

PATIENT PRESENTING CLINICAL SIGNS

Mia Kaplan History: Intermittent Neurologic events - suspect vascular disease (neuro consult done on 12-22-22 - MRI (Pending Report) Spinal Tap (Pending Report). Grade 2/6 Systolic Heart Murmur. History of PLN & Bladder Stones +/- Cognitive Dysfunction.

SPECIES

Canine

BREED

Maltese Mix

SEX

Spayed Female

AGE

2013

WEIGHT

9.2

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder was normal in size and tone with sonographically unremarkable urinary bladder walls without evidence of significant inflammatory or neoplastic criteria. Anechoic urine was present with mild dependent mineral to accumulated small calculi, along with nondependent particulate sediment. The urethra was normal to a depth of 2.0 cm. The ventroapical urinary bladder wall measured 0.29 cm.

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 moderate loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. Nonobstructive medullary and lateral diverticula renolithiasis was noted, without evidence of pyelectasia. An example of left kidney renolith measured 0.7 cm in diameter. The left kidney measured 3.8 cm in length. The right kidney measured 3.7 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 1.2 cm x 0.36 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 1.5 cm x 0.49 cm.

Spleen

The spleen was normal in size with subtle medial capsule asymmetry and generalized minor parenchyma heterogeneity. A solitary nonhomogenous yet nondisruptive lateral splenic nodule was noted, measuring 0.87 cm in diameter. Splenic vascularity was normal.

Liver

The liver was subjectively normal in size, structure, and contour. The liver parenchyma was mildly nonuniform and hypoechoic to the spleen with a moderate coarse echotexture and subjective mild to benign parenchymal remodeling. The hepatic and portal vasculature were normal in appearance without signs of congestion.

The gallbladder was distended in size with mildly prominent to echogenic gallbladder walls. Moderate nondependent primarily centralized, congealed to peripherally striated, variably hyperechoic gallbladder debris was noted. No overt evidence of peripheral gallbladder inflammation.

The cystic and common bile ducts were normal.

Gastrointestinal

INTERPRETED BY

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

IMAGING PERFORMED BY

Rebekah Jakum, CVT
ARDMS/RVT

HOSPITAL NAME

Lehigh Valley AH
(Bath)

REFERRING VET

Dr. Ferrari

INVOICE

20387

DATE

1/5/23



PATIENT

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.

Mia Kaplan

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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.

Canine

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

Pancreas

BREED

The pancreas was normal in size and contour with isoechoic to heterogeneous parenchyma compared to adjacent omentum. No signs of active inflammation or neoplasia.

Maltese Mix

Free Abdomen

SEX

No overt lymphadenopathy or peritoneal effusion was present.

Spayed Female

ULTRASONOGRAPHIC FINDINGS

AGE

- Mild dependent cystic calculi with nondependent sediment
- Moderate chronic renal changes with nonobstructive renolithiasis
- Nonhomogenous to variably echogenic liver- suspect chronic hepatopathy

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- Gallbladder mucocele
- Pancreatic remodeling – age-related pancreatic changes, remodeling owing to previous inflammation, low grade to chronic pancreatitis possible

9.2

- Nonspecific nondisruptive splenic nodule- hyperplasia, hematopoiesis, small hematoma, splenitis are all potentials Emerging neoplastic nodular splenic criteria is considered less likely yet cannot be definitively excluded.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

IMAGING PERFORMED BY

Correlation of hepatic and renal parameters on pending blood work, as well as assessment of systemic BP is suggested. Urine culture and sensitivity, as well as UPC level if not recently done is warranted. Bile acid testing may be considered if evidence of hepatic dysfunction. Hepatosupportive medications with close monitoring of increasing to progressive cholestasis with sonographic reassessment of the gallbladder and splenic nodule for evidence of progression is likely ideal.

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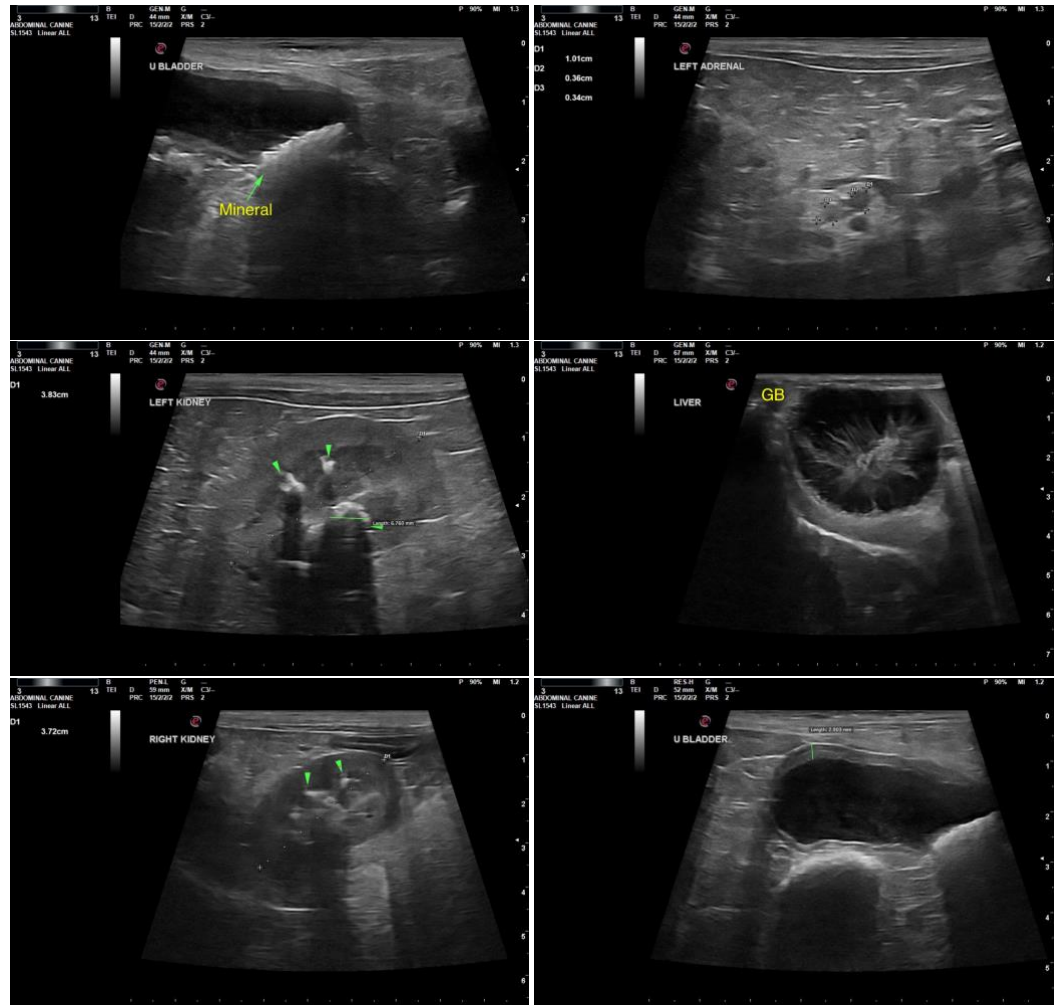
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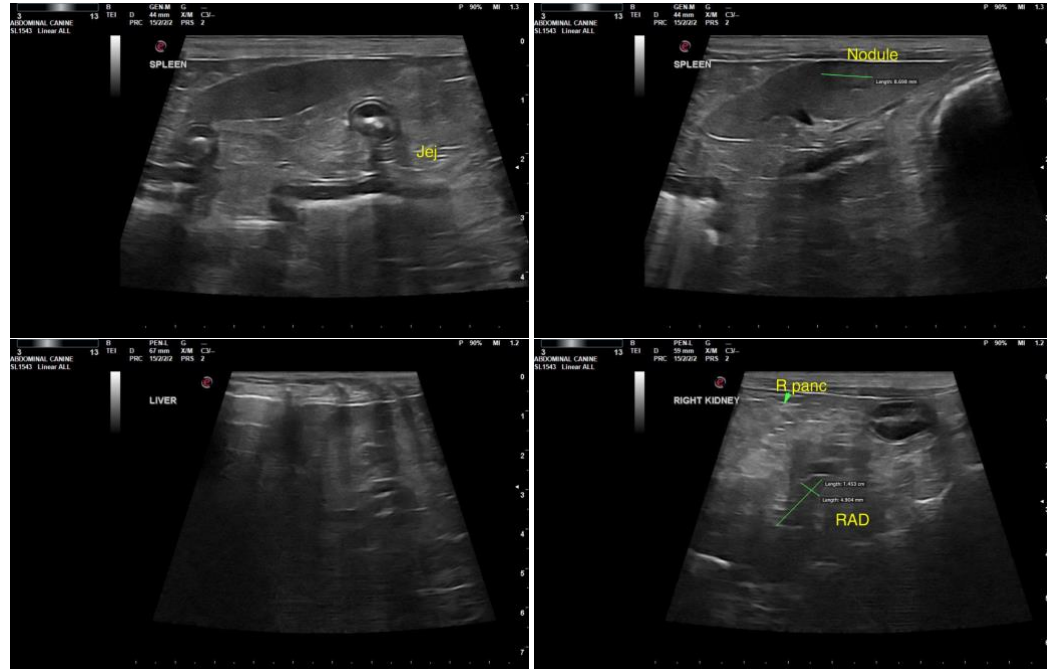
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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