



PATIENT	PRESENTING CLINICAL SIGNS
Stella Pickett	Abdominal discomfort upon palpation Current Medications Pimobendan
SPECIES	CBC- Platelets 633, Chemistry Panel- SDMA 21, Sodium: Potassium ratio 27, Albumin 2.6, ALP 2719, ALT 426, GGT 118, Cholesterol 834, Specific gravity 1.011
Canine	
BREED	ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN
Boston Terrier	Urinary System
SEX	The urinary bladder, trigone, and cystourethral junction 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.
Spayed Female	
AGE	The area of the aortic trifurcation was free of pathology.
14.5 years	
WEIGHT	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 moderate loss of corticomedullary symmetry and definition expected for the age of the patient. Pinpoint dystrophic medullary mineralization was present. The right kidney exhibited mild pyelectasia. The left kidney measured 4.5 cm in length. The right kidney measured 4.7 cm in length.
14.4 lbs.	
INTERPRETED BY	Adrenal Glands
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	Both adrenals appeared to be mildly prominent in size with uniformly hypoechoic parenchyma was present. The left adrenal gland was indistinctly visualized, however, subjectively measuring 0.86 cm in width in the caudal pole. The right adrenal gland measured 0.57 cm width at the caudal pole and 0.71 cm width at the cranial pole.
IMAGING PERFORMED BY	Spleen
Jenna Walsh	The spleen exhibited primarily finely textured parenchyma which was hyperechoic to the liver and renal cortical parenchyma. Mild generalized parenchyma heterogeneity was present. Multiple pinpoint hyperechoic parenchyma foci, which may indicate pinpoint areas of microinfarction, fibrosis, or mineralization, were present. A solitary non-expansive cystic nodule was noted in the medial spleen, measuring 0.6 cm in diameter. 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.
HOSPITAL NAME	Liver/ Gallbladder
Willakenzie AC	The liver presented increased in size. The parenchyma of the liver was subjectively increased in echogenicity compared to the spleen and renal cortices. The echotexture of the liver parenchyma was uniform with a generalized moderate coarse echotexture and parenchymal remodeling. The capsule of the liver was symmetrical in margination. The hepatic and portal vasculature were normal in
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PATIENT	appearance without signs of congestion. The gallbladder was non distended in size with echogenic, nonmineralized, non dependent biliary sludge. The biliary sludge was non organized with a hypoechoic to anechoic, irregular to interrupted rim visible between the nondependent sludge and inner wall. No signs of peripheral inflammation.
Stella Pickett	
SPECIES	<i>Gastrointestinal</i>
Canine	The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained moderate, echogenic, nonshadowing ingesta most consistent with post prandial presentation without signs of ileus, obstruction or foreign material. The pylorus wall width measured 0.43 cm width.
BREED	
Boston Terrier	
SEX	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.
Spayed Female	
AGE	Normal visible colon wall layers were present with apparent formed feces in lumen.
14.5 years	<i>Pancreas</i>
WEIGHT	The pancreas base and right pancreatic limb exhibited mild prominent size with normal contour with isoechoic to heterogeneous parenchyma compared to adjacent omentum. No signs of active inflammation or neoplasia.
14.4 lbs.	
INTERPRETED BY	<i>Free Abdomen</i>
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	No overt lymphadenopathy or peritoneal effusion was present.
IMAGING PERFORMED BY	ULTRASONOGRAPHIC FINDINGS
Jenna Walsh	<i>Primary Findings</i>
HOSPITAL NAME	<ul style="list-style-type: none"> • Hepatopathy with generalized increased parenchyma echogenicity and parenchymal remodeling • Moderate dependent to emerging organized gallbladder debris - consistent with partial to emerging gallbladder mucocele, subjectively non-inflamed • Gastric ingesta • Heterogeneous pancreas - age-related pancreatic changes, parenchymal remodeling owing to previous inflammation or chronic pancreatitis possible • Subjectively prominent adrenal glands
Willakenzie AC	<i>Secondary Findings</i>
REFERRING VET	<ul style="list-style-type: none"> • Bilateral chronic renal changes with mild right kidney pyelectasia • Age-related spleen with focal cystic nodule - subjectively benign
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PATIENT

Stella Pickett

SPECIES

Canine

BREED

Boston Terrier

SEX

Spayed Female

AGE

14.5 years

WEIGHT

14.4 lbs.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The right kidney 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.

Potential abdominal discomfort owing to hepatomegaly and/or chronic pancreatitis is possible.

The gallbladder at this stage is suspected to be nonpainful given the lack of associated inflammation. However, continued monitoring for evidence of increasing cholestasis or cranial abdominal / subxiphoid discomfort is indicated.

The clinical significance of the subjective prominent adrenal glands is unclear. However, if clinical signs consistent with hyperadrenocorticism are present, full adrenal workup is recommended given the appearance of the liver, thrombocytosis, and decreased specific gravity.

The full stomach in this patient may indicate post prandial presentation. However, if documented NPO, some degree of nonobstructive gastric hypomotility may be considered.

Hepatosupportive medications including Denamarin and Ursodiol are recommended.

INTERPRETED BY

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

IMAGING PERFORMED BY

Jenna Walsh

HOSPITAL NAME

Willakenzie AC

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Dr. Brandt

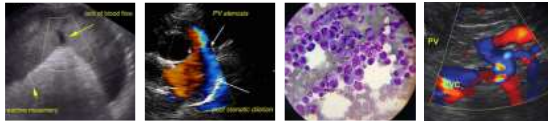
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PATIENT

Stella Pickett

SPECIES

Canine

BREED

Boston Terrier

SEX

Spayed Female

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HOSPITAL NAME

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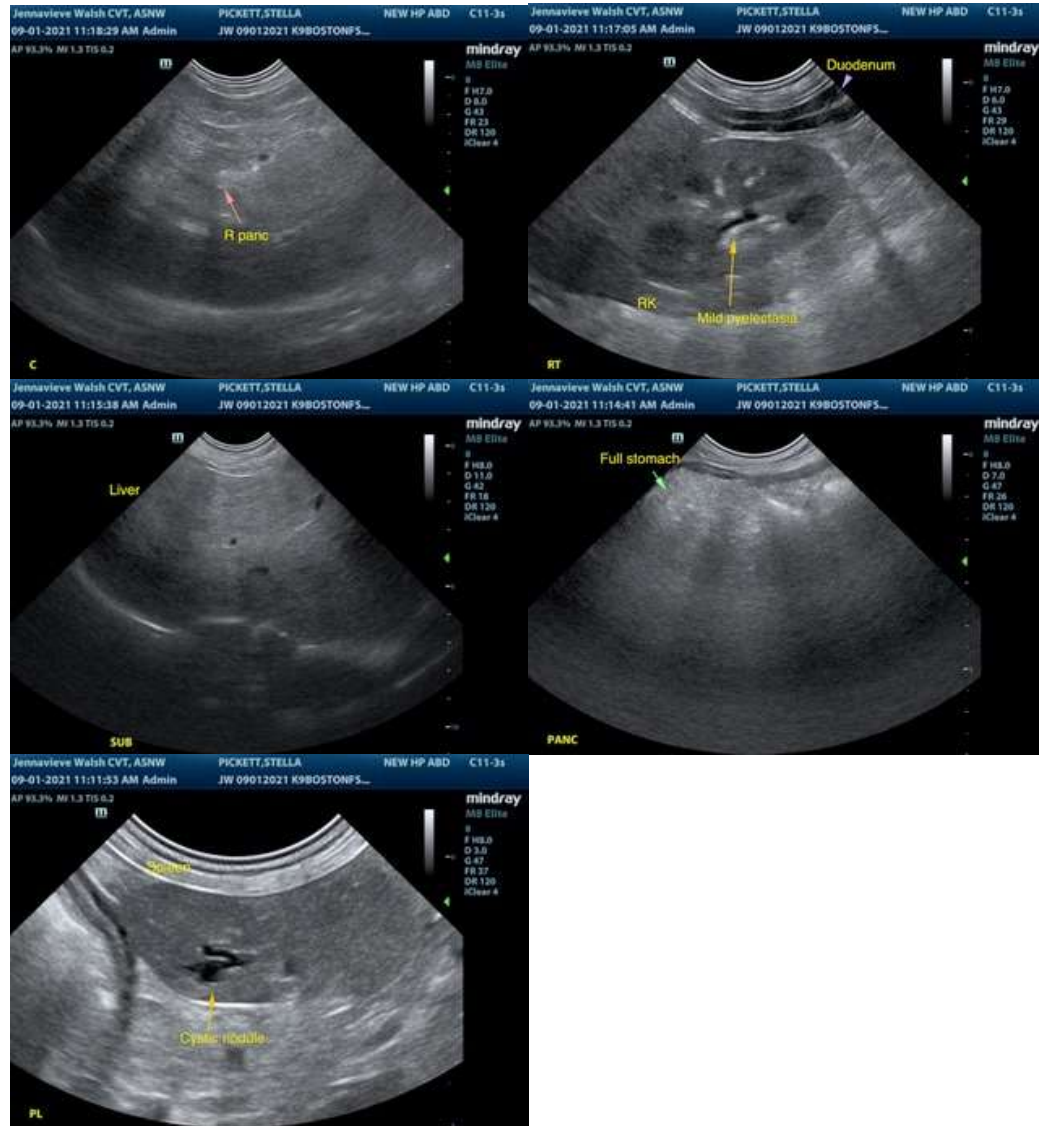
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

R. McKenzie Daniel, DVM, DABVP (Canine / Feline Practice)
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