



PATIENT PRESENTING CLINICAL SIGNS

Lilly Foster Decreased appetite, 4/6 cardiac murmur for 2 years, history of urinary incontinence Enalapril, pimobendan, spironolactone, lasix, Proin, Entyce, anaplasmosis positive, recent tx w/Doxy

SPECIES Abnormal PE/Chem/CBC/UA Results: BUN 105, CREAT 1.9, SDMA 28, Na:K 30, ALT 1139, AST 207, ALP 524, GGT 54, TBIL 0.2 WBC 9.3

Canine

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

BREED *Urinary System*

Shetland Sheepdog The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 5 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.

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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 to moderate loss of corticomedullary symmetry and definition expected for the age of the patient. Mild pyelectasia was present bilaterally. The left kidney measured 5.2 cm in length. The right kidney measured 5.6 cm in length.

The area of the aortic trifurcation was free of pathology.

WEIGHT

27

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 2.3 cm length and 0.66 cm width in the caudal pole. The right adrenal gland measured 1.6 cm length and 0.61 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
 Rebekah Jakum, CVT
 ARDMS/RVT

HOSPITAL NAME

Alburtis AH

Liver

The liver was potentially borderline enlarged with normal 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. Smith

The gallbladder was mildly distended in size with thin walls and primarily anechoic luminal content with moderate congealed hyperechoic debris. The cystic and common bile ducts were normal.

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Gastrointestinal

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.

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PATIENT

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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.

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

SPECIES

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Pancreas

The pancreas was normal in size and contour with heterogeneous mild non-uniform hyperechoic parenchyma compared to adjacent omentum. No signs of active inflammation or neoplasia.

BREED

Shetland Sheepdog

Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

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- Non-specific chronic renal changes with minor bilateral pyelectasia
- Hepatopathy
- Moderate congealed gallbladder debris-potential emerging/early mucocele
- Mild remodeled pancreas-age related variant, potential for chronic pancreatitis
- Sonographically unremarkable GI tract

ULTRASONOGRAPHIC FINDINGS

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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The pancreas was non-specific and may indicate patient/ age variant, remodeling owing to previous inflammatory episode or mild to chronic pancreatitis possible. This potential may be considered if evidence of cranial abdominal or subxiphoid discomfort on palpation. Correlation with a spec cPL or a GI panel to include PLI/TLI/Cobalamin/Folate is recommended. If evidence of cranial abdominal discomfort is present given lack of overt gallbladder inflammatory criteria, chronic pancreatitis would be suspected.

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Assuming normal clotting status and using a 25g needle a hepatic FNA is recommended for screening cytology to identify inflammatory cell type and rule out potential for occult hepatic neoplasia.

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ARDMS/RVT

Empirically as needed GI support and conservative treatment for pancreatitis would be reasonable. Serial monitoring for evidence of hepatic enzyme elevations and/or increasing cholestasis with reassessment of the gallbladder is recommended.

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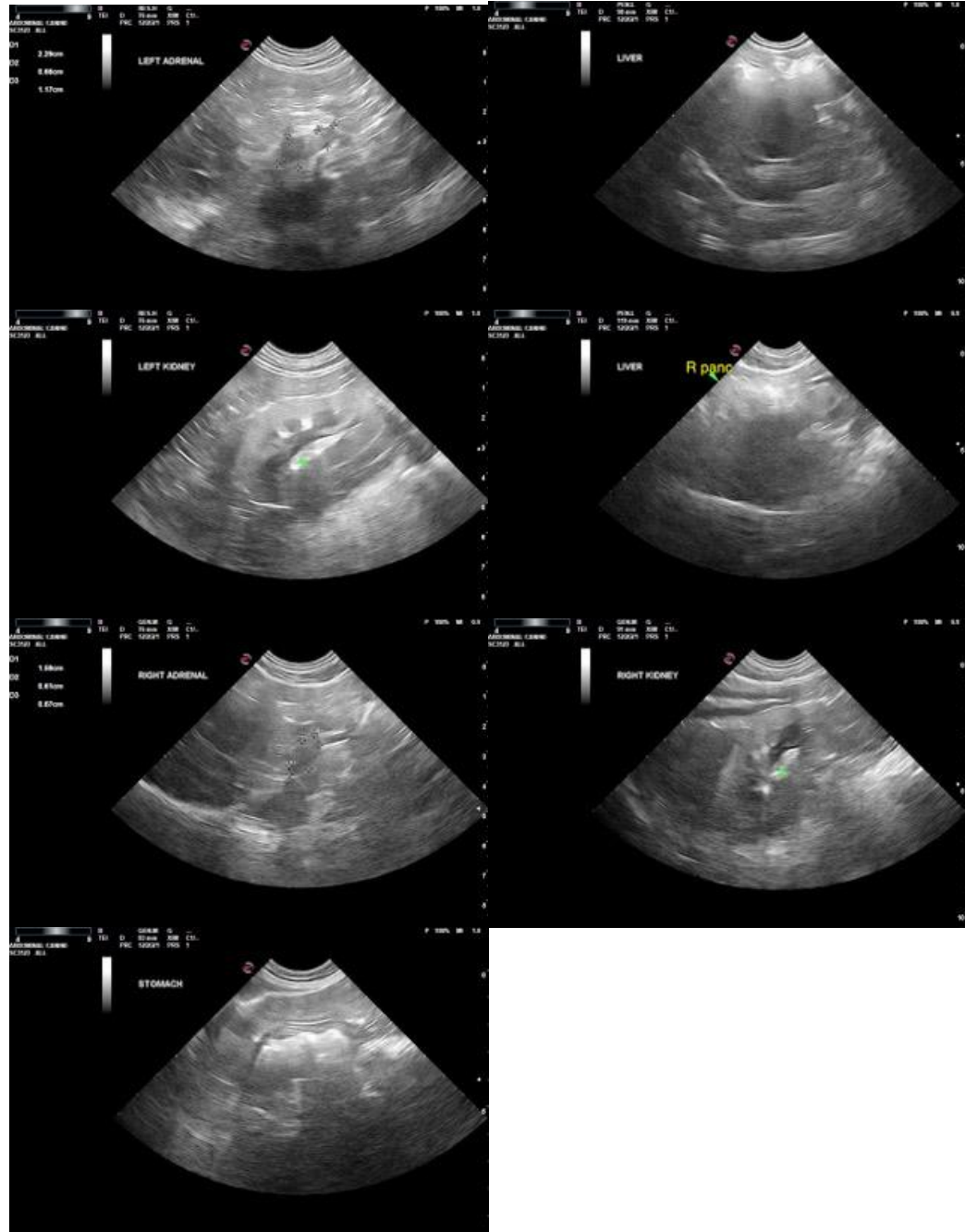
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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