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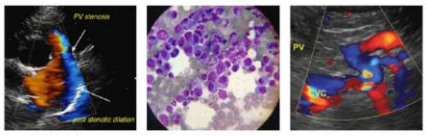
svsimagingmi@gmail.com



SonoPath
Clinical Sonography & Telecytology
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PATIENT

Isabella Bess Sordyl

SPECIES

Canine

BREED

Cavalier King Charles Spaniel

SEX

FS

AGE

2 years 10 months

WEIGHT

25 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Amy Mayhew LVT

HOSPITAL NAME

SVS Imaging MI

REFERRING VET

Dr. Gentile

INVOICE

16318

DATE

3/8/23

PRESENTING CLINICAL SIGNS

Owner reports a deep, wretching, non-productive cough when excited. Does not seem to be dependent on time of day or season.

Abnormal PE/Chem/CBC/UA Results: Examination: 1) BAR! 2) No cough elicited 5) Moderate diffuse calculus. Moderate gingivitis. 9) Tense abdomen 10) Perivulvar hair is crusty 11) Thyroid gland palpates as small and symmetrical Diagnostics: CBC - WNL Chem - P 5.2 (1.9-5.0) Lytes - K 3.2 (3.8-5.3) T4 - 5.2 (1.2-4.3) 4Dx - Negative UA - Urinary bladder is too small to aspirate, no production for free catch. Owner to drop off sample. Fecal - Antech Radiographs - Cardiac silhouette appears mildly enlarged and rounded. VHS = 12.25. Lungs are unremarkable. Trachea appears normal. Stomach is moderately dilated with heterogenous material (ate at 7 am today). Small and large intestines are mildly dilated with gas. Small intestines are displaced to the caudal third of the abdomen. Concerned about potential mass effect displacing organs in the middle third of the abdomen.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is adequately distended with anechoic contents. No masses, inflammatory changes, echogenic sediment or cystoliths are observed. The urinary bladder, trigone and visible pelvic urethra are normal in thickness with a smooth mucosal surface.

The right kidney is normal in size (4.74 cm), shape and echogenicity. It has smooth peripheral margination. There is a normal 1:3 cortex to medulla ratio with appropriate corticomedullary distinction. There is no evidence of pyelectasia, mineral or infarcts observed.

The left kidney is normal in size (4.39 cm), shape and echogenicity. It has smooth peripheral margination. There is a normal 1:3 cortex to medulla ratio with appropriate corticomedullary distinction. There is no evidence of pyelectasia, mineral or infarcts observed.

Adrenal Glands

The right adrenal gland is normal in size (0.37 cm width cranial pole and 0.5 cm width at the caudal pole), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.

The left adrenal gland is normal in size (0.32 cm width cranial pole and 0.4 cm width at the caudal pole), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.

Spleen

The spleen is subjectively normal in size with a normal smooth capsular contour. Parenchyma is appropriately finely textured and homogenous with normal echogenicity relative to surrounding tissue (hyperechoic to liver). No focal nodules or masses are observed. Splenic vasculature appears normal.

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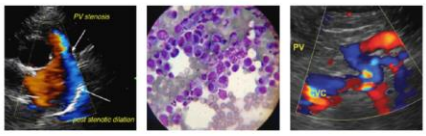

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Liver

The liver is subjectively normal in size with normal smooth curvilinear peripheral contour. Parenchyma is appropriately hypoechoic to the spleen in echogenicity and appropriately mildly coarse and homogenous in echotexture. No focal lesions are observed. Visible vasculature and biliary tree appear normal without distension or congestion.

Gallbladder is moderately distended with anechoic bile as well as mild suspended and gravity dependent echogenic debris. The wall is smooth without visible thickening. There is no evidence of cystic or CBD dilation. There is no evidence of effusion or inflammation.

Gastrointestinal

The visible stomach wall is normal in thickness and layering. The lumen of the stomach is mildly distended with very echogenic reverberation artifact from intraluminal gas. There is no evidence of obstruction, foreign material or infiltrative disease; however, complete visualization of far wall is partially inhibited by gas. Pyloric outflow tract appears patent.

The visible small intestines are normal in wall thickness and layering (duodenum < 0.5 cm). Small intestinal motility appears adequate (1-3 contractions per min). The lumen of the small intestine is empty with no evidence of obstruction, foreign material or infiltrative disease.

The visible colon is normal in wall thickness (< 0.2 cm) and layering. Contents are consistent with normal formed feces and gas.

Pancreas

The pancreatic parenchyma is appropriately isoechoic to surrounding tissue. Visible capsule is smooth and normal in contour. There is no visible pancreatic duct dilation. There is no evidence of active peripancreatic inflammation.

Free Abdomen

Mesenteric lymph nodes are prominent in size with swollen capsular contour. Normal elongated shape (length to width ratio) is maintained. There is no loss of parenchymal detail.

ULTRASONOGRAPHIC FINDINGS

- Mild gallbladder debris - Cholecystic debris is of unknown clinical significance. It can be seen with biliary stasis from fasting or illness. Cholecystic debris is not necessarily related to hepatobiliary disease. Echogenic bile is most commonly an incidental finding in dogs and should be interpreted in combination with clinical signs such as nausea, inappetence, cranial abdominal discomfort and/or laboratory changes such as increased ALP and/or increased Tbili.
- Mild reactive mesenteric lymphadenopathy – infiltrative neoplastic disease cannot be ruled out but is considered less likely

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There is no evidence of a visible intraabdominal mass in these images at this time.

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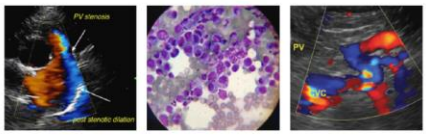

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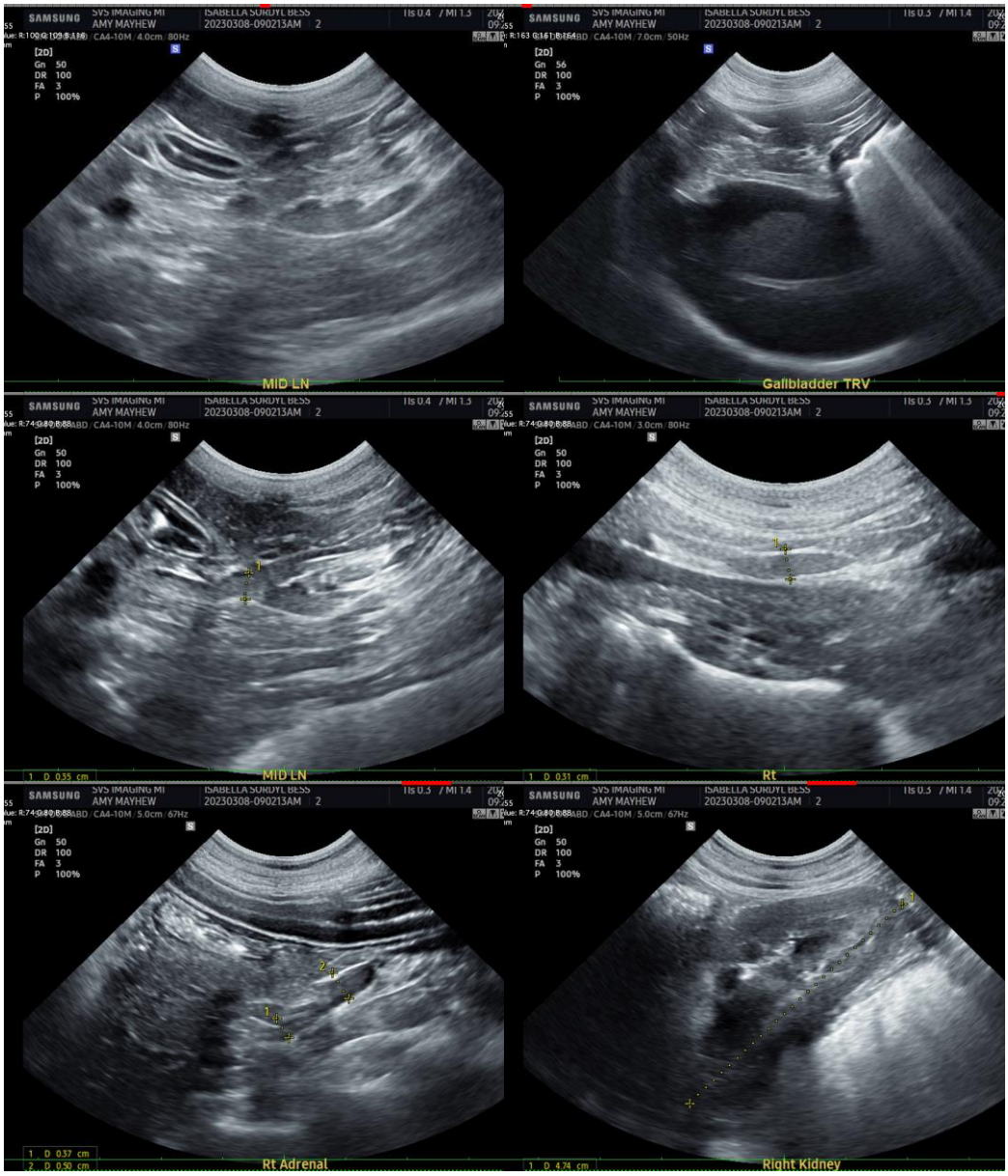
As is reportedly already pending, an echocardiogram is recommended given this patient's presenting complaint of a cough. Incidentally and likely unrelated to either the cough and/or thus expected abdominal mass on x-rays, it's atypical to be able to palpate a dog's thyroid gland and this patient's T4 is mildly increased. If these findings are consistent and without an explanation not provided in the history, further evaluation of the thyroid gland / mass may be warranted beginning with a fine needle aspirate and/or potentially a cervical CT scan. If on the other hand there is an explanation such as a treated hypothyroid dog, then perhaps supplement dose can be adjusted.



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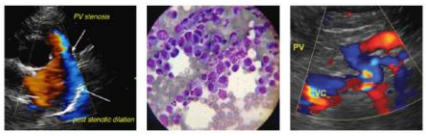

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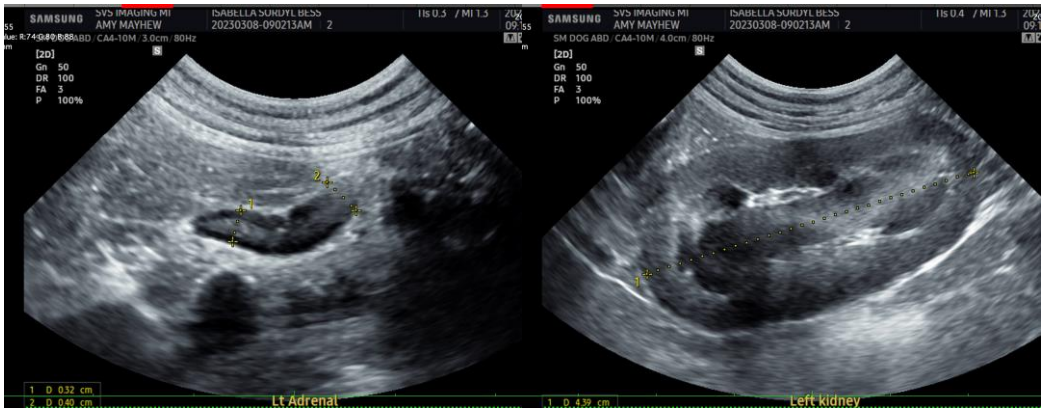

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Beth Johnson, DVM, DACVIM
Beth.Johnson@sonopath.com