



PATIENT

Lady Snyder

SPECIES

Canine

BREED

Bullmastiff

SEX

Female

AGE

7 years

WEIGHT

89.2 lbs

INTERPRETED BY

Dr Brittany Sinclair,
BVSc(hons), DACVECC

IMAGING PERFORMED BY

Dr. Waffle

HOSPITAL NAME

Torch Lake VC

REFERRING VET

Dr. Waffle

INVOICE

43273

DATE

3/13/23

PRESENTING CLINICAL SIGNS

History: P presented for HX of seizures. First one was 2 years ago. P has not had an episode until 6 weeks ago. Last week P started to have seizures about 3 times a day lasting 1-2 minutes at a time. O claims that when P is over stimulated it will induce a seizure. P will lay on side; opisthotonos; kick feet. after will get up as if nothing happened. P was suspected to be pregnant - Pug sire. P will intermittently eat.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, and visible pelvic urethra were of normal thickness. The ureters were not visible which is normal. There was normal wall layering with no masses, uroliths or abnormal thickening visualized. Urine was anechoic. No evidence of inflammatory or neoplastic changes were noted.

The kidneys have a smooth capsule and with hazing of corticomedullary definition to the point of inability to determine cortical/medullary ratio. No evidence of pelvic dilation was present. The left kidney measured 7.4 cm and the right kidney measured 7.06 cm.

Adrenal Glands

Adrenal glands - Left adrenal gland was visualized and recognized as having normal shape, size, position and echogenicity for this breed. The phrenic vasculature, glandular echogenicity and detail were unremarkable. Capsule, cortex, and medullary definition were normal for this age patient. The right adrenal gland was not definitively visualized. The left adrenal gland measured 2.55 cm in length x 0.61 cm at the caudal pole and 0.73 cm at the cranial pole.

Spleen

The spleen was normal with a smooth homogeneous parenchyma hyperechoic to liver and renal cortical parenchyma and smooth capsule, with normal splenic vasculature with no signs of congestion or thrombosis. No sonographic evidence of acute or chronic inflammatory, neoplastic, or infarct changes were noted.

Liver

The liver is subjectively normal in size with normal contours and structure. The parenchyma is slightly heterogenous with a coarse appearance. Vascular and biliary tracts are of normal volume with no evidence of congestion. No pathological hepatic lymphadenopathy observed. Gallbladder is moderately distended with normal wall thickness and anechoic contents. Common bile duct is non-distended and tapers normally

Gastrointestinal

The stomach contains gas shadowing obstructing visualization of contents. It measures at a normal thickness of with some variability due to the presence of rugal folds. The distinction of the gastric wall



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layers is adequate and there is no impression of reduced peristaltic activity. No masses or focal lesions were observed.

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The visualized areas of duodenum, jejunum and ileum have a relatively uniform diameter with minimal fluid distension. Gas was present throughout the GI tract. Wall thickness is normal. Bowel loops follow a curvilinear path with distinct wall layering maintaining the typical 1:3 muscularis:mucosa layer ratio. Visualized peristalsis appears appropriate. There were no focal lesions consistent with obstruction or a mass effect observed.

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Sections of colon are visualized with formed fecal material and gas shadowing distally. There is no observed focal or generalized colon wall thickening or loss of layering.

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Pancreas

The base and limbs of the pancreas were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour and parenchyma were normal. No overt evidence of active inflammatory or neoplastic disease was noted.

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Lymph Nodes

No clinically significant lymphadenopathy or abnormalities noted.

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Free Abdomen

No masses or free fluid were noted.

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ULTRASONOGRAPHIC FINDINGS

Primary Findings

1. Coarse liver
2. Degenerative renal changes

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

. No ultrasonographically apparent cause of seizure activity is present. MRI +/- CSF tap is indicated for attempted definitive diagnosis of cause of reported seizure activity.

REFERRING VET

Dr. Waffle

Liver changes are a common benign age related change, but infiltrative disease (lymphoma, MCT, other) cannot be definitively ruled out. No significant disruption of architecture noted to suggest significant pathology. Fine needle aspirate could be considered to further characterize parenchymal changes if clinically indicated, especially if any weight loss is noted or for baseline cytological assessment.

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Renal changes are likely age related degeneration. Correlate clinical significance with blood work/urinalysis findings and clinical signs.

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BThe 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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