



**PATIENT**

Phoenix Shetting

**SPECIES**

Canine

**BREED**

Cairn Terrier

**SEX**

Spayed Female

**AGE**

9 years

**WEIGHT**

24 lbs.

**INTERPRETED BY**

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

**IMAGING  
PERFORMED BY**

Diane McFadden

**HOSPITAL NAME**

Newton VH

**REFERRING VET**

Dr. Wyman-  
Greenwald

**INVOICE**

12211

**DATE**

9/13/21

**PRESENTING CLINICAL SIGNS**

chronic diarrhea, despite metronidazole and bland diet; lethargic. Also on famotidine.  
Abnormal PE/Chem/CBC/UA Results: ALKP 852, glob

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

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.

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 was maintained. The medulla and cortices were uniform in texture with some increased echogenicity and mild to moderate loss of corticomedullary symmetry and definition expected for the age of the patient. Subtle cortical hypertrophy was present in both kidneys. Small cortical cysts were present in the cranial right kidney. No evidence of pelvic dilation was present. The left kidney measured 4.7 cm in length. The right kidney measured 4.7 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 0.46 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 1.8 cm length x 0.50 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 exhibited potential for mild generalized enlargement. The parenchyma of the liver was subjectively normal in echogenicity compared to the spleen and renal cortices. The liver parenchyma was uniform with a mildly coarse echotexture. The capsule of the liver was symmetrically rounded to mildly swollen in margination. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended in size with mild to moderate, nondependent yet nonorganized, echogenic gallbladder debris. 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 echogenic, nonshadowing ingesta most consistent with post prandial presentation without signs of ileus, obstruction or foreign material. The gastric body wall width measured 0.34 cm.



<b>PATIENT</b>	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 width measured 0.39 cm. The jejunum wall width measured 0.32 cm.
Phoenix Shetting	
<b>SPECIES</b>	Normal visible colon wall layers were present with subjective semi-formed feces in lumen.
Canine	<b>Pancreas</b>
<b>BREED</b>	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.
Cairn Terrier	
<b>SEX</b>	<b>Free Abdomen</b>
Spayed Female	No overt lymphadenopathy or peritoneal effusion was present.
<b>AGE</b>	<b>ULTRASONOGRAPHIC FINDINGS</b>
9 years	<b>Primary Findings</b>
<b>WEIGHT</b>	<ul style="list-style-type: none"><li>• Benign hepatopathy</li><li>• Mild to moderate gallbladder debris (non-mucocele)</li><li>• Age-related kidneys with small right kidney cortical cysts</li><li>• Sonographically unremarkable small bowel and colon with minor gastric ingesta</li></ul>
24 lbs.	
<b>INTERPRETED BY</b>	<b>INTERPRETATION OF THE FINDINGS &amp; FURTHER RECOMMENDATIONS</b>
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	Suspect mild vacuolar hepatopathy and potential nonclinical cholestasis, given the ALP elevation and presence of gallbladder debris. Potential for mild hepatic or hepatobiliary Inflammation is possible yet thought less likely. Hepatosupportive medications including Ursodiol may be considered if persistent or increasing ALP elevations are noted.
<b>IMAGING PERFORMED BY</b>	Dietary intolerance / food hypersensitivity, inflammatory bowel disease without evidence of mural changes, or other enterocolonopathy possible. Fresh fecal analysis to rule out parasitic ova / Giardia as well as a GI panel to include PLI/TLI/Cobalamin/Folate may be considered.
Diane McFadden	
<b>HOSPITAL NAME</b>	Given lack of response to Metronidazole and bland diet, a limited antigen or hydrolyzed diet with potential for long term dietary therapy, prophylactic deworming i.e., Panacur 50 mg/kg PO SID for 5 consecutive days with potential repeat protocol in 3 weeks even if fecal testing is negative, Tylosin trial, high colony count probiotics such as Provable with as-needed gastrointestinal support may prove beneficial. Endoscopic intestinal biopsies may be indicated for further assessment if chronic diarrhea continues despite recommended empirical therapy.
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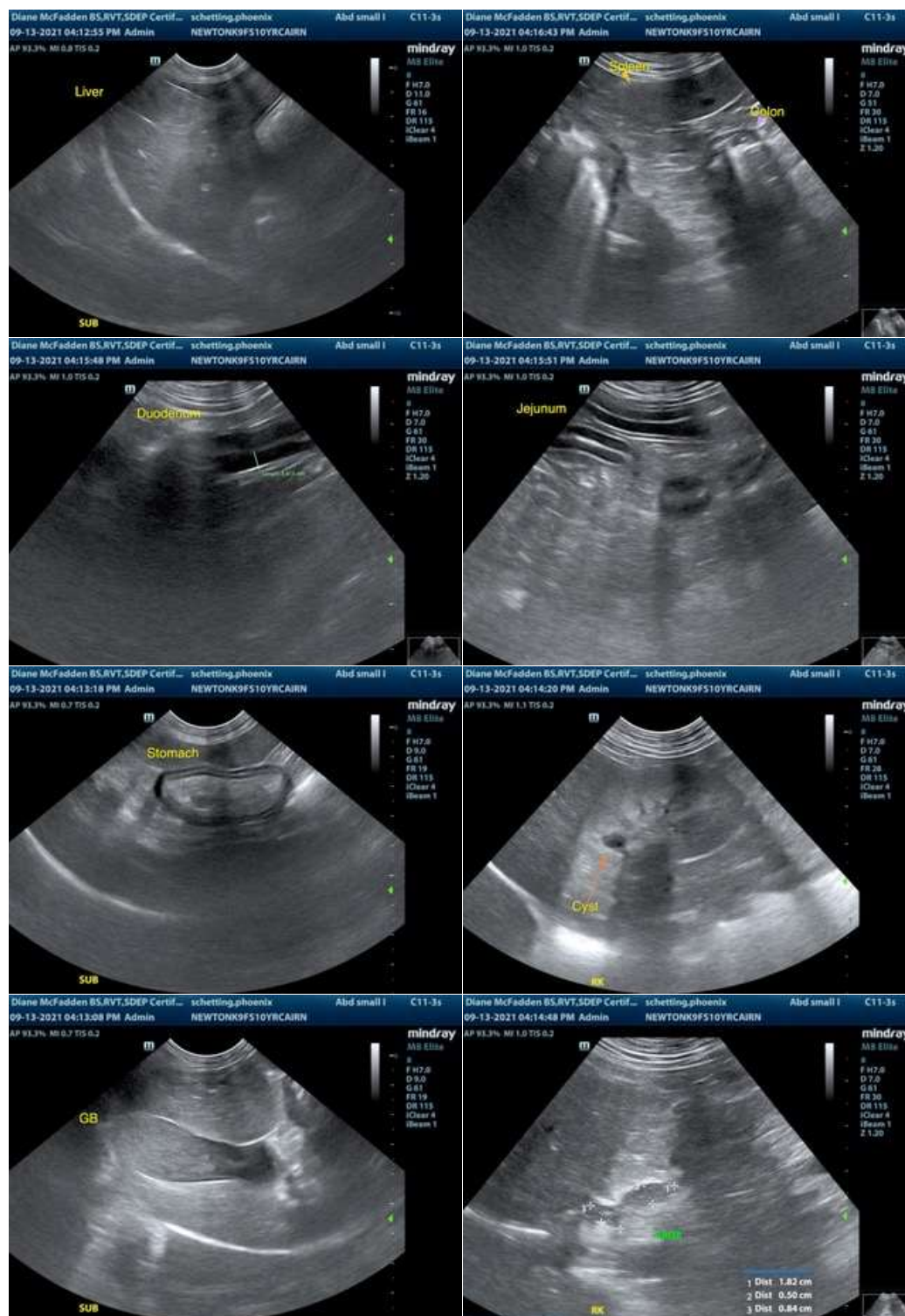
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**The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.**

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)**  
info@SonoPath.com