



PATIENT

Mia Lightner

SPECIES

Canine

BREED

Pom

SEX

Spayed Female

AGE

17 Years

WEIGHT

12 Pounds

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

Jenn

HOSPITAL NAME

Rockaway AH

REFERRING VET

Dr. Gannon

INVOICE

17667

DATE

10/13/22

PRESENTING CLINICAL SIGNS

History: anorexia lethargy vomiting bile prelim dx of pancreatitis with secondary cholangio hep Mineralization within caudal abd on rads colon uterine stump/ bladder

Abnormal PE/Chem/CBC/UA Results: WBC 26K Neuts 19.7 Mono 1.85 CPL abnormal ALT 871 GGT 17 ALP unreadable

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2.0 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 were noted.

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 to marked loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. Both kidneys exhibited nonobstructive areas of medullary mineralization, as well as multiple small cortical cysts were noted. The left kidney measured 4.4 cm in length. The right kidney measured 4.7 cm in length.

Adrenal Glands

The left adrenal gland was normal in size. Mild parenchyma heterogeneity and mild capsule asymmetry was present without suspicion for overt neoplasia. The left adrenal gland measured 1.6 cm x 0.4 cm width in the caudal pole.

The right adrenal gland was not definitively visualized.

Spleen

The spleen exhibited nonhomogeneous to decreased parenchyma echogenicity. 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. Multiple variably sized nondisruptive hyperechoic splenic nodules were noted, likely consistent with benign myelolipomas. Potential for nodular hyperplasia or emerging splenic mineralization. No evidence of splenic neoplastic criteria.

Liver

The liver revealed borderline to mild subjective enlargement. Maintained symmetrical capsule contour was noted. Mild nonuniform increased hepatic parenchyma echogenicity was noted, exhibiting subtle nodular changes. No evidence of hepatic masses.

The gallbladder was distended in size. The gallbladder walls were sonographically normal. No evidence of peripheral gallbladder inflammation. Primarily anechoic content was present with mild hyperechoic nonorganized luminal debris, primarily in the caudal lumen, in the area of the gallbladder neck. The cystic and common bile ducts were normal.

Gastrointestinal



PATIENT	The stomach presented wall thickening secondary to echogenic mucosa hypertrophy. Intact wall layering was maintained and distinct. Mild gastric distension with moderate retained anechoic fluid was present without evidence of mechanical pyloric outflow obstruction. The pylorus wall measured 0.79 cm.
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SPECIES	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	
BREED	Normal visible colon wall layers were present with apparent formed feces in lumen.
Pom	
SEX	Pancreas
Spayed Female	The left limb, right limb, and base of the pancreas presented hypoechoic to heterogeneous echogenicity compared to adjacent omental fat. Mild asymmetrical capsule margination was present with mild variable parenchymal swelling and mild peripancreatic reactivity / inflammation. No overt evidence of neoplasia.
AGE	Free Abdomen
17 Years	No overt lymphadenopathy or peritoneal effusion was present.
WEIGHT	ULTRASONOGRAPHIC FINDINGS
12 Pounds	<ul style="list-style-type: none"> • Pancreatitis- subjectively active to chronic active • Hepatopathy, exhibiting mild nonuniform parenchyma- subjectively benign, inflammatory/immune-mediated disease, vacuolar hepatopathy, hyperplasia, hematopoiesis, fibrosis or other hepatopathy is possible with neoplastic criteria considered less likely. • Mildly distended gallbladder with mild luminal debris- no evidence of posthepatic obstructive criteria • Bilateral marked chronic degenerative renal changes with nonobstructive medullary mineral and cortical cysts • Hypomotile stomach- suspect mild hypomotile gastritis
INTERPRETED BY	INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	Assuming normal clotting status, screening hepatic FNA cytology could be considered for further assessment, primarily to possibly identify inflammatory cell type if present. No obvious evidence of posthepatic obstructive criteria, yet sonographic reassessment may be indicated if progressive cholestasis is present. Minor potential for emerging pancreatic neoplastic criteria is considered less likely. Empirically, aggressive therapy for pancreatitis with as needed hepatogastrointestinal supportive care and assessment of clinical response would be reasonable.
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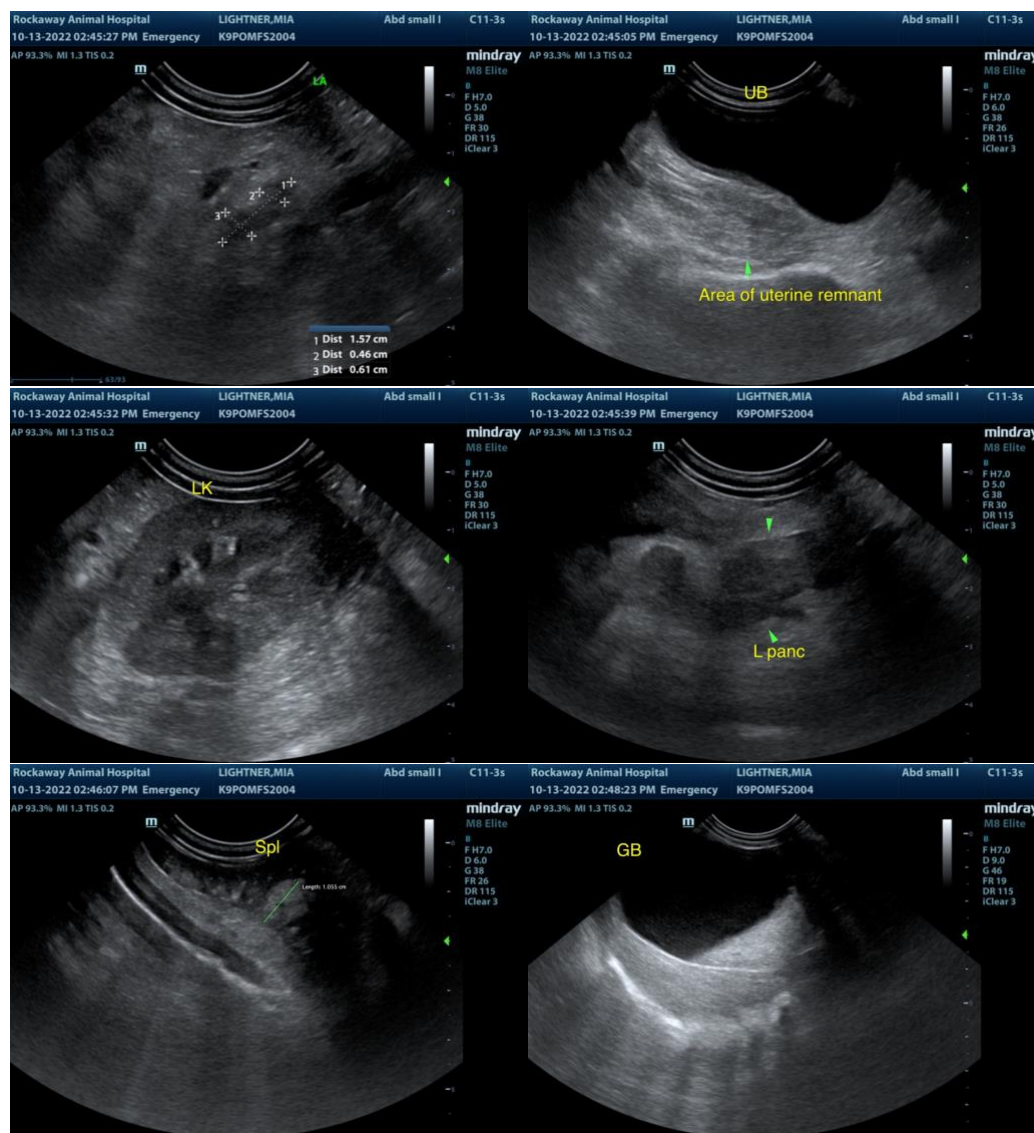
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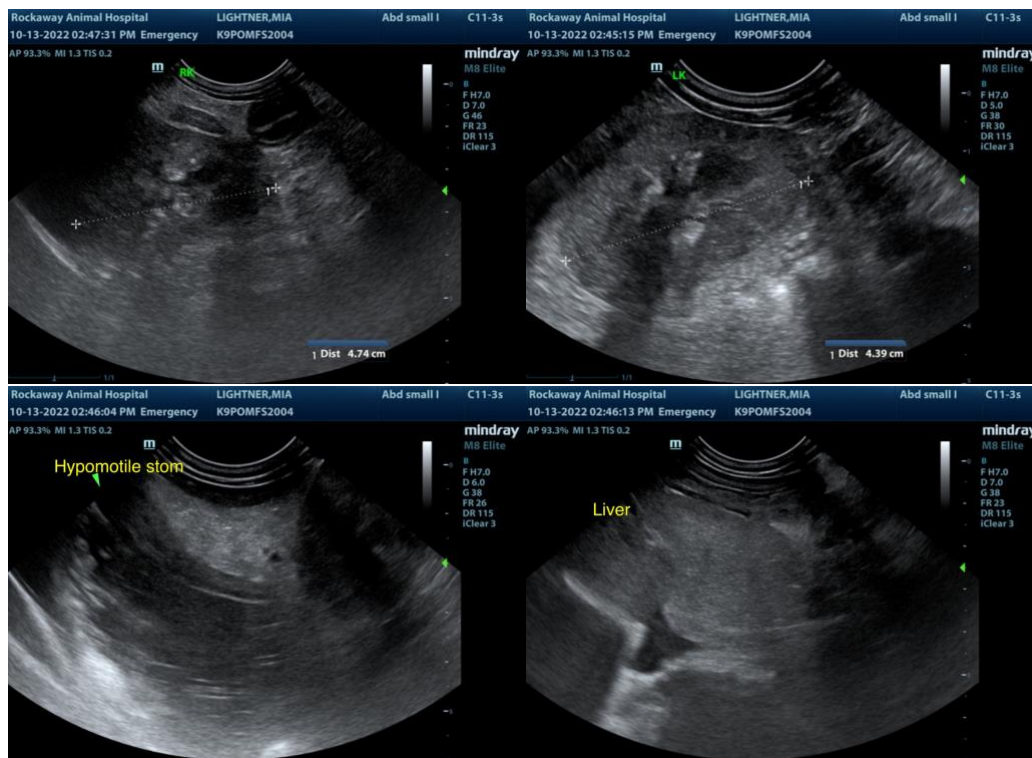
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

R. McKenzie Daniel, DVM, DABVP (Canine / Feline Practice)
info@SonoPath.com