

PATIENT

Rylee Kelley

SPECIES

Canine

BREED

Terrier Mix

SEX

Neutered Male

AGE

10 years, 3 mos

WEIGHT

38.4 lbs

INTERPRETED BY

Jessica Midence, DVM,
DACVIM (SAIM)

IMAGING PERFORMED BY

Graham Sager-Gellerman, DVM

HOSPITAL NAME

Back Bay VC

REFERRING VET

Graham Sager-Gellerman, DVM

INVOICE

12508

DATE

3.24.23

PRESENTING CLINICAL SIGNS

History: History mildly elevated hepatic values; AUS on 11/21 showed hepatic nodule (poorly defined isoechoic ~1.5 cm nodule in left liver lobe) -Frequent coughing/gagging episodes, primarily when lying down in bean bag - cough sounds productive but is not -Two vomiting episodes over the past two weeks, around 4am in the morning - vomit is mostly sticks/leaves -Episodes this week of frantic gulping/licking/needling to eat grass -For the past two weeks, has developed new interest in eating wood chips off street while on walks - happens constantly on every walk now - obsessively looking for wood chips to eat -Tried a couple days of Cerenia this week w/ no change to symptoms. Previously tried Omeprazole but p developed diarrhea, so stopped.

Abnormal PE/Chem/CBC/UA Results: 11/22/22: CHEM: ALT (221), ALP (821) ProBNP: 1189
10/25/22: CBC: wnl CHEM: ALT (242), ALP (673) Post-prandial bile acid (12.2) T4: 1.6 4dx: neg x 4
8/23/22: - Fecal: Giardia antigen positive, no cysts 9/28/21: CHEM: ALT (175), ALP (380) 9/24/21: ALT (183), ALP (355) 2/8/21: ALT wnl, ALP (201)

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder mucosa, trigone, and visible urethra are normal in thickness and there is no evidence of mucosal irregularities. The bladder lumen is mildly distended with anechoic urine and bladder thickness is considered normal given the low volume of urine.

The prostate measures appropriate (0.83 cm) for the neutered status of the dog. The parenchyma appears homogenous.

The left kidney is normal in size, shape and architecture with smooth peripheral margins and measures 5.00 cm. There is normal corticomedullary distinction and normal echogenicity. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter.

The right kidney is normal in size, shape and architecture with smooth peripheral margins and measures 5.30 cm. There is normal corticomedullary. distinction and normal echogenicity. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter.

Adrenal Glands

The left adrenal gland is normal in size (cranial pole 0.52 cm / caudal pole 0.37 cm). The left adrenal gland has normal shape and it is normal in appearance and echogenicity.

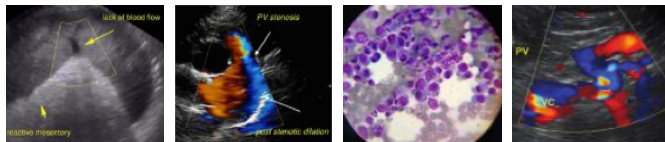
The right adrenal gland is normal in size at 0.62 cm. The right adrenal gland has normal shape and it is normal in appearance and echogenicity.

Spleen

The spleen is plump (1.90 cm) with homogeneous echotexture and 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 enlarged with rounded contours but has normal structure and smooth peripheral margins. The echogenicity appears hyperechoic with decreased 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 previously seen hepatic nodule is not seen on this exam.



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The gallbladder lumen is mildly distended with anechoic bile. The wall is a normal thickness and smooth. Luminal contents are anechoic. The cystic and common bile ducts are normal/not visible.

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Gastrointestinal Tract

The stomach contains a small volume of ingesta. 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 normal.

BREED

Terrier Mix

The duodenum measures mildly thick (0.56 cm - normal is up to 0.51 cm). There is ample ingesta within the duodenum, with some ileus. The jejunum and ileum appear normal in thickness. The duodenum is normal with distinct wall layering. The remainder of the small intestines are 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.

SEX

Neutered Male

The sections of colon are visualized with formed fecal material and gas shadowing distally.

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.

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Peritoneum

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

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ULTRASONOGRAPHIC FINDINGS

Findings

- Duodenitis
- Hyperechoic hepatomegaly

INTERPRETED BY

Jessica Midence, DVM,
DACVIM (SAIM)

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There is some ileus and thickening of the duodenum consistent with enteritis. Frantic gulping, air-licking, and stick/grass-eating are often signs of gastroenteritis. Consider a GI panel, other antiemetics, or a diet trial, with a gastrointestinal diet such as Hills ID, Royal Canin Gastroenteritis Low-fat, etc. Repeat full lab-work, including thyroid testing, a triglyceride and urinalysis (if not already considered). If symptoms continue, consider referral for internal medicine evaluation and possibly endoscopic evaluation.

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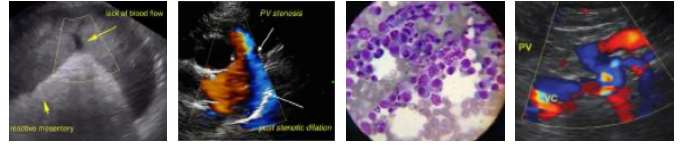
The liver did have round margins and was subjectively enlarged and hyperechoic. These changes could be consistent with vacuolar hepatopathy, which is considered a benign aging change if there are no underlying endocrine disorders (then monitoring would be appropriate). A liver nodule was not seen today, but that does not rule it out entirely, given it was previously described as isoechoic with poorly-defined margins.

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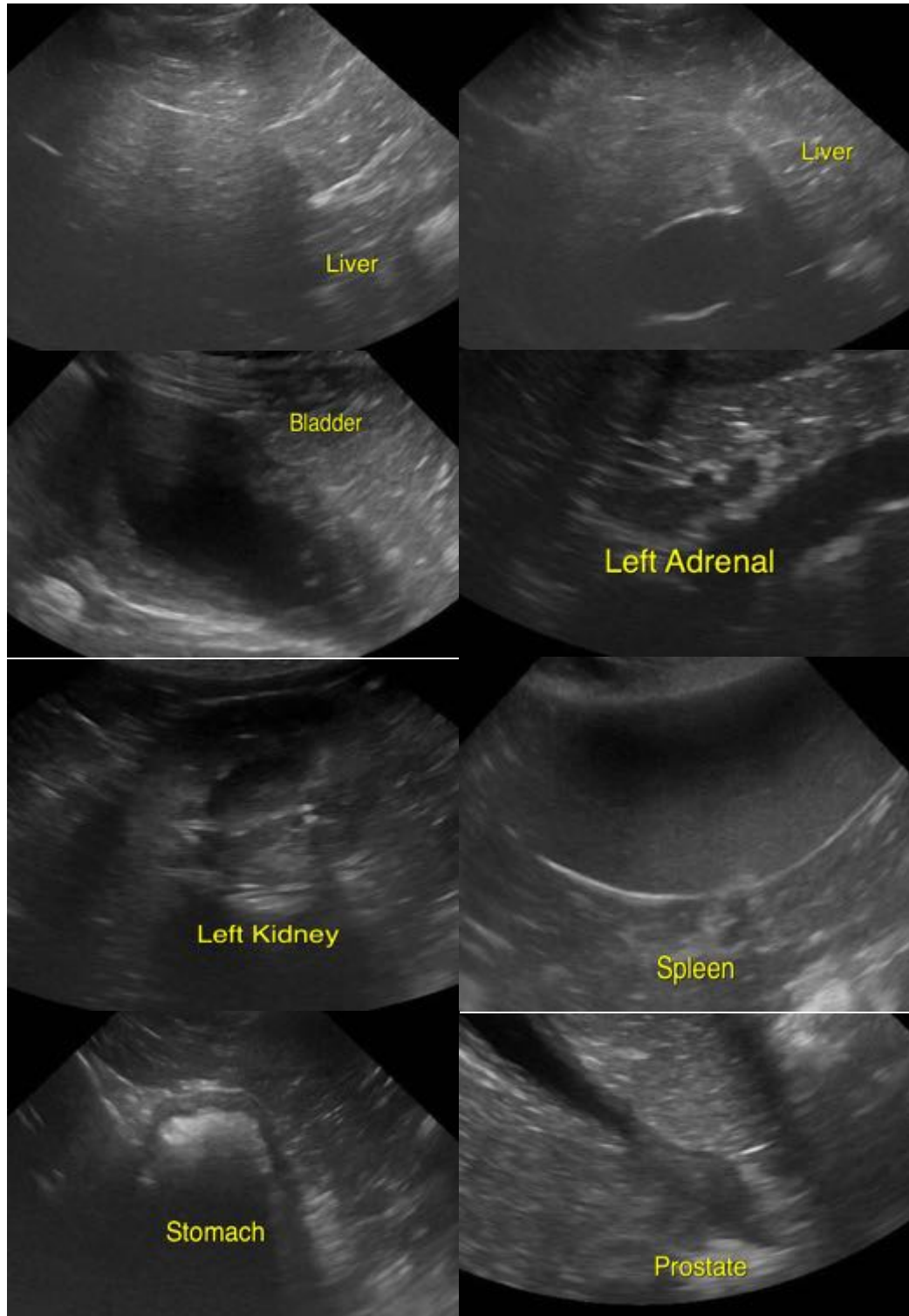
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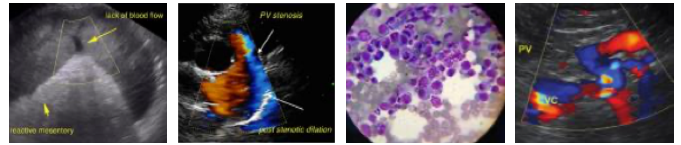
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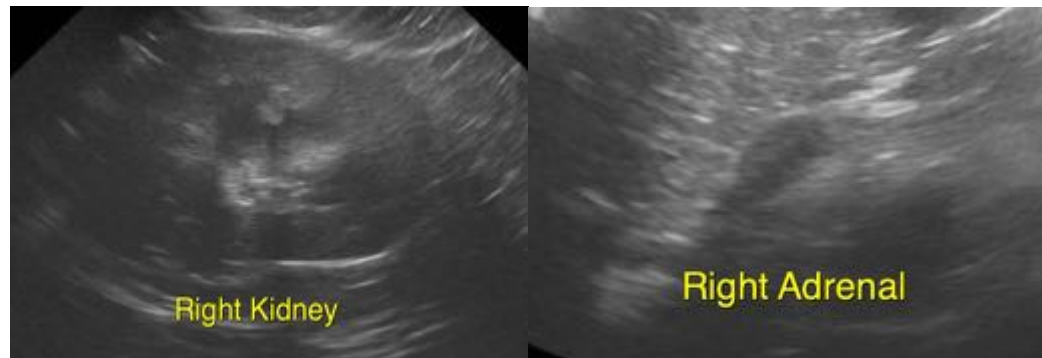
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Jessica Midence, DVM, DACVIM (SAIM)
info@SonoPath.com