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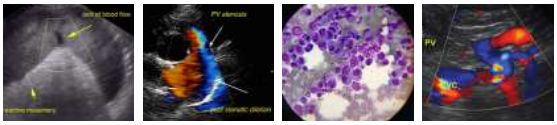


ANIMAL SOUNDS NW
MOBILE VETERINARY ULTRASOUND
IMAGING PERFORMED BY
AnimalSoundsNW.com 541-357-9423

PATIENT

Lolly Gammill

SPECIES

Canine

BREED

Yorkie

SEX

FS

AGE

11 Years

WEIGHT

8.75 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Sara Hansen

HOSPITAL NAME

Q Street Animal Hospital

REFERRING VET

Dr Bretschneider

INVOICE

49733

DATE

1-21-22

PRESENTING CLINICAL SIGNS

Dog has a 1.5 year history of anorexia, nausea with vomiting and diarrhea. Currently takes cerenia daily as needed. Had convenia injection 1/11/2022. Dog has grade 2/3dental disease.
Abnormal PE/Chem/CBC/UA Results: ALP 286 (5-131) BUN 46 (6-31) precision psl 179 (24-140) urine specific gravity 1.044 Current Medications cerenia once a day as needed, convenia inj 1/11/2022

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 pathology in the area of the aortic trifurcation.

Normal size and margination was 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 loss of corticomedullary symmetry and definition expected for the age of the patient. Areas of nonobstructive medullary mineral present in both kidneys. No evidence of pyelectasia was present. The left kidney measured 3.4 cm in length. The right kidney measured 4.1 cm in length.

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 2.0 cm length x 0.44 cm width in the caudal pole. The right adrenal gland measured 1.5 cm length x 0.53 width in the caudal pole.

Spleen

The spleen was overall normal in size with expansive hypoechoic to nonhomogeneous nodule present in mid to cranial spleen measuring 2.1 cm in diameter. Concurrent uniformly hyperechoic nonexpansive parenchymal nodules also present suggestive of benign myelolipomas. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis.

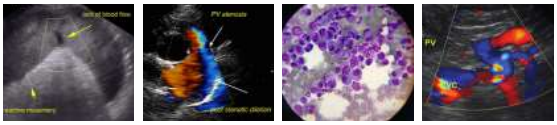
Liver

The liver was mildly enlarged in size. The liver parenchyma was mildly nonuniform and hypoechoic to the spleen with a moderate coarse echotexture and subjective mild to benign parenchymal remodeling. Probable intermittent small intraparenchymal cysts were present. The hepatic and portal vasculature were normal in appearance without signs of congestion.

The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.

Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach was empty without evidence of retained ingesta, fluid, or foreign material. Mild luminal gas was present. The gastric body wall measured 0.43 cm width.



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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. The duodenum wall measured 0.27 cm width.

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

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.

Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

- Mild chronic renal changes with focal medullary mineral.
- Nonspecific expansive splenic nodule.
- Mild hepatomegaly exhibiting mildly echogenic to remodeled parenchyma.
- Heterogeneous pancreas.
- Overtly normal gastrointestinal tract.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Potential etiologies for the splenic nodule may include benign processes such as nodular hyperplasia, extramedullary hematopoiesis, hematoma, infection, infarction, or neoplasia. Ultrasound guided FNA of the nodule using 25-gauge needle and assuming normal coagulation parameters may be considered. Otherwise, sonographic monitoring of the splenic nodule for any changes in size or appearance with initial recheck in 3-4 weeks would be a more conservative approach.

The overall appearance of the liver was consistent with benign chronic hepatopathy such as chronic vacuolar hepatopathy and parenchymal remodeling given the ALP elevation. Potential for hepatic neoplastic disease considered a less likely differential diagnosis. Hepatosupportive medications may prove beneficial.

In dogs with chronic gastrointestinal signs, low grade to mild pancreatitis which present sonographically normal, dysbiosis, dietary sensitivity/food intolerance, structurally insignificant IBD are possible. Further assessment may include fresh fecal analysis to assess for parasitic ova/giardia as well as a GI panel to include PLI/TLI/Cobalamin/Folate.

Empirically, a limited antigen or hydrolyzed diet trial with potential long term dietary therapy, prophylactic deworming (Panacur 50 mg/kg SID x 5 consecutive days with repeat protocol in 3 weeks even if fecal testing is negative), high colony count probiotic (Proviable or Visbiome), antibiotic trial and as needed gastrointestinal support with assessment of clinical response may prove beneficial. Intestinal biopsies may be indicated if GI signs continue despite empirical therapy.

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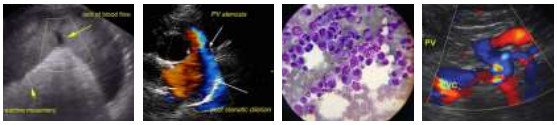

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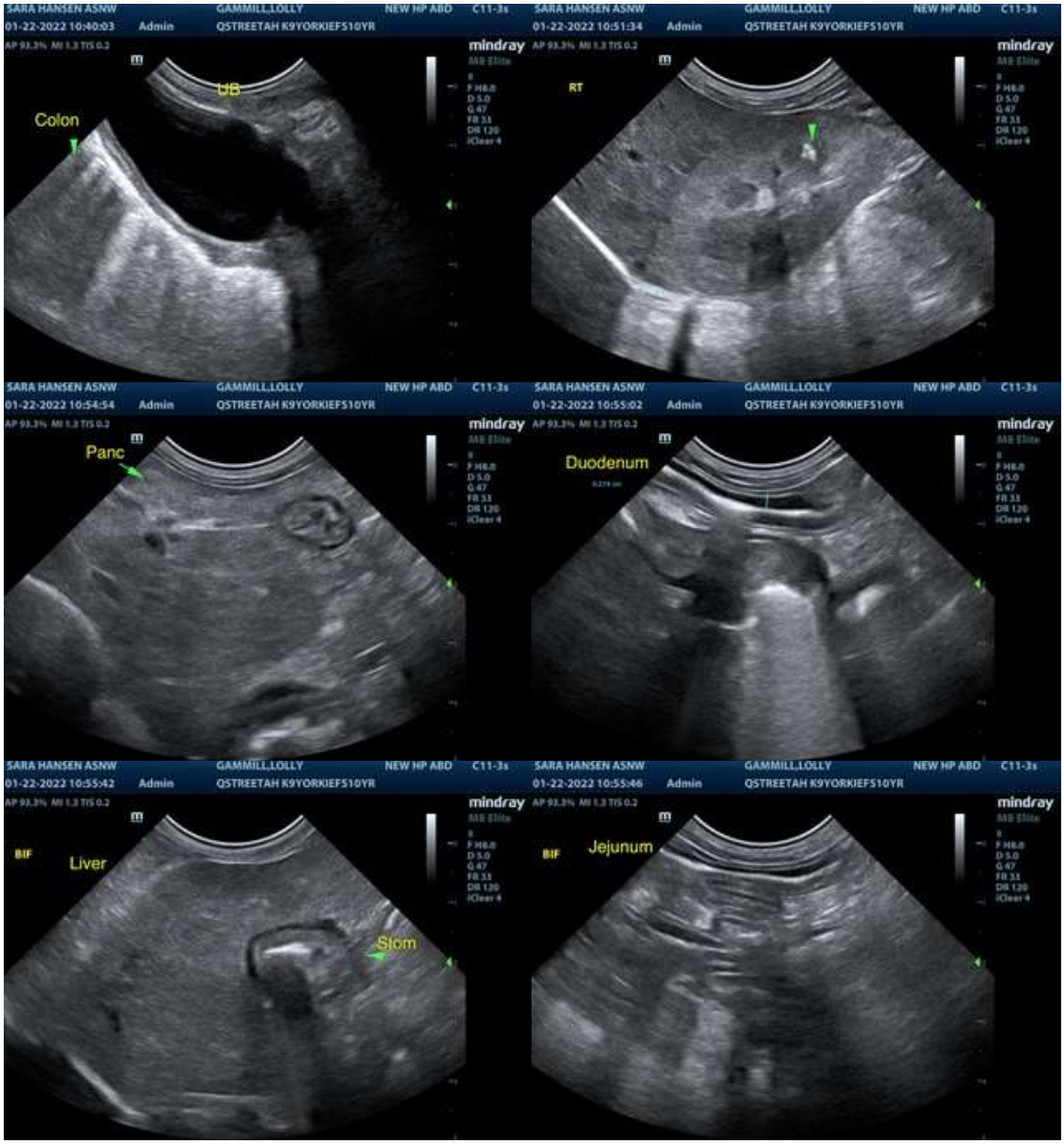

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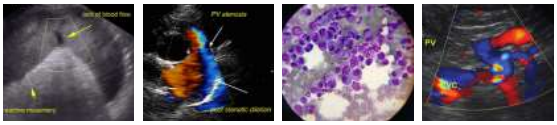

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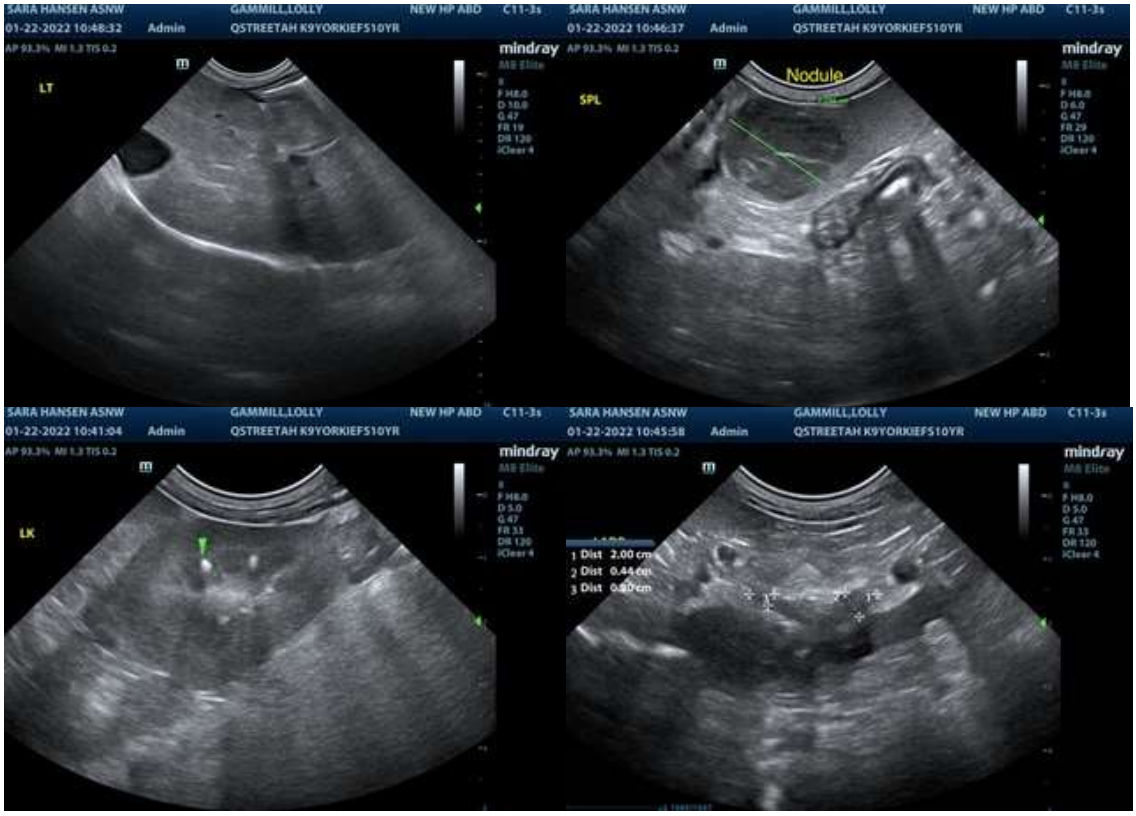

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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