



PATIENT

Prince Shadow Agel
Zabriskie

SPECIES

Canine

BREED

Bichon Frise

SEX

MN

AGE

15 years

WEIGHT

12.7 lbs.

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

Pamela Harrigan, RDCS

HOSPITAL NAME

Wood River AH

REFERRING VET

Dr. Mary Boy

INVOICE

13200

DATE

1/28/22

PRESENTING CLINICAL SIGNS

Presents with progressive heart murmur, now grade IV/VI. Previous rDVM started him on Enalapril, pimobendan and sildenafil. No record of previous radiographs or echocardiogram. BP: ~ 130 mmHg. On PE: no teeth/protruding tongue, bilateral epiphora and ocular clouding, thin haircoat, loss of musculature and somewhat potbellied appearance; abdominal palpation NSF. Need to characterize cardiac disease and adjust medications if appropriate/needed. Assess abdomen for evidence of Cushing's. Labwork in December from rDVM reportedly WNL. Medications: Pimobendan 2.5 mg BID; Enalapril 5 mg BID; Sildenafil 5 mg BID.

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 was noted.

The residual prostate was symmetrically normal in size with uniform parenchyma and slight coarse echotexture measuring 0.61 cm in diameter.

The area of the aortic trifurcation was free of pathology.

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 corticomodullary symmetry and definition expected for the age of the patient. Cortical cysts were present in the left kidney. An example of a left kidney cortical cyst measured 0.51 cm. Mild pyelectasia was noted in the left kidney. The left kidney measured 4.7 cm in length. The right kidney measured 4.5 cm in length.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.57 cm width at the caudal pole and 0.49 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 0.54 cm width at the caudal pole and 0.66 cm width at the cranial pole.

Spleen

The spleen was normal in overall size and contour exhibiting generalized parenchymal heterogeneity with multifocal to coalescing uniformly hyperechoic nodules. Normal splenic vascularity was noted.

Liver/ Gallbladder

The liver presented mildly enlarged in size. The parenchyma of the liver was subjectively normal in echogenicity compared to the spleen and renal cortices. The liver parenchyma was uniform with a mildly coarse echotexture. The capsule of the liver was symmetrically rounded to mildly swollen in margination. Potential subjective evidence of minor hepatic congestion was noted.



PATIENT

Prince Shadow Agel
 Zabriskie

Moderate, nondependent, nonmineralized gallbladder debris was present. The debris appeared to be subjectively mobile. No evidence of gallbladder or peripheral inflammation was noted. The cystic and common bile ducts were normal.

SPECIES

Canine

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.

BREED

Bichon Frise

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 width measured 0.60 cm.

SEX

MN

Normal visible colon wall layers were present with apparent 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.

AGE

15 years

Free Abdomen

No omental masses, lymphadenopathy or peritoneal effusion were present.

WEIGHT

12.7 lbs.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Benign hyperechoic to coalescing splenic nodules - likely benign myelolipomas, nodular hyperplasia, previous infarction, or emerging mineralization
- Mild hepatomegaly with potential minor hepatic congestion- subjectively benign
- Moderate gallbladder debris (non-mucocele)
- Overtly normal bilateral adrenal glands
- Minor pancreatic remodeling - incidental

INTERPRETED BY

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

IMAGING

PERFORMED BY

Pamela Harrigan, RDCS

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

HOSPITAL NAME

Wood River AH

The somewhat potbellied appearance in this patient may be owing to mild hepatomegaly. Potential for minor hepatic congestion is possible yet not definitive. Correlation with recheck echocardiogram I suggested. However, if present, no evidence of decompensation with overt secondary ascites. If evidence of cholestasis, hepatosupportive medications including Ursodiol would be appropriate.

REFERRING VET

Dr. Mary Boy

No overt evidence of adrenal pathology, yet full adrenal work-up is required for a definitive assessment or rule-out of potential hyperadrenocorticism if considered clinically indicated.

INVOICE

13200

DATE

1/28/22



PATIENT

Prince Shadow Agel
 Zabriskie

SPECIES

Canine

BREED

Bichon Frise

SEX

MN

AGE

15 years

WEIGHT

12.7 lbs.

INTERPRETED BY

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

IMAGING

PERFORMED BY

Pamela Harrigan, RDCS

HOSPITAL NAME

Wood River AH

REFERRING VET

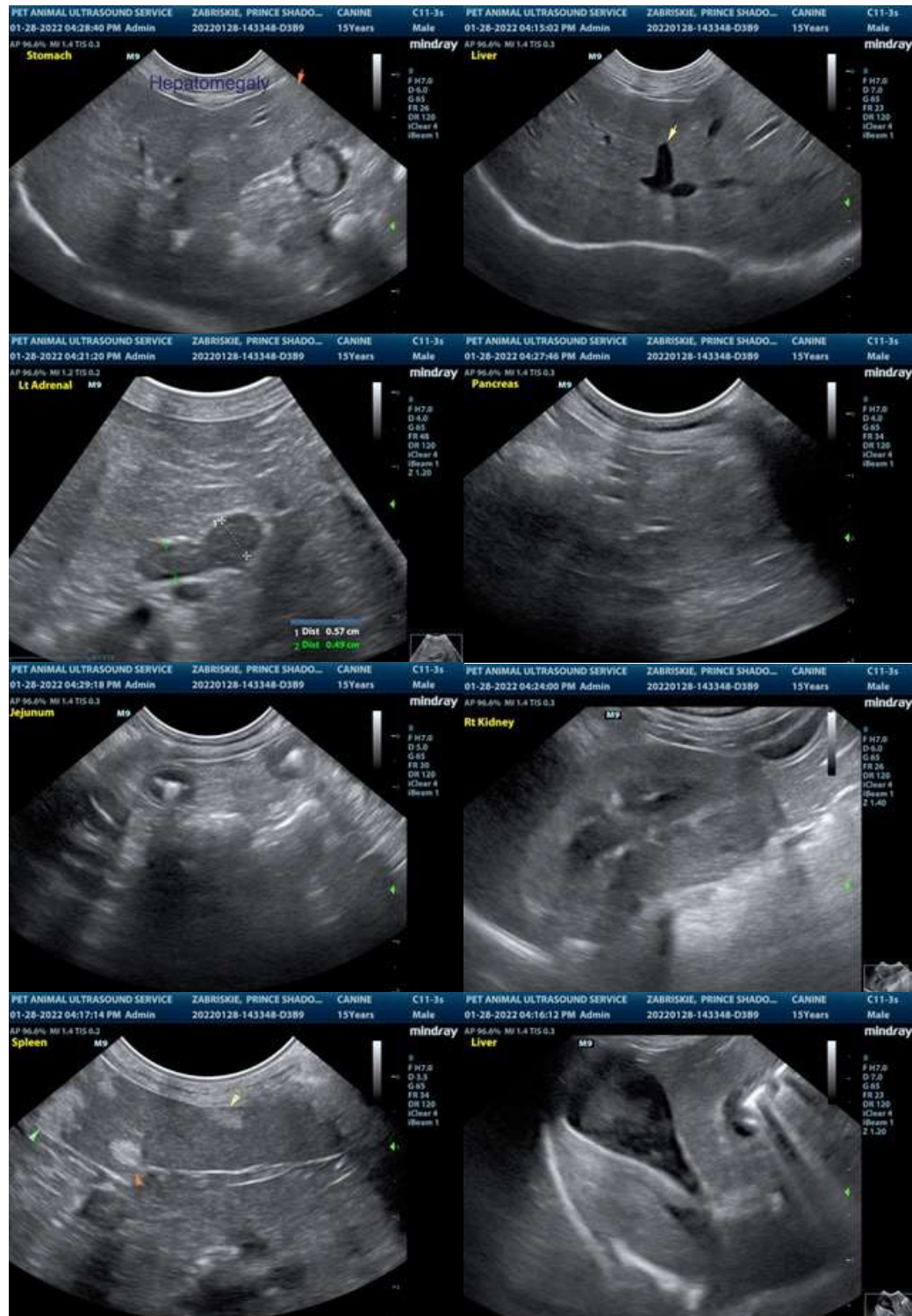
Dr. Mary Boy

INVOICE

13200

DATE

1/28/22





PATIENT

Prince Shadow Agel
 Zabriskie

SPECIES

Canine

BREED

Bichon Frise

SEX

MN

AGE

15 years

WEIGHT

12.7 lbs.

INTERPRETED BY

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

**IMAGING
 PERFORMED BY**

Pamela Harrigan, RDMS

HOSPITAL NAME

Wood River AH

REFERRING VET

Dr. Mary Boy

INVOICE

13200

DATE

1/28/22



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