



PATIENT

Rosie Mimm

SPECIES

Canine

BREED

Schnoodle

SEX

FS

AGE

12yr

WEIGHT

22lb

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Rodriguez

HOSPITAL NAME

Foxfield Veterinary
Services

REFERRING VET

Dr. Rodriguez

INVOICE

12707ag

DATE

01/16/2023

PRESENTING CLINICAL SIGNS

Emesis.

Diabetic on insulin

Abnormal PE/Chem/CBC/UA Results: GLU: 235, ALT: 308, ALK: 629, GGT: 7, Chol: 378, T4: 4.4

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder presented uniformly thickened urinary bladder wall isoechoic to the adjacent normal urinary bladder wall. The luminal margin of the thickened urinary bladder wall was mildly asymmetrical in contour. Urinary bladder wall thickness measured 0.50 cm. Mineralization or echogenic foci within the thickened areas of urinary bladder wall was not present. The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra exhibited normal 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.

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 moderate loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. Pinpoint medullary foci present which may indicate areas of corticomedullary fibrosis, microinfarction or mineralization were present. Focal areas of peri pelvic mineral noted. The left kidney measured 5.9 cm in length. The right kidney measured 6.2 cm in length.

The area of the aortic trifurcation was free of pathology.

Adrenal Glands

The bilateral adrenal glands were normal in size. Mild parenchyma heterogeneity and mild capsule asymmetry was present without suspicion for overt neoplasia. The left adrenal gland measured 2.2 cm length and 0.45 cm width in the caudal pole. The right adrenal gland measured 2.3 cm length and 0.60 cm width in the caudal pole.

Spleen

The spleen exhibited primarily finely textured parenchyma which was hyperechoic to the liver and renal cortical parenchyma. Mild generalized parenchyma heterogeneity was present without evidence of nodular changes. The capsule was smooth and regular without apparent expansion. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis. The parenchymal heterogeneity is likely consistent with benign changes such as extramedullary hematopoiesis or age related remodeling with minor potential for inflammatory or neoplastic disease.

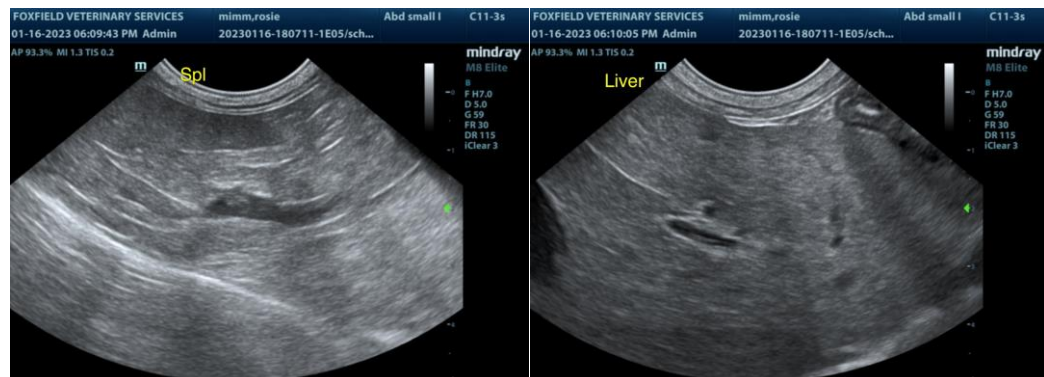
Liver/Gallbladder

The liver exhibited generalized enlargement with rounded to swollen contour. Generalized non-homogenous parenchyma exhibiting moderate coarse architecture and evidence of remodeling was present. Intermittent discrete non-disruptive nodules were present. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder wall was thickened in appearance consisting of an echogenic double rim corresponding to the inner and outer portions of the wall. This is consistent with gallbladder wall edema. Possible causes may include acute inflammation, edema and anaphylaxis. Mild non-dependent non-organized echogenic luminal debris was present in the gallbladder lumen.

Gastrointestinal



PATIENT	The stomach presented wall thickening secondary to echogenic mucosa hypertrophy. Intact wall layering was maintained and distinct. Mild gastric distension with primarily anechoic fluid was present.
Rosie Mimm	
SPECIES	The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. Minor upper duodenal ileus was present. The lumen of the small intestine was empty with no signs of ileus, obstruction or foreign material.
Canine	Normal visible colon wall layers were present with apparent formed feces in lumen.
BREED	Pancreas
Schnoodle	The pancreas was normal in size and contour with isoechoic to heterogeneous parenchyma compared to adjacent omentum, likely consistent with age related changes and considered incidental. No signs of active inflammation or neoplasia.
SEX	Free Abdomen
FS	No omental masses, overt lymphadenopathy or peritoneal effusion was present.
AGE	ULTRASONOGRAPHIC FINDINGS
12yr	<ul style="list-style-type: none"> Mild cystitis Bilateral moderate chronic renal changes exhibiting corticomedullary foci and minor mineralization Gastritis/gastroduodenitis pattern-no evidence of mechanical obstruction Heterogenous to remodeled pancreas- patient/ age variant, remodeling owing to previous inflammatory episode or mild to chronic pancreatitis possible Hepatomegaly with non-homogenous to discretely nodular parenchyma- metabolic/reactive/vacuolar, diabetic hepatopathy, inflammatory hepatopathy, hyperplasia, hematopoiesis possible with neoplasia thought less likely Cholecystitis with moderate non-dependent luminal debris-possible early gallbladder mucocele, anaphylaxis considered less likely
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INTERPRETED BY	INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	Assuming normal clotting status and using a 25g needle, a hepatic FNA for screening cytology could be considered for further assessment primarily to assess for evidence of inflammatory cells. A spec cPL is warranted to assess for chronic or low-grade pancreatitis.
IMAGING PERFORMED BY	Sonographic reassessment of the gallbladder is recommended if increasing hepatic enzymes, cholestasis or cranial abdominal/subxiphoid discomfort on palpation.
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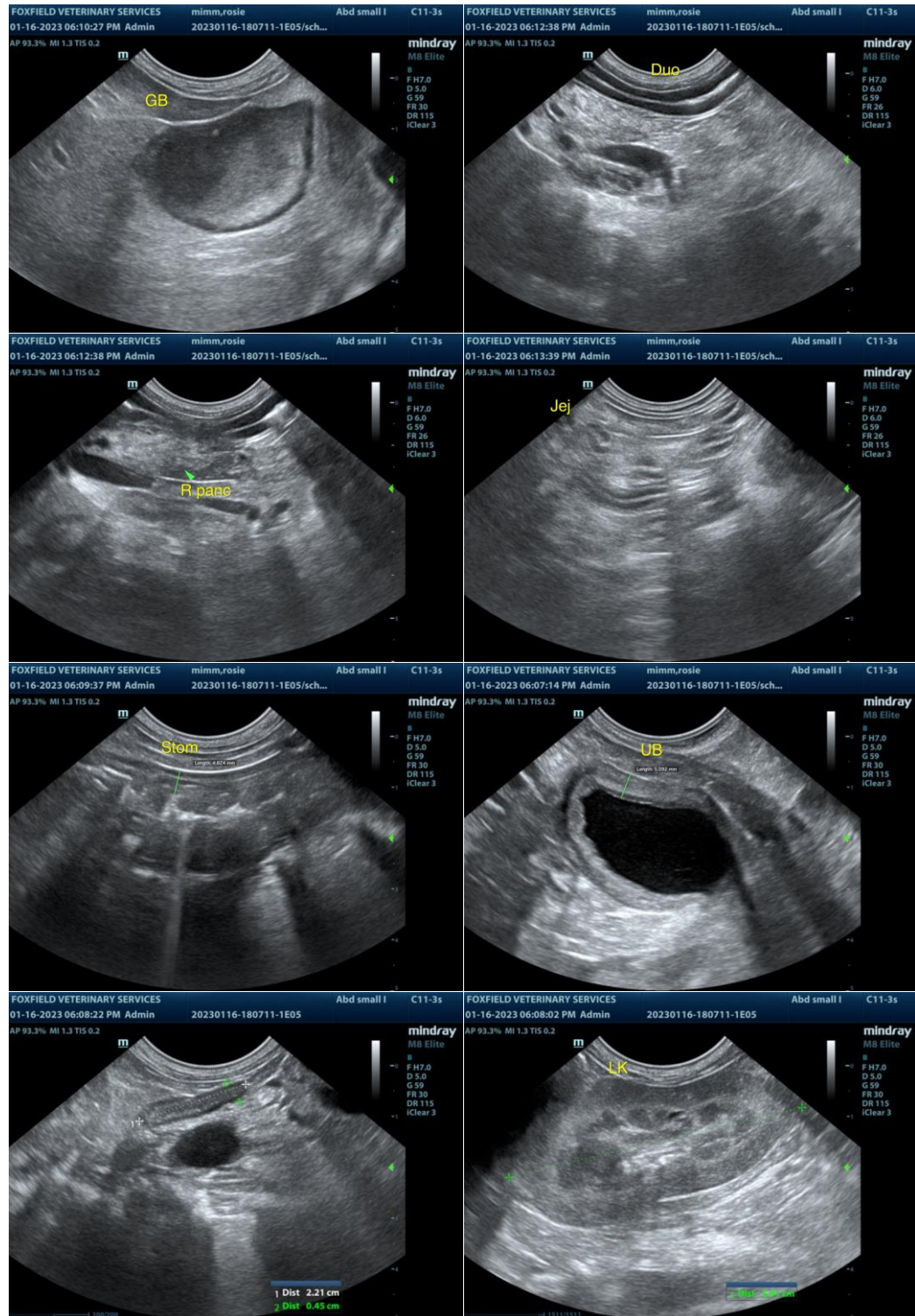
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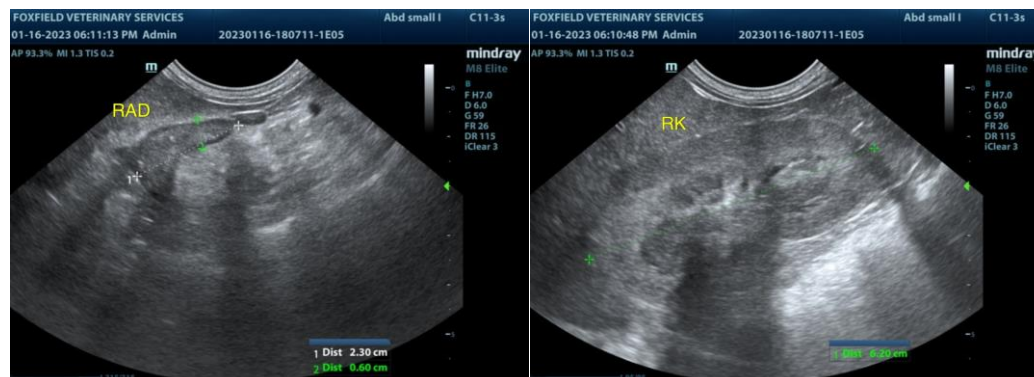
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

R. McKenzie Daniel, DVM, DABVP (Canine/Feline Practice)
mac.daniel@sonopath.com