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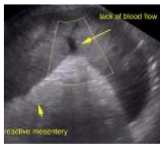
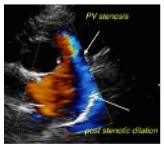
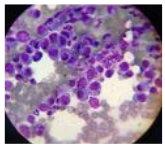
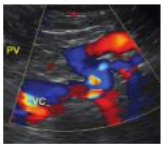

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1-800-838-4268 info@sonopath.com

PATIENT

Izzy Platt

SPECIES

Canine

BREED

Rat Terrier Mix

SEX

FS

AGE

13 years

WEIGHT

16 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Jessica Miller

HOSPITAL NAME

ACC Flanders

REFERRING VET

Dr. Villari

INVOICE

13123

DATE

1/4/22

PRESENTING CLINICAL SIGNS

Vomiting, not eating, rads taken, weight loss. Current meds: pepcid, entyce, cerenia inj. today
Abnormal PE/Chem/CBC/UA Results: mild elevated BUN, creat WNL

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2 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 area of the aortic trifurcation was free of pathology.

Normal size and margination were present in the left kidney. A normal 1:3 cortex / medulla ratio was maintained. The medulla and cortices were uniform in texture with some increased echogenicity and loss of corticomedullary symmetry and definition expected for the age of the patient. Mild pyelectasia was noted in the left kidney. Pinpoint areas of medullary mineral were present in the left kidney. The left kidney measured 4.1 cm in length.

Normal size and margination were present in the right kidney. A normal 1:3 cortex / medulla ratio was maintained. Non-uniform to mildly echogenic corticomedullary parenchyma present in the right kidney. No evidence of pelvic dilation was present. The right kidney measured 4.6 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 2.3 cm in length x 0.61 cm width at the caudal pole.

The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 2.2 cm in length x 0.43 cm width at 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 mild generalized enlargement. 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. Probable pinpoint areas of biliary tree mineral present in the liver. Non-specific isoechoic nodule was noted in the caudoventral left liver, measuring 2.0 cm in diameter.

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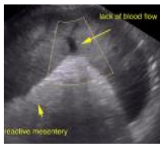

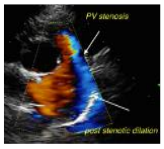

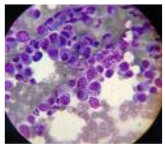
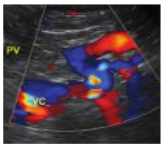

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The gallbladder exhibited subjective mild distention. The gallbladder walls were sonographically unremarkable. The gallbladder contained anechoic content with no evidence of debris. Potential areas if mineralized wall noted, primarily in the gallbladder neck and cystic biliary duct. Suspect distal common bile duct dilation approaching the duodenal papilla. This area of suspected common bile duct dilation contained primarily anechoic content with evidence of mild mucus, measuring approximately 2.5 cm in length x 1.3 cm in width. The duodenal papilla exhibited subjective prominent size, measuring 0.7 cm in diameter. Subtle evidence of reactive mesentery around the suspected distal common bile duct dilation at the level of the duodenal papilla.

Gastrointestinal

The stomach presented wall thickening secondary to echogenic mucosa hypertrophy. Intact wall layering was maintained and distinct. Minor retained anechoic to echogenic fluid was present in the stomach without evidence of retained ingesta or foreign material. The ventral gastric body wall measured 0.42 cm width.

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 jejunum wall measured 0.34 cm. The duodenum wall measured 0.56 cm.

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 were evident.

Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

Rapid view of the heart revealed no evidence of pericardial masses or effusion in the visible window.

ULTRASONOGRAPHIC FINDINGS

- Bilateral chronic renal changes with mild left kidney pyelectasia
- Hepatic parenchymal remodeling with suspect areas of incidental biliary tree mineral and nonspecific subtle parenchymal nodule.
- Suspect distal common bile duct dilation with minor mucoduct approaching subjective mild prominent duodenal papilla
- Mild gastritis pattern with suspect minor gastric stasis, overtly normal bowel

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The left pyelectasia may be owing to chronic renal changes, potential pelvic scarring possibly owing to previous calculi passage, IV fluid therapy (if applicable). Urine C/S and protein: creatinine ratio on sterile urine sample is recommended.

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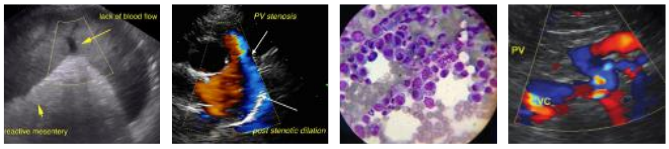

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The parenchymal nodule may indicate a focal area of hematopoiesis, nodular to regenerative hyperplasia, emerging hepatoma, with neoplastic criteria considered less likely. Sonographic monitoring of the nodule would be appropriate.

The clinical significance of the suspected distal common bile duct dilation, without evidence of concurrent cholestasis, is unclear. The possibility of unspecified pancreatic cyst or potential abscess in the area of the duodenal papilla cannot be definitively excluded. The possibility of emerging common bile duct obstruction potentially owing to emerging duodenal papilla pathology cannot overtly be excluded. Assessment for evidence of cranial abdominal or subxiphoid discomfort in the right cranial abdomen recommended. Continued monitoring for evidence of increasing cholestasis would be appropriate.

As needed gastrointestinal support recommended. A GI panel to include PLI/TLI/Cobalamin/Folate as well as three view chest radiographs and neurological / musculoskeletal examination are recommended to assess for or rule out occult disease which may cause weight loss. Sonographic reassessment in the area of the distal common bile duct recommended if increasing evidence of cholestasis or if clinical signs continue.

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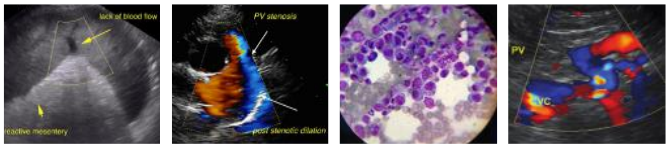

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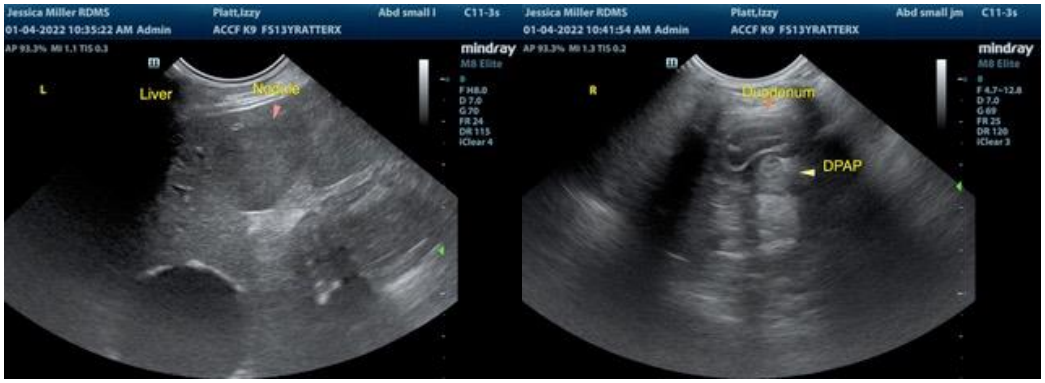

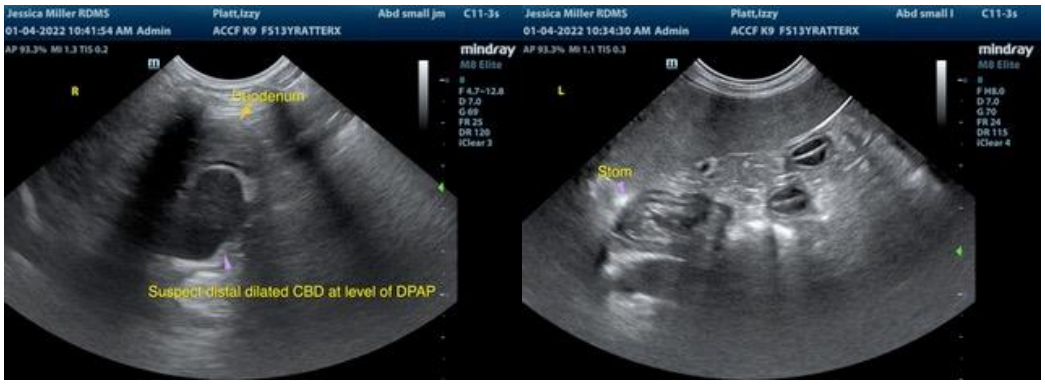

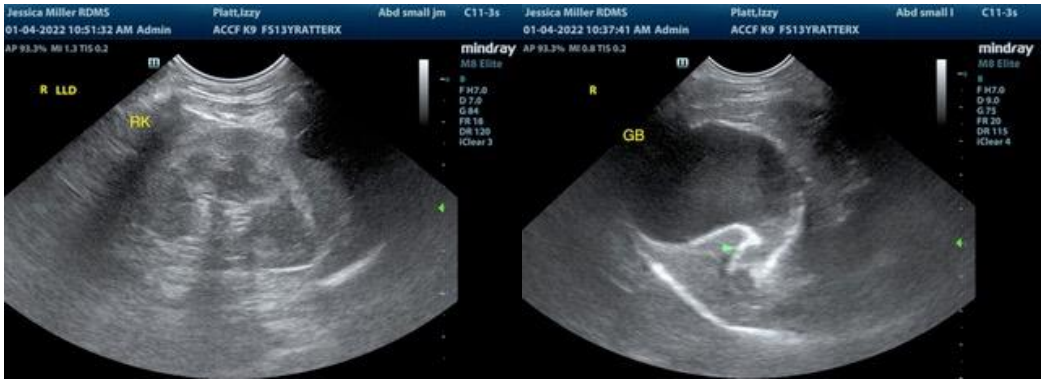

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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