



PATIENT PRESENTING CLINICAL SIGNS

Georgia Kearns Weight in #: 59 lbs Breed: Border Collie Addisonian, on percorten/zykortal and prednisone 2.5mg pO SID. Recent episode of not eating, lethargy. Lab results WNL. FAST ultrasound in house revealed possible bladder stone/debris, possible splenic mass and possible mild pancreatitis.

SPECIES

Canine

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

BREED

Urinary System

Border Collie

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra exhibited normal tone. Mild nonuniform thickening of the urinary bladder wall was present. A solitary calculus with potential accumulated small calculi measuring 1.1 cm in diameter was present. No evidence of secondary cystitis was noted. The urethra was normal in structure and tone to a depth of 3.0 cm.

SEX

FS

The area of the aortic trifurcation was free of pathology.

AGE

9 years

Normal size and margination were present in the kidneys. A normal 1:3 cortex / medulla ratio and normal corticomedullary definition were maintained. The echogenicity of the cortex was similar to or slightly less than normal liver parenchyma while the medulla echogenicity was hypoechoic to the cortex with no evidence of pelvic dilation. The left kidney measured 6.6 cm in length. The right kidney measured 6.6 cm in length.

WEIGHT

59

Adrenal Glands

The left adrenal gland was small in size with flattened contour and a uniformly hypoechoic parenchyma. The left adrenal gland measured 2.0 cm length x 0.19 cm width at the caudal pole. The right adrenal gland was not definitively visualized likely owing to subnormal size.

INTERPRETED BY

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

Spleen

The spleen was normal in size and contour with a primarily finely textured homogeneous parenchyma. Multiple, well-demarcated, hyperechoic nodules exhibiting subtle distal acoustic shadowing were present primarily in the medial parenchyma and adjacent to the hilus. A solitary, discreetly hypoechoic, non-expansive nodule was noted in the craniomedial spleen, measuring 0.58 cm in diameter.

IMAGING PERFORMED BY

Loetitia Saint-Jacques, RVT

HOSPITAL NAME

Brighton Greens VH

Liver/ Gallbladder

The liver was subjectively normal in size, structure, and contour. The liver parenchyma was uniform and hypoechoic to the spleen with a mild coarse echotexture. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended in size with mild gallbladder debris. The cystic and common bile ducts were normal.

REFERRING VET

Dr. Robin Janeway

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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.

DATE

1/6/22

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.



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

Georgia Kearns

Pancreas

SPECIES

The pancreas was normal in size and contour with subtle hypoechoic parenchyma compared to the adjacent nonreactive or inflamed omentum.

Canine

Free Abdomen

BREED

No overt lymphadenopathy or peritoneal effusion was present.

Border Collie

ULTRASONOGRAPHIC FINDINGS

Primary Findings

SEX

- Solitary, dependent urinary bladder calculus to potential accumulated small calculi

FS

- Multifocal, primarily hyperechoic to focal hypoechoic splenic intraparenchymal nodules

AGE

9 years

- Mild gallbladder debris (non-mucocele)

- Subtly hypoechoic pancreas

- Subnormal bilateral adrenal glands - consistent with hypoadrenocorticism

WEIGHT

59

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The hyperechoic splenic nodules are most consistent with benign myelolipomas, nodular hyperplasia, or emerging mineralization. The solitary, non-expansive hypoechoic splenic nodule is more nonspecific, yet likely suggestive of a focal area of lymphoid hyperplasia or hematopoiesis. The potential for emerging neoplastic hypoechoic splenic nodule is considered a less likely differential diagnosis. Sonographic monitoring of the splenic nodules +/- FNA if evidence of progression is recommended.

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Potential for low-grade pancreatitis is possible. Correlation with a Spec cPL may be considered.

Loetitia Saint-Jacques, RVT

Further renal staging to include urine C/S and protein: creatinine ratio on sterile urine sample may be considered.

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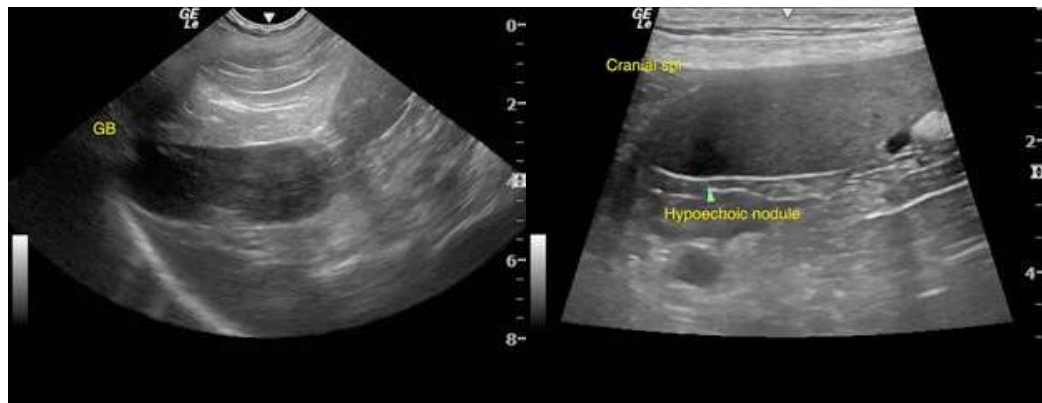
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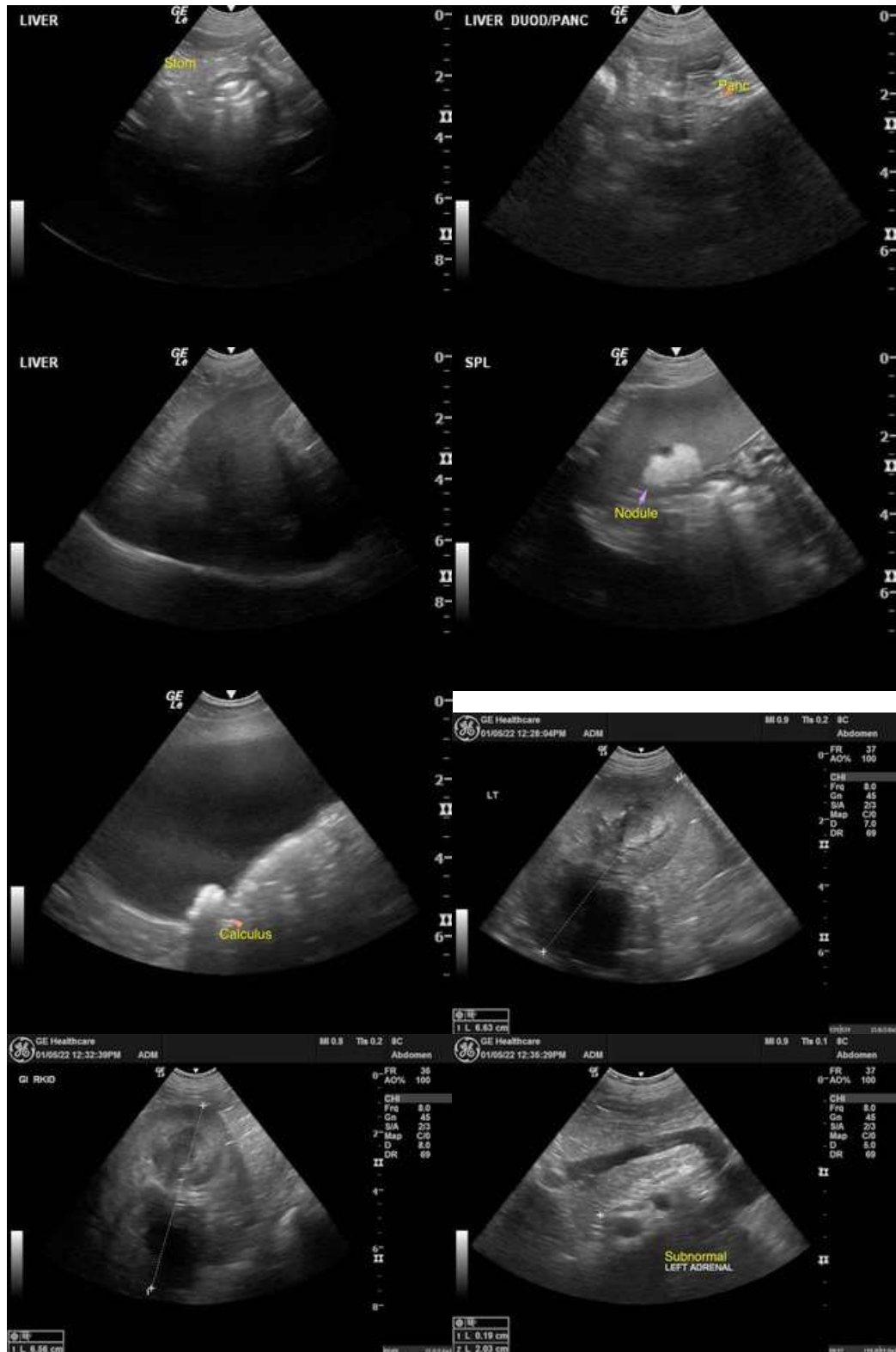
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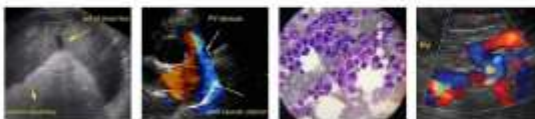
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PATIENT

Georgia Kearns

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.

SPECIES

Canine

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.

BREED

Border Collie

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