



PATIENT

Millie Krcmar

SPECIES

Canine

BREED

Bichon

SEX

Spayed Female

AGE

11 Years

WEIGHT

10.8 Pounds

INTERPRETED BY

R. McKenzie Daniel,
DVM, DABVP
(Canine and Feline)

IMAGING PERFORMED BY

Kim Liedberg

HOSPITAL NAME

SVS Imaging WI

REFERRING VET

Dr. Koya, Fox Lake AH

INVOICE

34247

DATE

1/14/22

PRESENTING CLINICAL SIGNS

Presented on 1/13/22 for lethargy and pale gums. BW revealed anemia. Abd ultrasound to check mass or hemoabdomen. Abdomen soft non-painful. IMHA slide agglutination neg. She is on doxycycline 100mg 1/4 BID famotidine 10mg 1/4 BID famotidine 10mg 1/4 BID Prednisone 5mg 1/2 bid 5 days, 1/2 SID 5 days, 1/2 every other day for 5 days.
Abnormal PE/Chem/CBC/UA Results: Hematocrit 21.1 Chem WNL Platelets 150

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 3.0 cm exhibited normal thickness and tone. Anechoic urine was present in the lumen with no uroliths or sediment. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes were noted.

No evidence of lymphadenopathy in the area of the iliac trifurcation, including no evidence of medial iliac or sublumbar lymphadenopathy.

Normal size and margination were present in the kidneys. A normal 1:3 cortex / medulla ratio was maintained. The medulla and cortices were uniform in texture with some increased echogenicity and loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The left kidney measured 4.0 cm. The right kidney measured 4.4 cm.

Adrenal Glands

The adrenal glands were uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.34 cm at the cranial pole and 0.49 cm at the caudal pole. The right adrenal gland measured 0.43 cm at the cranial pole and 0.49 cm at the caudal pole.

Spleen

The spleen was normal in size and contour. Mild generalized splenic parenchyma heterogeneity noted, exhibiting subtle reduced parenchyma echogenicity. No splenic masses or nodules noted.

Liver

The liver was subjectively normal in size, structure, and contour. The liver parenchyma was mildly nonuniform and hypoechoic to the spleen with a moderate coarse echotexture and subjective mild to benign parenchymal remodeling. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non distended in size with mild, echogenic, nonmineralized biliary sludge. The cystic duct and common bile ducts were normal without evidence of dilation.

Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach was empty with no signs of ileus, obstruction or foreign material. Gastric body wall measured 0.41 cm.

The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. The lumen of the small intestine was empty with no signs of ileus, obstruction or foreign material. Duodenum wall measured 0.29 cm. Jejunum wall measured 0.25 cm. Normal visible colon wall layers were present with apparent formed feces in lumen.

No evidence of gastrointestinal masses as potential cause of gastrointestinal bleeding.



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Pancreas

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The parenchyma of the left limb, body and right limb of the pancreas presented isoechoic to the adjacent omental fat. A normal curvilinear capsule contour of the pancreas was present. The visible pancreatic duct was normal. No signs of active inflammation or neoplastic disease was evident.

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Free Abdomen

Intermittent enlarged mesenteric lymph nodes were present. Example measured 0.68 cm in diameter. These lymph nodes were homogenous, mildly hypoechoic and smoothly margined. A normal width:length ratio was maintained (<0.5). Evidence of perilymphatic inflammation was evident.

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Generalized mild reactive mesentery noted. No evidence of peritoneal effusion.

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- Mild chronic renal changes
- Normal splenic size/contour with generalized mild parenchyma heterogeneity and reduced echogenicity – non-specific, suspect reactive or benign splenic changes without overt evidence of neoplastic criteria.
- Hepatic parenchymal remodeling – subjectively benign.
- Mild gallbladder debris (non-mucocele)
- Overtly normal gastrointestinal tract – potential for mild gastritis/gastroenteritis possible, no evidence of neoplastic criteria or shadowing foreign body.
- Intermittent non-specific mesenteric lymphadenopathy and mild reactive mesentery, no evidence of peritoneal effusion – lymphoid hyperplasia, reactive lymphadenitis, while potential for emerging neoplastic lymphadenopathy cannot be excluded.

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ULTRASONOGRAPHIC FINDINGS

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Assuming normal clotting status, ultrasound guided FNA of mesenteric lymph node (if accessible) +/- spleen using 25-gauge needle for cytology and further clarification could be considered. No overt evidence of definitive intraabdominal neoplasia, as well as no evidence of intraabdominal bleeding. If not done, 3-view chest radiographs may be considered to rule out thoracic pathology.

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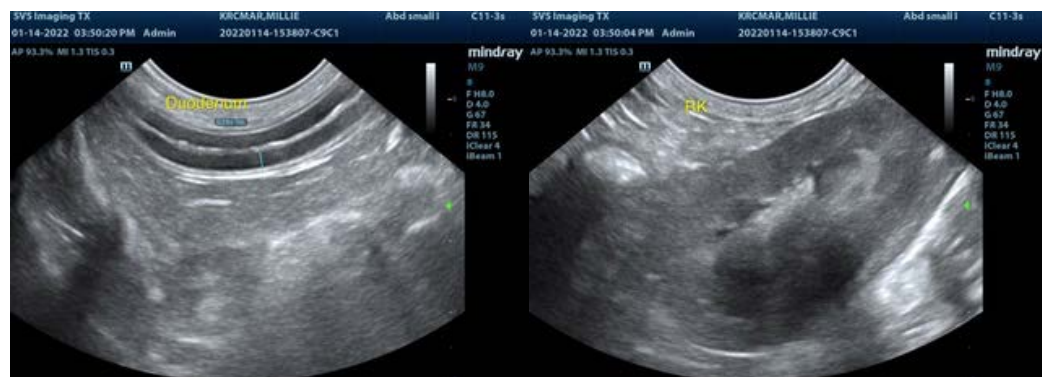
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

R. McKenzie Daniel, DVM, DABVP (Canine / Feline Practice)
info@SonoPath.com

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