

PATIENT

Cleo Metcalf

PRESENTING CLINICAL SIGNS

History: Fine till 2 days ago now lethargic and weak. Dysentery with suspect cranial as mass on. AFAST

SPECIES

Canine

Abnormal PE/Chem/CBC/UA Results: Non diagnostic

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

BREED

Chi Terrier Mix

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra exhibited normal thickness and tone. Anechoic urine was present in the lumen with very minor particulate sediment. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes were noted.

SEX

FS

Normal size and asymmetrical 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 moderate loss of corticomedullary symmetry and definition expected for the age of the patient. Evidence of mild medullary mineral and potential for fibrosis along with small cortical cysts present in both kidneys. No evidence of pelvic dilation was present. The left kidney measured 3.7 cm in length. The right kidney measured 4.1 cm in length.

AGE

16

The area of the aortic trifurcation was free of pathology.

WEIGHT

5.7kg

Adrenal Glands

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 0.52 cm width in the cranial pole and 0.54 cm width in the caudal pole. The right adrenal gland measured 0.49 cm width in the cranial pole and 0.62 cm width in the caudal pole.

INTERPRETED BY

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

Spleen

The spleen exhibited primarily finely textured parenchyma which was hyperechoic to the liver and renal cortical parenchyma. Mild generalized parenchyma heterogeneity was present without evidence of nodular changes. 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. The parenchymal heterogeneity is likely consistent with benign changes such as extramedullary hematopoiesis or age related remodeling with minor potential for inflammatory or neoplastic disease.

IMAGING PERFORMED BY

Dr. Belan

HOSPITAL NAME

McKnight Animal
Hospital

Liver

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.

REFERRING VET

Dr. Gavin

INVOICE

11310ag

Gastrointestinal

The gallbladder was non-distended in size with mildly prominent to hyperechoic walls and primarily anechoic luminal content with moderate nondependent to congealed variably hyperechoic luminal debris. No evidence of peripheral gallbladder inflammation. The cystic and common bile ducts were normal.

DATE

08/08/2022



PATIENT

Cleo Metcalf

The stomach presented intact yet mildly prominent 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 0.55 cm in width.

SPECIES

Canine

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 0.36 cm in width. The jejunum wall measured 0.36 cm in width.

BREED

Chi Terrier Mix

The colon walls presented intact yet prominent wall layering with mild thickened to echogenic submucosa. Nonformed to soft fecal matter was present in the colon lumen with lumen dilation. The ascending colon wall measured 0.27 cm in width.

Pancreas

SEX

FS

The pancreas was normal in size and contour with isoechoic to heterogeneous parenchyma compared to adjacent omentum. No signs of active inflammation or neoplasia.

Free Abdomen

AGE

16

No overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

WEIGHT

5.7kg

- Moderate chronic renal changes with medullary mineral/fibrosis and cortical cysts
- Gastroenterocolitis pattern
- Pancreatic remodeling-age related pancreatic changes or remodeling owing to previous inflammation or chronic pancreatitis possible
- Moderate nondependent to congealed gallbladder debris, possible mild cholecystitis

INTERPRETED BY

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

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No evidence of intra-abdominal masses or overt neoplastic criteria was present.

IMAGING PERFORMED BY

Dr. Belan

The appearance of the gastrointestinal tract was non-specific with considerations including dietary intolerance / food hypersensitivity, occult parasitism, inflammatory bowel disease without evidence of mural changes or less likely occult infiltrative neoplasia. Medical therapy for acute hemorrhagic diarrhea syndrome recommended with potential recheck sonogram if persistent/progressive clinical signs despite empirical therapy.

HOSPITAL NAME

McKnight Animal
Hospital

The gallbladder presentation was not overtly suggestive of a mucocele and given lack of reported cholestasis or hepatic enzyme elevations, continued monitoring +/- empirical Ursodiol therapy is recommended.

REFERRING VET

Dr. Gavin

Further renal staging to include urine C/S and protein: creatinine ratio on sterile urine sample may be considered.

INVOICE

11310ag

DATE

08/08/2022



PATIENT

Cleo Metcalf

SPECIES

Canine

BREED

Chi Terrier Mix

SEX

FS

AGE

16

WEIGHT

5.7kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Belan

HOSPITAL NAME

McKnight Animal
Hospital

REFERRING VET

Dr. Gavin

INVOICE

11310ag

DATE

08/08/2022





PATIENT

Cleo Metcalf

SPECIES

Canine

BREED

Chi Terrier Mix

SEX

FS

AGE

16

WEIGHT

5.7kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Belan

HOSPITAL NAME

McKnight Animal
Hospital

REFERRING VET

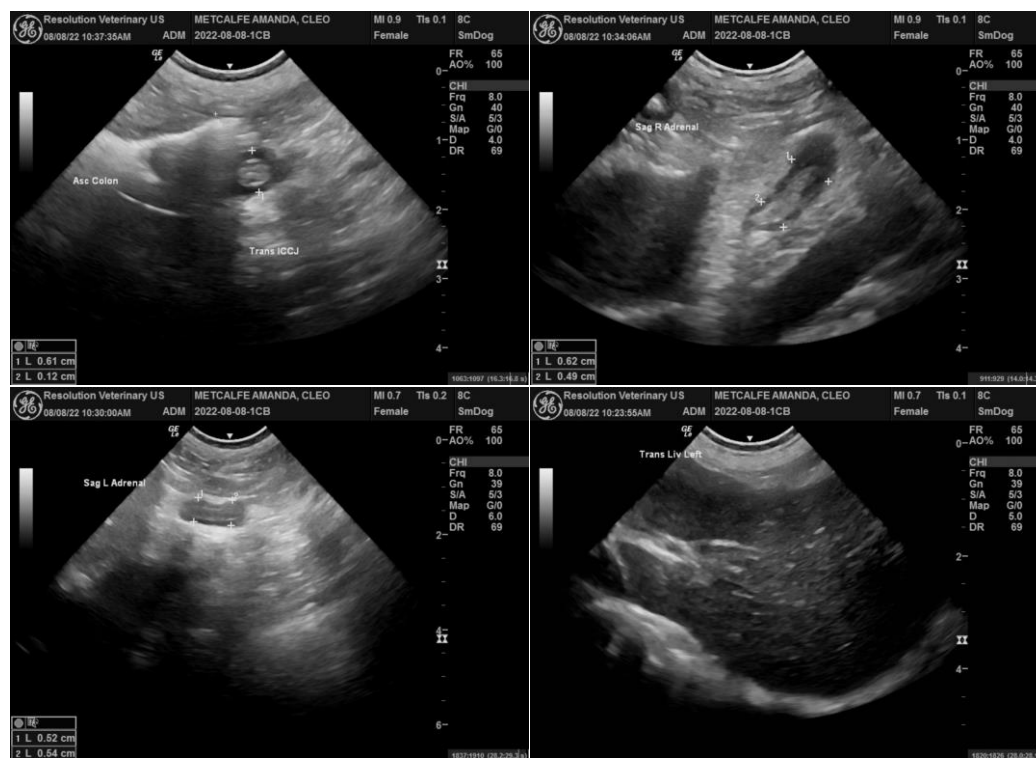
Dr. Gavin

INVOICE

11310ag

DATE

08/08/2022



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