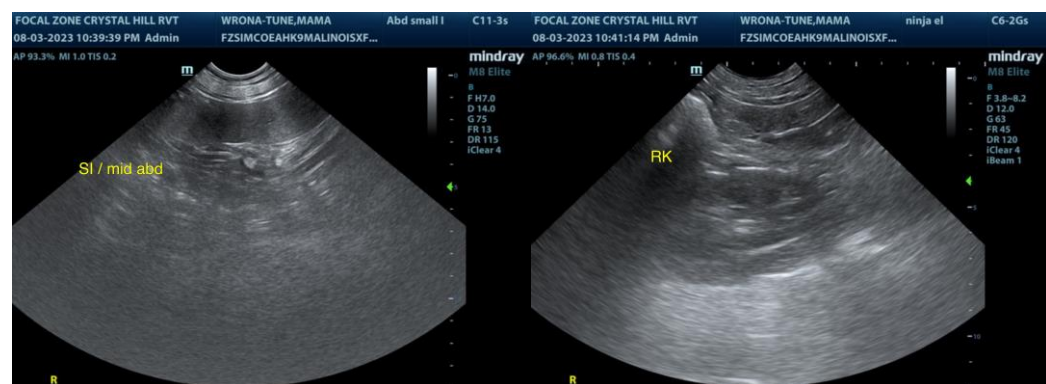
No omental masses, lymphadenopathy, or evidence of peritoneal effusion were noted.

**ULTRASONOGRAPHIC FINDINGS**

- Sonographically unremarkable abdomen

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

There is no evidence of visceral pathology, including no evidence of neoplastic criteria as an obvious cause of the patient's abnormal serum protein levels. Baseline UPC level, if consistent or progressive proteinuria, could be considered. Three-view chest radiographs are recommended to rule out occult intrathoracic pathology as a contributing factor.





**PATIENT**

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**IMAGING  
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**HOSPITAL NAME**

Simcoe AH

**REFERRING VET**

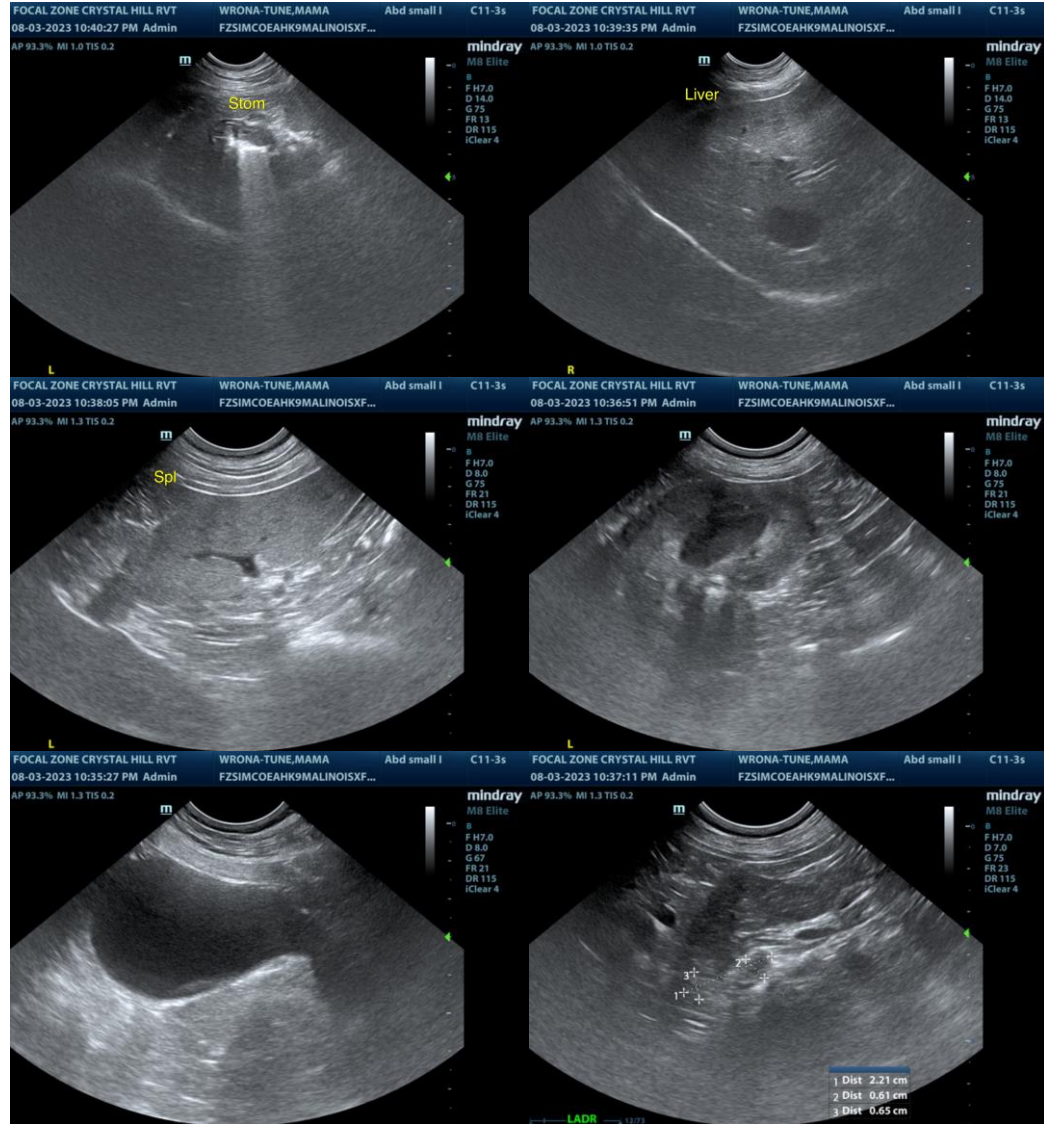
Lancashire

**INVOICE**

14790

**DATE**

8/3/23



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](mailto:info@SonoPath.com)