

<b>PATIENT</b>	<b>PRESENTING CLINICAL SIGNS</b>
Axel Monahan	Patient was presented today, Saturday, with abnormal behavior. The owner mentioned that since Wednesday(4 days ago) the dog started to hide under the bed and seemed lethargic. The dog vomited twice on Thursday. For 2 days the dog has not eaten but is drinking water. The owner says the stool is normal.
<b>SPECIES</b>	
Canine	<b>ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN</b>
<b>BREED</b>	<i>Urinary System</i>
Terrier/Yorkshire Mix	The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra 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 were noted.
<b>SEX</b>	No overt pathology in the area of the residual prostate.
Neutered Male	No evidence of pathology in the area of the aortic trifurcation.
<b>AGE</b>	Normal size and 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 mild loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The left kidney measured 4.0 cm in length. The right kidney measured 4.5 cm in length.
12 Years	
<b>WEIGHT</b>	<i>Adrenal Glands</i>
14.10 lbs	The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.45 cm width.
<b>INTERPRETED BY</b>	The right adrenal gland was not overtly visualized owing to regional right cranial abdominal echogenic mesentery and increased artifact.
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	<i>Spleen</i>
<b>IMAGING PERFORMED BY</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. A solitary non-expansive subtle hypoechoic nodule was present subjectively in the cranial spleen measuring 0.8 cm in diameter.
Dr. Paul Kim	<i>Liver/ Gallbladder</i>
<b>HOSPITAL NAME</b>	The liver presented mildly enlarged in size with a mildly nonuniform parenchyma and moderate 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.
Ridgefield Park Animal Hospital	The gallbladder was non distended in size with mild echogenic, nonmineralized biliary sludge. The cystic duct and common bile ducts were normal without evidence of dilation.
<b>REFERRING VET</b>	<i>Gastrointestinal</i>
Dr. Paul Kim	The stomach presented wall thickening secondary to echogenic mucosa hypertrophy and intact yet mildly prominent gastric walls. The stomach was primarily empty with mild luminal gas.
<b>INVOICE</b>	
47314	
<b>DATE</b>	
9-4-21	



**PATIENT**

Axel Monahan

The duodenum adjacent to the pancreas exhibited intact yet prominent wall layering and minor upper duodenal ileus. The jejunum and ileum to the level of the colon were sonographically unremarkable. The lumen of the small intestine was empty with no signs of ileus, obstruction or foreign material.

**SPECIES**

Canine

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

***Pancreas***

Generalized enlargement primarily in the pancreas base and right pancreatic limb with heterogeneous to mildly hypoechoic parenchyma and asymmetrical to swollen contour was present. The surrounding omental fat around the pancreas was echogenic indicative of reactive changes or inflammation. Potential for minor peripancreatic peritonitis is possible without overt evidence of adhesions. Potential for scant free fluid around the pancreas possible.

**BREED**

Terrier/Yorkshire Mix

***Free Abdomen***

**SEX**

Neutered Male

No overt lymphadenopathy or peritoneal effusion was present.

**ULTRASONOGRAPHIC FINDINGS**

**AGE**

12 Years

- Pancreatitis with associated peripancreatic reactive to inflamed mesentery.
- Gastroduodenitis
- Hepatomegaly with subjective mild nonuniform parenchyma - likely benign with suspect reactive or vacuolar hepatopathy given the pancreatitis.
- Solitary non-expansive likely benign splenic nodule - suspect focal hyperplasia or hematopoiesis.

**WEIGHT**

14.10 lbs

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Minor potential for pancreatic neoplasia which may present in a similar sonographic manner possible yet considered unlikely. Hospitalization with medical therapy for pancreatitis and as needed gastrointestinal support recommended. Correlation with full CBC/Chemistry panel and urinalysis suggested if not done. Recheck sonogram may be considered in 4-5 days to reassess the pancreas pending clinical response or if clinical signs continue / worsen.

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Dr. Paul Kim

**HOSPITAL NAME**

Ridgefield Park Animal  
Hospital

**REFERRING VET**

Dr. Paul Kim

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**PATIENT**

Axel Monahan

**SPECIES**

Canine

**BREED**

Terrier/Yorkshire Mix

**SEX**

Neutered Male

**AGE**

12 Years

**WEIGHT**

14.10 lbs

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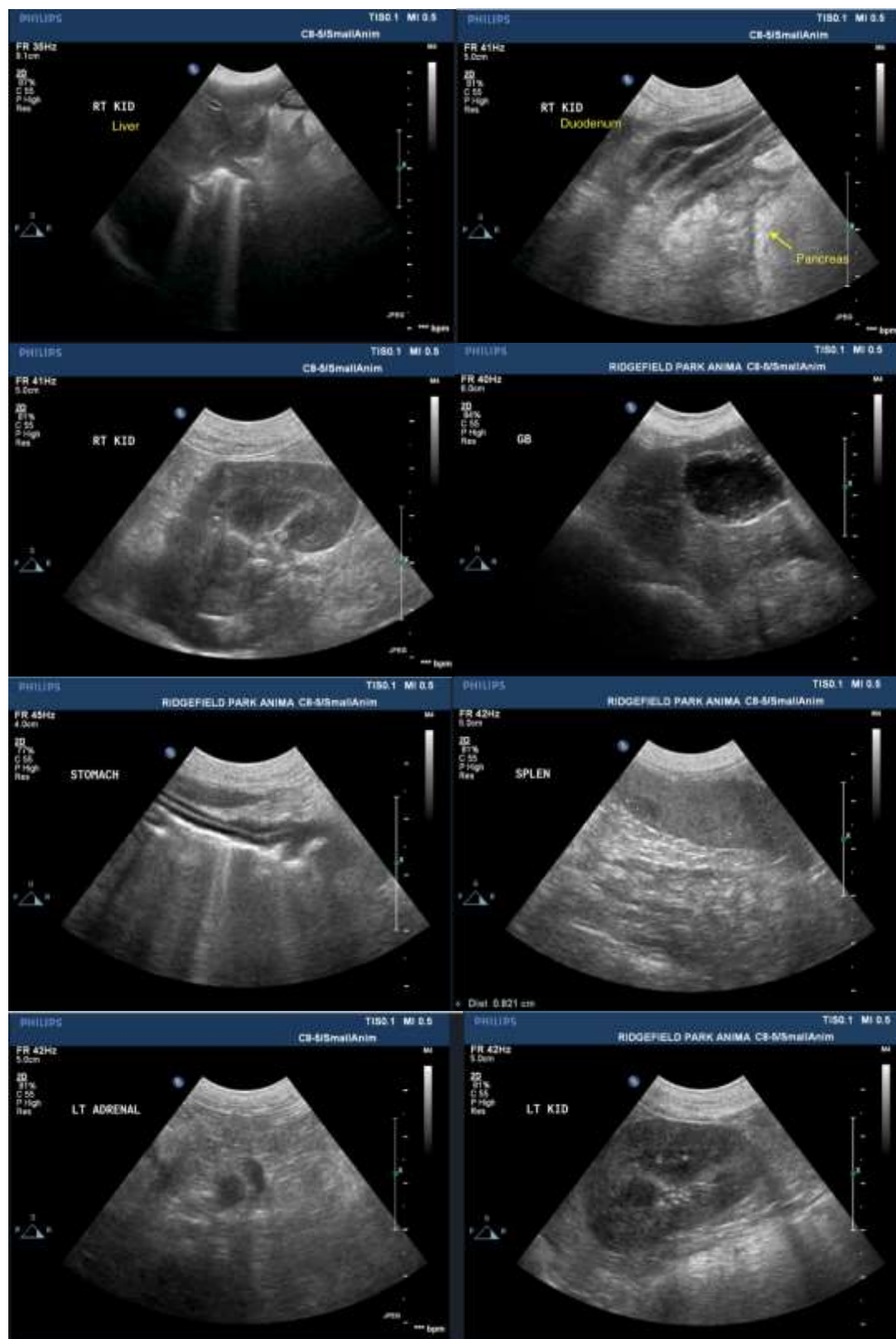
Dr. Paul Kim

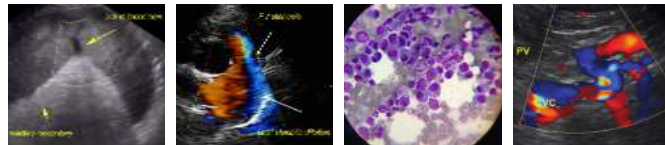
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**PATIENT**

Axel Monahan

**SPECIES**

Canine

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.

**BREED**

Terrier/Yorkshire Mix

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.

**SEX**

Neutered Male

R. McKenzie Daniel, DVM, DABVP (Canine / Feline Practice)  
info@SonoPath.com

**AGE**

12 Years

**WEIGHT**

14.10 lbs

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(Canine and Feline)

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