

**PATIENT**

Mahlee Przybylowicz

SPECIES

Canine

BREED

Husky

SEX

Spayed Female

AGE

10 Years

WEIGHT

79 Pounds

INTERPRETED BYJessica Midence, DVM,
DACVIM (SAIM)**IMAGING PERFORMED BY**

Amy Mayhew, LVT

HOSPITAL NAME

SVS Imaging MI

REFERRING VET

Dr. Anchill/Simpson

INVOICE

45351

DATE

2/17/23

PRESENTING CLINICAL SIGNS

Presented for elective dental cleaning. Pre-op body radiographs obtained. Loss of detail in cranial/mid abdomen in region abutting stomach, spleen and possibly liver with displacement of intestines (most evident on V/D view)

Abnormal PE/Chem/CBC/UA Results: 1/2022 ALP=249 USG=1.010. Rads are attached for comparison

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**Urinary System**

The apex of the urinary bladder measures thick at 7.0 mm, but given how empty the bladder is, this is considered a normal thickness. No evidence of mucosal irregularities. The bladder lumen was almost empty of urine. Urine was anechoic. No masses, inflammatory changes or calculi are observed.

The left kidney is normal in size, shape and architecture with smooth peripheral margins and measures 7.63 cm. There is normal corticomedullary distinction and normal echogenicity. There is no evidence of pyelectasia, infarcts or hydroureter. Very subtle hyperechoic striations in the cortex, consistent with nephrocalcinosis.

The right kidney is normal in size, shape and architecture with smooth peripheral margins and measures 7.89 cm. There is normal corticomedullary distinction and normal echogenicity. There is no evidence of pyelectasia, infarcts or hydroureter. Very subtle hyperechoic striations in the cortex, consistent with nephrocalcinosis.

Adrenal Glands

The left adrenal gland is slender (0.42 cm at the cranial pole, 0.45 cm at the caudal pole). The left adrenal gland has normal shape and it is normal in appearance and echogenicity.

The right adrenal gland is slender (0.42 cm at the cranial pole, 0.44 cm at the caudal pole). The right adrenal gland has normal shape and it is normal in appearance and echogenicity.

Spleen

The splenic echotexture is homogeneous with parenchyma hyperechoic to liver and renal cortical parenchyma. The capsule is smooth with no irregularities. The splenic vasculature is normal without signs of congestion or thrombosis.

Liver

The liver is subjectively normal in size with normal contours, structure, with smooth peripheral margins. It is mildly hyperechoic with normal portal markings. No overt evidence of inflammatory, infiltrative or regenerative pathology is evident. The visible portions of the vasculature and biliary tract appear normal. No pathological hepatic lymphadenopathy observed.

The gallbladder lumen is moderately distended. The wall is a normal thickness and smooth. There is a small volume of suspended echogenic debris that is not organized. The cystic and common bile ducts are normal/not visible.

Gastrointestinal

The gastric lumen is empty. The stomach wall is of normal wall thickness with some variability due to rugal folds. There is normal gastric wall layering. There are no masses or focal lesions observed and the pyloric outflow tract appears patent.

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The visualized areas of duodenum, jejunum and ileum appear normal in thickness. The duodenum measures normal with distinct wall layering. The remainder of the small intestines also measures normal with normal wall layering. The lumen of the small intestine was empty with no signs of ileus, obstruction or foreign material. No focal lesions observed.

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

Pancreas

The area of the pancreas is normal and isoechoic to surrounding mesentery. There is no evidence of nodules or cystic lesions. There is no evidence of regional mesenteric inflammation or fluid. The visible pancreatic duct was normal.

Free Abdomen

Evaluation of the peritoneal cavity did not reveal any evidence of effusion, or subjective lymphadenomegaly. The omentum is of normal uniform echogenicity.

PRIMARY FINDINGS

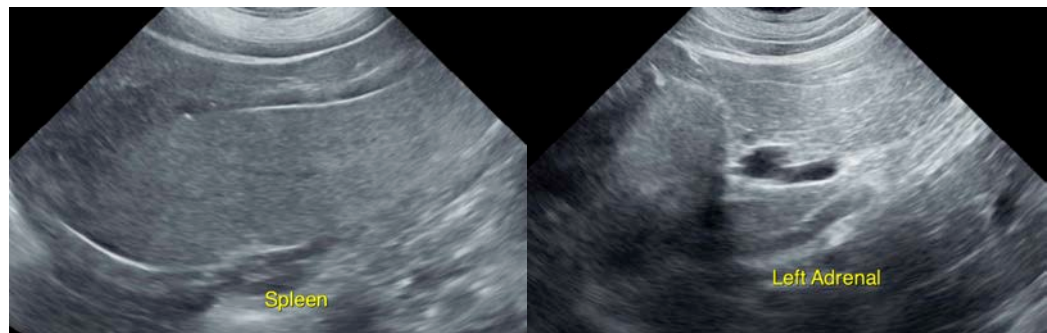
- Mildly hyperechoic liver – consistent with vacuolar hepatopathy, benign aging change
- Gallbladder sludge

SECONDARY FINDINGS

- Subtle nephrocalcinosis, likely clinically insignificant
- Slender adrenal glands

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The majority of this examination is normal. The changes found are quite subtle and likely benign aging changes. Consider Ursodiol therapy if not contraindicated in this patient. The hyperechoic striations in the renal cortices were subtle and of questionable clinical significance. Monitoring with routine lab work and urine testing to evaluate for loss of renal function should be considered. The slender adrenal glands are likely a variation of normal, though if there are other indications that the patient may have hypoadrenocorticism, testing can be considered with a baseline cortisol.



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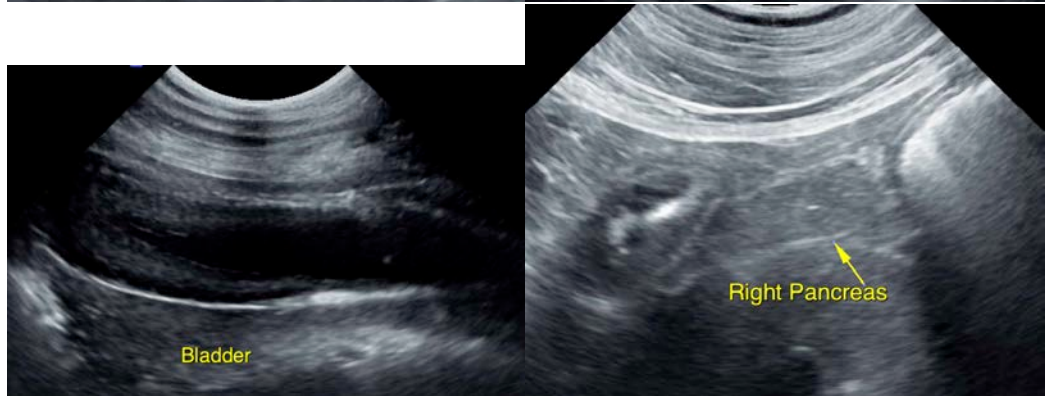
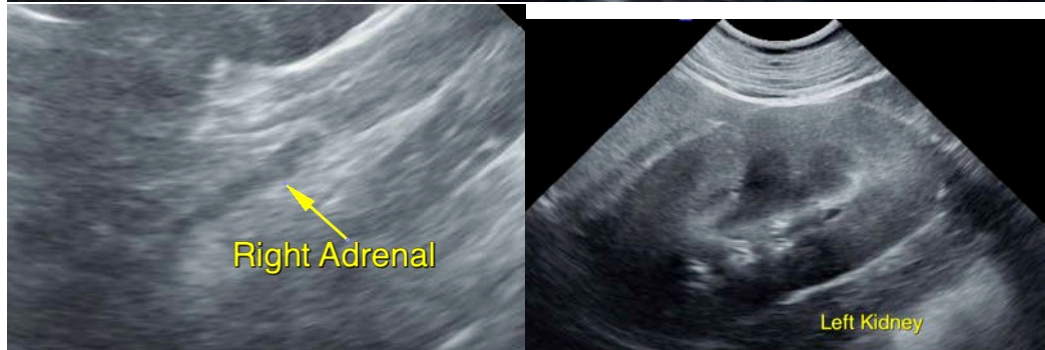
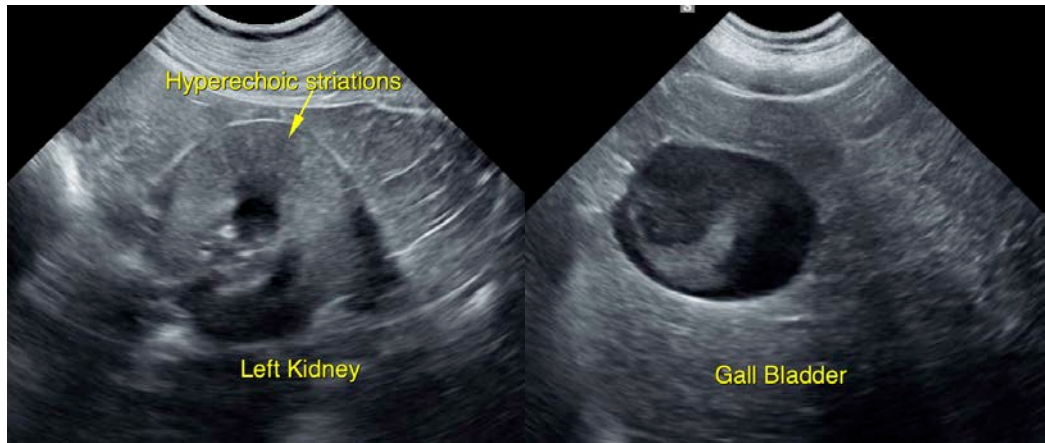
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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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