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| <b>PATIENT</b>   | <b>PRESENTING CLINICAL SIGNS</b>   |
| Molly Clark  | Intermittent vomiting and diarrhea. not eating for three weeks.  |
| <b>SPECIES</b>   | Abnormal PE/Chem/CBC/UA Results: CBC/CHEM: ALT 133, GGT 32 CPL: Normal   |
| Canine   | <b>ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN</b>   |
| <b>BREED</b>   | <i>Urinary System</i>  |
| Scottie  | The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2 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 were noted.  |
| <b>SEX</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 4.3 cm in length. The right kidney measured 4.4 cm in length. |
| F  |  |
| <b>AGE</b>   | The area of the aortic trifurcation was free of pathology.   |
| 3yr  | <i>Adrenal Glands</i>  |
| <b>WEIGHT</b>  | The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.43 cm width at the caudal pole and 0.39 cm width at the cranial pole. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.42 cm width at the caudal pole.  |
| 17lb   |  |
| <b>INTERPRETED BY</b>                                    | <i>Spleen</i>  |
| R. McKenzie Daniel,<br>DVM, DABVP<br>(Canine and Feline) | 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.  |
| <b>IMAGING PERFORMED BY</b>                              | <i>Liver</i>   |
| Dr. Mack   | 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. The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.                               |
| <b>HOSPITAL NAME</b>                                     | <i>Gastrointestinal</i>  |
| Northside Veterinary<br>Clinic                           | 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.   |
| <b>REFERRING VET</b>                                     | <i>Pancreas</i>  |
| Dr. Mack   | 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.   |
| <b>INVOICE</b>   | Normal visible colon wall layers were present with apparent formed feces in lumen.   |
| 11563ag  |  |
| <b>DATE</b>  |  |
| 09/08/2022   |  |



**PATIENT**

Molly Clark

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 was evident.

**SPECIES**

Canine

**Free Abdomen**

No overt lymphadenopathy or peritoneal effusion was present.

**BREED**

Scottie

**ULTRASONOGRAPHIC FINDINGS**

**Primary**

**SEX**

F

- Low grade hepatopathy
- Sonographically unremarkable GI tract
- Sonographically normal pancreas

**AGE**

3yr

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Overall, no evidence of significant abdominal visceral pathology was present in this study as a definitive cause of the patient's clinical signs. The liver presentation was nonspecific given the elevated hepatic enzymes yet suggestive of low grade benign hepatopathy. Considerations may include low grade hepatitis (viral, bacterial, leptospirosis, toxin) and mild non obstructive cholestasis. Assuming normal clotting status and using a 25g needle a hepatic FNA is recommended for screening cytology. Leptospirosis titer/PCR could be considered if endemic to the area of potential exposure.

**WEIGHT**

17lb

At times the presentation of the gastrointestinal tract may not correlate with reported gastrointestinal signs. In patients with ongoing GI signs, with considerations including dietary intolerance / food hypersensitivity, occult parasitism, dysbiosis, inflammatory bowel disease without evidence of mural changes, low grade pancreatitis or other. A GI panel to include PLI/TLI/Cobalamin/Folate is recommended.

**INTERPRETED BY**

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

Although considered unlikely, a resting cortisol level to rule out occult Addison's disease is warranted.

**IMAGING PERFORMED BY**

Dr. Mack

**HOSPITAL NAME**

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Clinic

**REFERRING VET**

Dr. Mack

**INVOICE**

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**DATE**

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**PATIENT**

Molly Clark

**SPECIES**

Canine

**BREED**

Scottie

**SEX**

F

**AGE**

3yr

**WEIGHT**

17lb

**INTERPRETED BY**

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**REFERRING VET**

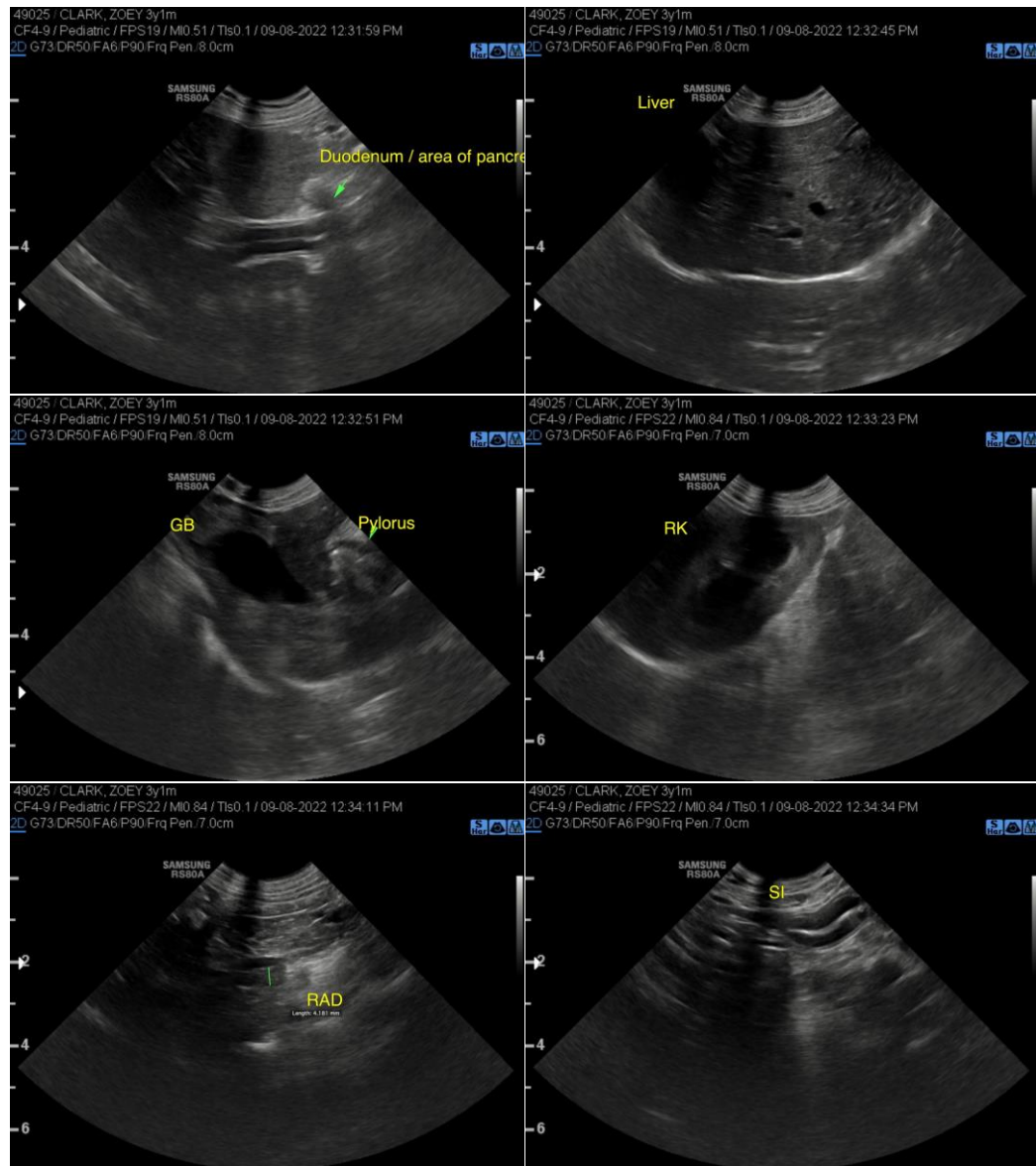
Dr. Mack

**INVOICE**

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**PATIENT**

Molly Clark

**SPECIES**

Canine

**BREED**

Scottie

**SEX**

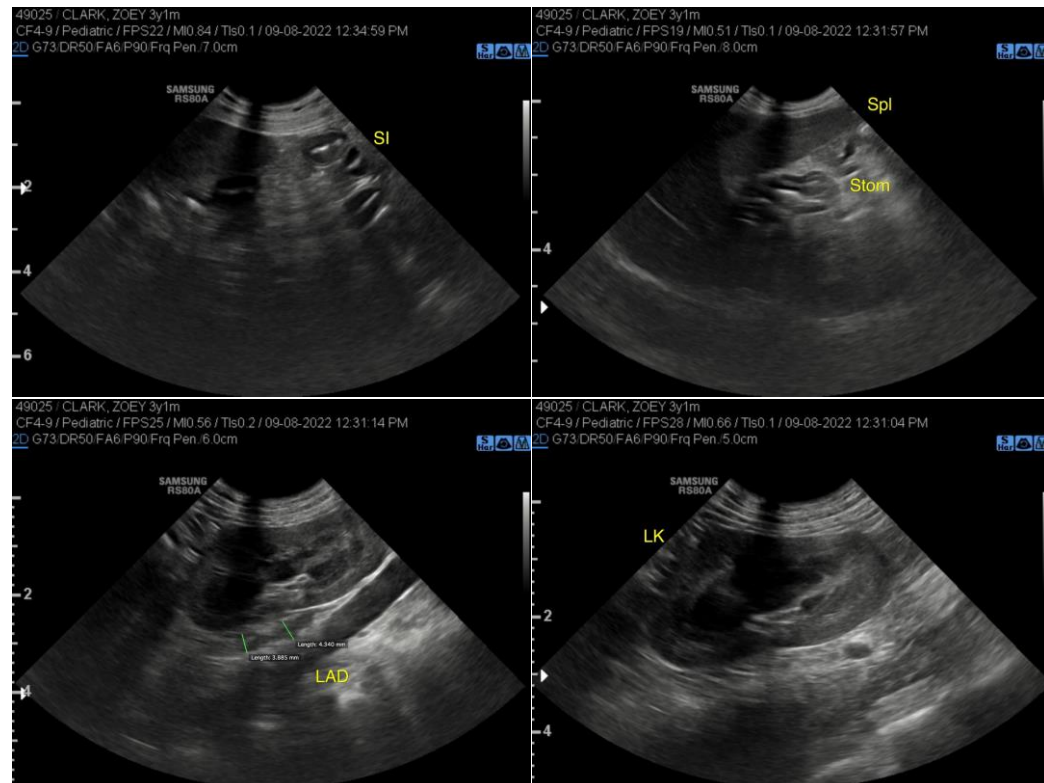
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**AGE**

3yr

**WEIGHT**

17lb



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.

**INTERPRETED BY**

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

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)

**IMAGING PERFORMED BY**

Dr. Mack

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**HOSPITAL NAME**

Northside Veterinary  
Clinic

**REFERRING VET**

Dr. Mack

**INVOICE**

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**DATE**

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