



PATIENT PRESENTING CLINICAL SIGNS

Maggie Lesniak Hematuria, melena, history of urinary bladder stones, liver disease, diabetes insipidus.
 Medication: Ursodial, Dasuquin, urinary diet

SPECIES ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Canine

Urinary System

BREED

Scottish Terrier

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. Mineralization or echogenic foci within the thickened areas of urinary bladder wall was not present. Discrete micropolypliod luminal component to the ventroapical mild cystitis pattern was 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.

SEX

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AGE

2012

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 loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The left kidney measured 5.0 cm in length. The right kidney measured 5.0 cm in length.

WEIGHT

26

The area of the aortic trifurcation was free of pathology.

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 0.52 cm width at the caudal pole and 2.3 cm in length.

A well-defined, hyperechoic nodule was present in the cranial right adrenal gland with mild associated symmetrical capsule expansion. The nodule did not exhibit signs of mineralization or vascular invasion. The nodule measured 0.82 cm x 0.47 cm. The right adrenal gland measured 0.40 cm width at the caudal pole and 2.0 cm length.

IMAGING PERFORMED BY

Rebekah Jakum, CVT
 ARDMS/RVT

Spleen

HOSPITAL NAME

Cherryville AH

The spleen exhibited primarily finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. Multifocal, well-defined, symmetrical, hyperechoic nodules were present throughout the cranial to caudal parenchyma. 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. Acute to chronic inflammatory or neoplastic changes were not noted. The hyperechoic nodules tend to trend benign and are most consistent with benign hyperplasia or myelolipomas.

REFERRING VET

Dr. Myers

Liver/Gallbladder

INVOICE

12814ag

The liver presented 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. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended in size with primarily anechoic luminal content and mild echogenic debris. No evidence of gallbladder or peripheral gallbladder inflammation was present. The cystic and common bile ducts were normal.

DATE

01/30/2023



PATIENT *Gastrointestinal*

Maggie Lesniak The stomach presented intact wall layering with prominent to mildly thickened wall layering in the area of the antrum and pylorus. The lumen of the stomach was empty with no signs of ileus, obstruction or foreign material. The ventral gastric body wall measured 0.44 cm.

SPECIES

Canine 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.

BREED

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

Pancreas

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

No omental masses, overt lymphadenopathy or peritoneal effusion was present.

AGE

2012

ULTRASONOGRAPHIC FINDINGS

- Mildly thickened pylorus walls, sonographically unremarkable small bowel
- Hepatopathy-likely breed associated vacuolar hepatopathy
- Mild gallbladder debris (non-mucocele)
- Cystitis pattern
- Mild age related renal changes
- Small right adrenal nodule-suspect adenoma

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Sonographically the appearance of the stomach may suggest gastritis with potential for micro ulcerative component given reported melena. No overt evidence of significant GI mural pathology, masses or definitive ulceration. Gastroprotectant protocol and broad spectrum deworming may prove beneficial. Sonographic reassessment recommended if persistent/progressive melena or evidence of concurrent BUN elevation. A urine C/S on sterile urine sample suggested. A screening BP is advised to assess for evidence of hypertension which may allude to early emerging right adrenal neoplastic criteria i.e. pheochromocytoma.

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PATIENT

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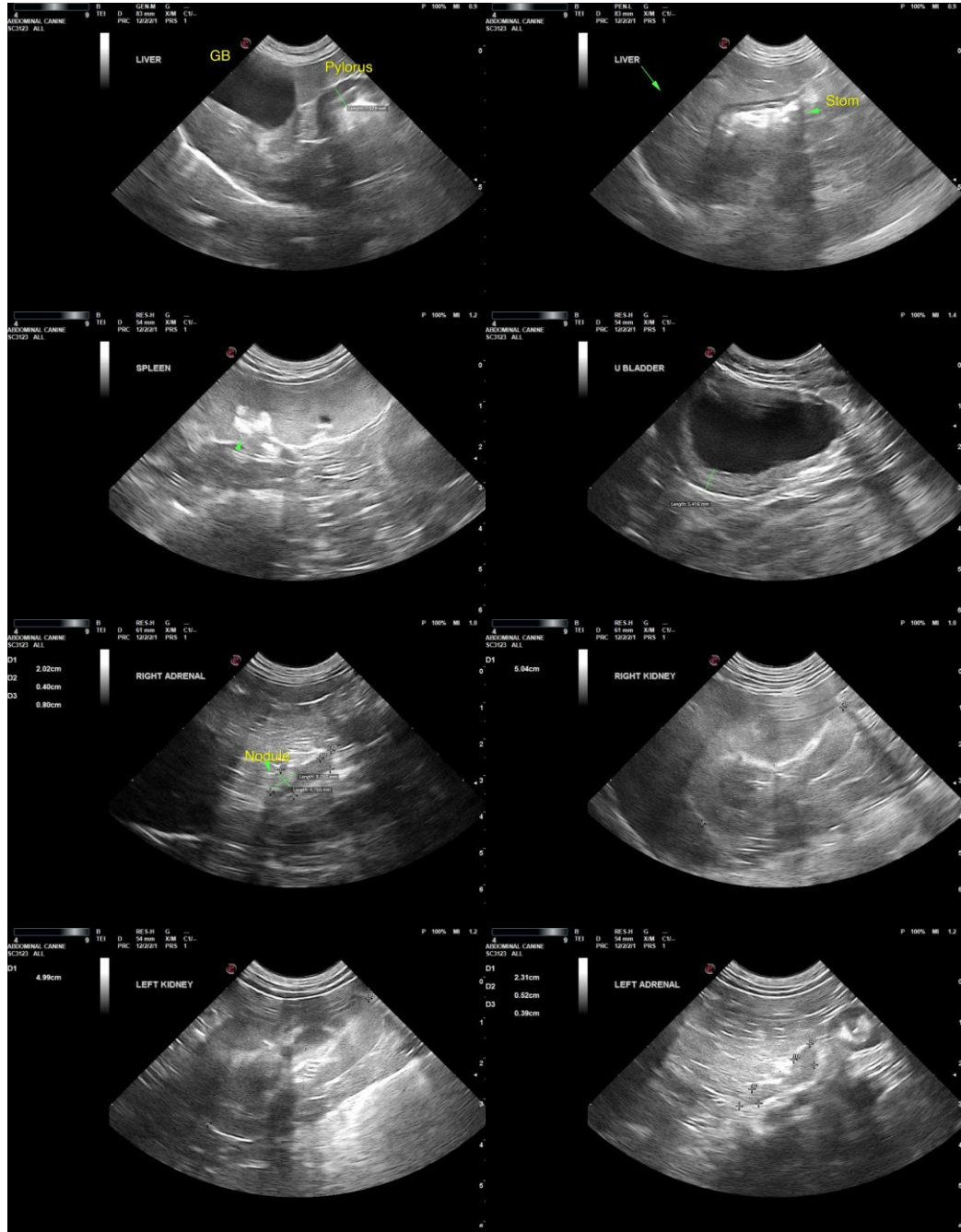
Dr. Myers

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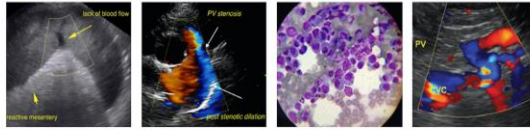
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.



PATIENT

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