



PATIENT

Hilly Jones

SPECIES

Canine

BREED

Labrador

SEX

Spayed Female

AGE

14 Years

WEIGHT

64 Pounds

INTERPRETED BY

Lisa Carioto, DVM,
DVSc, Diplomate
ACVIM

**IMAGING
PERFORMED BY**

Dr. Reyes

HOSPITAL NAME

Mobieli Vet Ultrasound

REFERRING VET

Dr. Graves

INVOICE

16462

DATE

7/1/22

PRESENTING CLINICAL SIGNS

History: Geriatric screening and history of cranial organomegaly. Splenic Myelolipomas were seen on previous ultrasound (different location). Doing well in general

Abnormal PE/Chem/CBC/UA Results: ALP: 193 Rest NSF

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder** is not fully distended, but its contents are anechoic. The wall is smooth, but mildly irregular in certain regions. The latter may be due to the bladder not being well distended. No abnormalities are noted with the trigone or proximal urethra, and there is no evidence of sediment, cystoliths, polyps or a mass.

Kidneys

The **left kidney** measures 5.96 cm. The capsule is smooth. The cortex is very mildly hyperechoic and a very mild loss of the normal definition of the cortico-medullary junction is present. Mineralizations of the diverticulae and pelvis are present, without evidence of nephroliths or pyelectasia. The surrounding mesentery is not hyperechoic.

The **right kidney** measures 6.98 cm. Findings are similar to the left kidney.

Aortic bifurcation/trifurcation

No abnormalities observed.

Adrenal Glands

The **left adrenal gland** measures 0.65 cm at the cranial pole, 0.64 cm at the caudal pole. No abnormalities are noted with the gland's overall architecture, echogenicity or echotexture. The phrenico-abdominal vein and surrounding vasculature and mesentery are unremarkable.

The **right adrenal gland** is not visualized, however, no abnormalities are noted in the region.

Spleen

The spleen is within normal limits in size, architecture, echotexture, and echogenicity. The capsule is smooth. Hyperechoic nodules of variable size are observed scattered throughout the parenchyma. They do not produce acoustic shadows. The nodules may be composed of fat, mineralization, and areas of ischemia, as well as a combination of the three. Multiple areas of perivascular cuffing, consistent with myelolipomas is observed; these are not considered clinically significant. No abnormalities are observed with its vasculature, i.e. congestion and thrombi are not identified.

Liver

There are no obvious signs of hepatomegaly and its borders are smooth and sharp to very mildly rounded. It is mildly hyperechoic, i.e. it is isoechoic to the spleen. Its echotexture is homogeneous. Focal lesions are not observed and no abnormalities are observed with the hepatic vessels.

The gallbladder (GB) wall is very mildly thickened at 1.8 mm, but within normal limits in echogenicity. A small amount of free floating, gravity dependent and inspissated echogenic material is present within the GB. The portions of the cystic and/or common bile ducts observed are not dilated or tortuous, i.e. there are no signs of an obstruction.



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Gastrointestinal

Hilly Jones

Food and gas are present within the lumen of the stomach. The gastric wall is within normal limits in thickness and the wall layers are well defined. No obvious abnormalities are observed with its peristalsis.

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The small intestinal wall thickness, including the duodenum, is within normal limits and the definition of the wall layers is preserved. Abnormally dilated loops of bowel are not observed.

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Gas and ingesta are present in the transverse colon. The colonic wall is not thickened and mural detail is considered normal.

SEX

Pancreas

Spayed Female

The pancreas has a mildly coarse echotexture and is mildly heterogeneous. It consists of hypoechoic nodules of variable size and pinpoint to punctate hyperechoic foci scattered throughout the parenchyma. These changes are suggestive of nodular hyperplasia and fibrosis, respectively. Fibrosis may be an age-related change, secondary to previous episodes of pancreatitis, mineralization and amyloid deposition. Signs of active pancreatitis or neoplasia are not appreciated.

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Other

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Lymph nodes No abnormalities are observed

Abdominal effusion is not visualized.

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ULTRASONOGRAPHIC FINDINGS

- **Spleen:** Myelolipomas are noted in addition to multiple hyperechoic nodules. Differential diagnoses include fat, mineralization, and areas of ischemia, as well as a combination of the three. The changes observed are not considered clinically significant. There are no signs of neoplasia.
- **Liver:** A vacuolar hepatopathy, a non-specific sign, is suspected. Further diagnostics are not necessary if hepatic enzyme activities are within normal limits on blood work and there are no signs of pu/pd/pp.
- **Gallbladder:** The gallbladder sludge is most likely clinically insignificant, however, gastroesophageal reflux disease (GERD), can occur in some patients. Obtaining a history regarding signs of GERD from the client is suggested.
- **Kidneys:** Age-related degenerative changes
- **Urinary bladder:** The mucosa of the bladder wall is very mildly irregular in certain regions. This may be due to the bladder not being well distended. Subclinical bacteriuria is less likely given the absence of other abnormalities.
- **Pancreas:** Age related changes, however, previous episodes of pancreatitis cannot be excluded. There are no signs of active pancreatitis or neoplasia.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS



PATIENT

A urinalysis is suggested to complete a routine “wellness check”

Hilly Jones

A urine culture and sensitivity is suggestive *if* abnormalities are observed.

SPECIES

I am happy to inform you there are no significant abnormalities on Hilly’s abdominal ultrasound.

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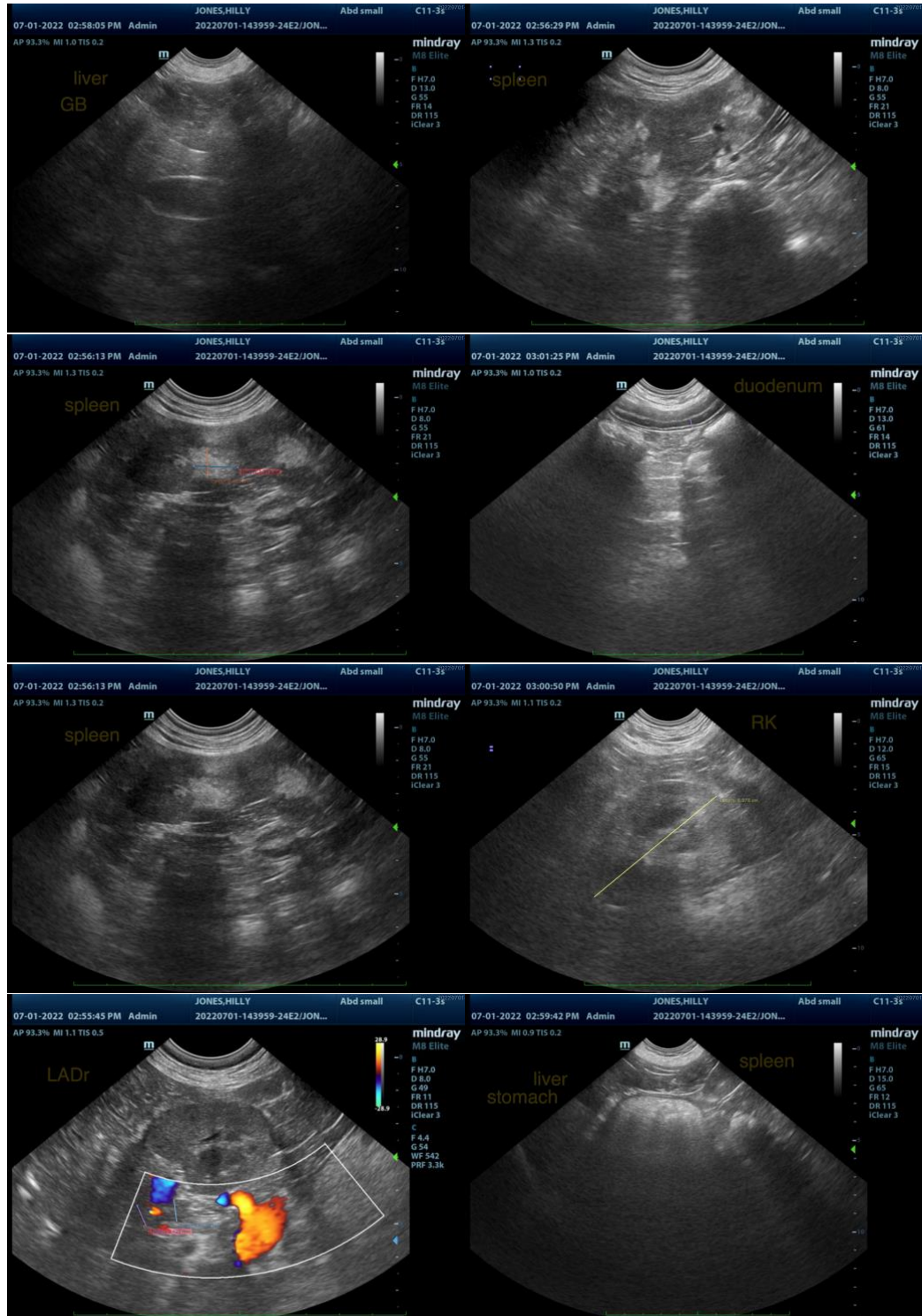
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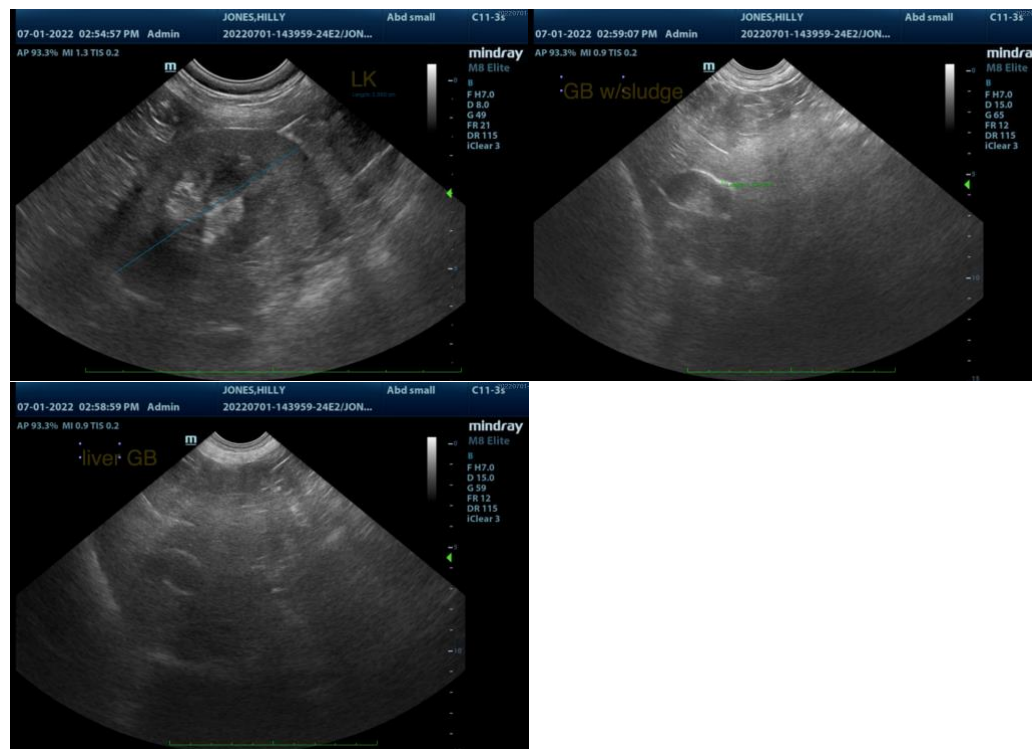
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Lisa Carioto, DVM, DVSc, Diplomate ACVIM

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