



PATIENT

Ance Thomas

SPECIES

Canine

BREED

Siamese

SEX

Spayed Female

AGE

12 Years

WEIGHT

8.0 Pounds

INTERPRETED BY

Beth Johnson, DVM
DACVIM

IMAGING PERFORMED BY

Dr. Sig Nottingham

HOSPITAL NAME

All Creatures AH

REFERRING VET

Dr. Sig Nottingham

INVOICE

39051

DATE

6/23/22

PRESENTING CLINICAL SIGNS

Started vomiting about 10 days ago and now has a decreased appetite. P has also lost a small amount of weight (from 8.4 to 8# in last 3 weeks). P is not febrile and has a history of IBD DXd by ultrasound. Abnormal PE/Chem/CBC/UA Results: amylase 1792, lipase 2585, glucose 252, total white count 14,830 with 12,670 being neutrophils.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is moderately 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 kidneys are bilaterally small, irregular and diffusely echogenic with decreased corticomedullary distinction and poor visualization of internal architecture. There is no pyelectasia noted and no mineral is observed. The left kidney measured 2.8 cm (**See other). The right kidney measured 3.2 cm.

Adrenal Glands

The right adrenal gland is unable to be well visualized in these images.

The left adrenal gland is normal in size (0.30 cm thick), 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.

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.

The gallbladder is non-distended in size. The wall is smooth without visible thickening. Luminal contents are primarily anechoic. There is no evidence of cystic or common bile duct dilation.

Gastrointestinal

The stomach wall is normal in thickness (canine < 0.5 cm and feline < 0.4 cm) and layering. The lumen of the stomach is empty with no evidence of obstruction, foreign material or infiltrative disease. Pyloric outflow tract appears patent.

There is no visible bowel pathology present in these images. **See other.

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. **See other.



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Free Abdomen

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Medial to the spleen, near the left kidney, there is a 3.0 cm x 4.0 cm structure with a 2.5 cm x 2.0 cm fluid-filled pocket within the structure. The fluid-filled pocket is surrounded by a thick hyperechoic area. The entire structure is surrounded by enhanced hyperechoic fat and mesentery.

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ULTRASONOGRAPHIC FINDINGS

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- Chronic Kidney Disease - This appearance of the kidneys is consistent with chronic kidney disease such as chronic glomerular or interstitial nephritis, chronic pyelonephritis, etc.
- Fluid-filled structure medial to the spleen in the area of the left kidney – This cannot definitively be differentiated in terms of tissue type. However, differentials include a complicated renal cyst or abscess, a pancreatic cyst or abscess, a bowel mass or cavitated lymph node.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Three view thoracic radiographs are recommended for further assessment of cardio-pulmonary status as well as to further evaluate for any evidence of metastatic disease, if not recently evaluated.
- Fine needle aspirate/drainage of the mid abdominal structure for cytology and culture, if patient's coagulation status is appropriate.
- Other diagnostic considerations could include an abdominal CT scan for further differentiation of tissue origin and procedure planning.

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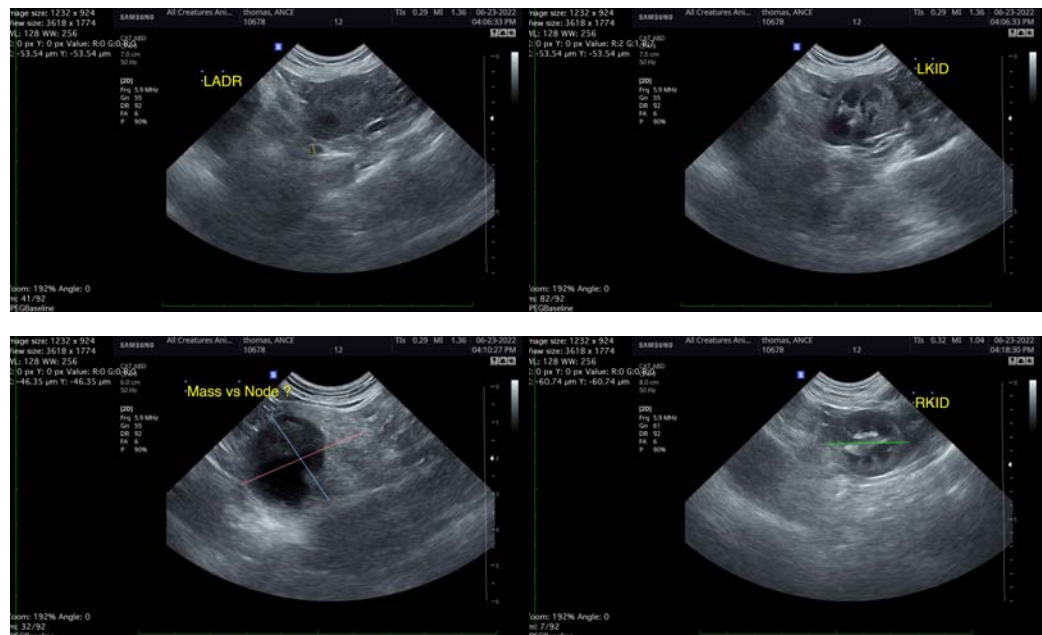
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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