



PATIENT PRESENTING CLINICAL SIGNS

Delilah Bright Vomiting, decreased appetite, lethargy, increased thirst, urinary accidents.

SPECIES Medication: Cerenia, Pepcid, SQF

Canine

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

BREED *Urinary System*

Maltese Mix 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 was noted.

SEX

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The area of the aortic trifurcation was free of pathology.

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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 mild to moderate loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation or pyelectasia was present. Focal areas of medullary mineralization were noted. The left kidney measured 3.9 cm in length. The right kidney measured 4.0 cm in length.

WEIGHT

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Adrenal Glands

INTERPRETED BY

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

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.54 cm width at the caudal pole and 0.51 cm width at the cranial pole. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.50 cm width at the caudal pole and 0.65 cm width at the cranial pole.

IMAGING

PERFORMED BY

Rebekah Jakum, CVT
 ARDMS/RVT

Spleen

HOSPITAL NAME

Easton AH

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.

REFERRING VET

Dr. Craig

Liver/ Gallbladder

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The liver presented enlarged in size. The parenchyma of the liver was subjectively normal in echogenicity compared to the spleen and renal cortices. Intermittent nondisruptive well-demarcated mild hyperechoic intraparenchymal nodules were present with an example measuring 1.4 cm in diameter. The liver parenchyma was uniform with a mildly coarse echotexture. The capsule of the liver was symmetrically rounded to mildly swollen in margination. The hepatic and portal vasculature were normal in appearance without signs of congestion. Normal hepatic vascular volume without

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congestive criteria was noted. The gallbladder was non-distended in size containing primarily anechoic content with mild, non-dependent, echogenic, gallbladder debris. No evidence of gallbladder or peripheral gallbladder inflammation was noted. The cystic and common bile ducts were normal.

SPECIES

Canine

Gastrointestinal

The stomach presented mild wall thickening secondary to mild echogenic mucosa hypertrophy. Intact wall layering was maintained and distinct. Mild to moderate retained anechoic fluid was present.

BREED

Maltese Mix

The small intestine presented primarily intact wall layering and maintained a 1:3 muscularis/mucosa ratio. Within the midabdominal small intestine, consistent with jejunal location, focal non-expansive heterogeneous mural lesion measuring approximately 2.0 cm diameter was present. Fluid dilated small intestine proximal to the intestinal mural lesion, consistent with an obstructive pattern, was present along with empty small intestine without evidence of mechanical / metabolic ileus distal to the intestinal mural lesion.

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Normal visible colon wall layers were present with apparent formed feces in lumen.

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Pancreas

The pancreas was normal in size and contour with isoechoic to heterogeneous parenchyma compared to adjacent omentum. No signs of active inflammation or neoplasia. Minor right limb pancreatic duct dilation was present.

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Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present. Generalized uniform omentum was present.

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ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Midabdominal intestinal mural lesion with obstructive intestinal pattern proximal, empty intestine distal - consistent with jejunal location, stricture, granuloma, emerging benign vs. malignant intestinal mural mass, other
- Hepatomegaly exhibiting intermittent nonspecific subjectively benign intraparenchymal nodules - nodules most consistent with probable benign hyperplasia or lipogranulomas, no overt suspicion of hepatic neoplastic criteria
- Mild gallbladder debris (non-mucocele)
- Mild heterogeneous pancreas - patient / age-related variant, potential for low-grade / chronic pancreatitis

Secondary Findings

- Mild nonobstructive renal medullary mineral

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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Exploratory laparotomy with expectation toward resection anastomosis of the intestinal / jejunal mural lesion and gross inspection of the liver / gallbladder with possible concurrent hepatic biopsies (if clinically indicated and assuming normal clotting status) is recommended. No overt evidence of intraabdominal metastasis or peritonitis criteria.

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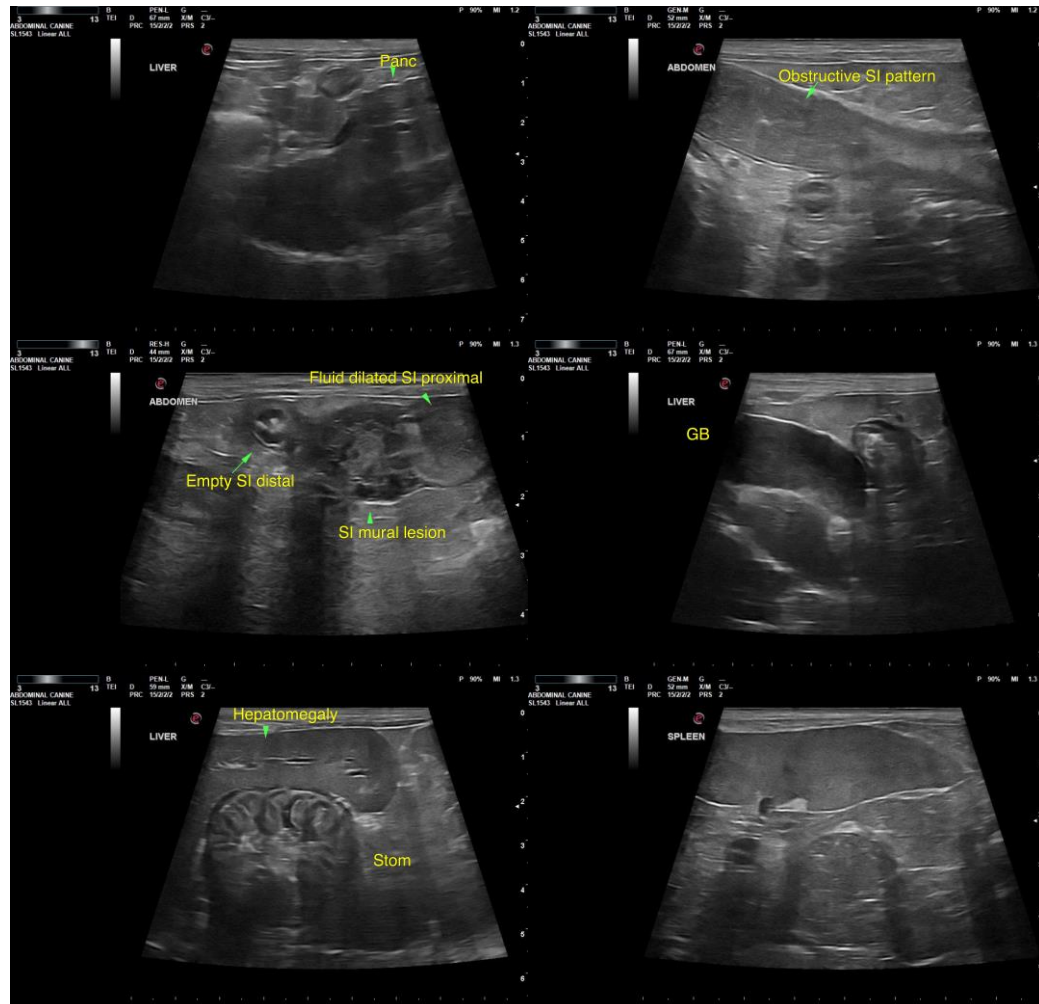
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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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