



PATIENT

Elle Surmon

SPECIES

Canine

BREED

Silky Terrier

SEX

Spayed Female

AGE

12 Years

WEIGHT

4.8 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Belan

HOSPITAL NAME

Resolution VU, LTD

REFERRING VET

Dr. Sweet

INVOICE

17836

DATE

10/19/22

PRESENTING CLINICAL SIGNS

History: History of chronic vomiting previous scan done in March identified hyperechoic hepatic nodule. Report attached Patient is clinically normal Patient has been previously treated for pancreatitis and responded to treatment.

Abnormal PE/Chem/CBC/UA Results: Hepatic enzymes were markedly elevated but now are mildly elevated. No serological evidence of pancreatitis

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 3.0 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. Aortic trifurcation was normal.

Normal size and margination was 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 3.9 cm in length. The right kidney measured 4.2 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 0.34 cm width at the caudal pole and 0.45 cm width at the cranial pole.

The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.54 cm width at the caudal pole and 0.60 cm width at the cranial pole.

Spleen

The spleen was normal in size and contour with subtle parenchyma heterogeneity with nondisruptive well demarcated hyperechoic nodule adjacent to the hilus, along with intermittent hypoechoic nondisruptive mid splenic nodules. An example of hypoechoic splenic nodule measured 0.65 cm. An example of hyperechoic nodule measured 0.36 cm.

Liver

The liver exhibited normal to borderline enlargement with normal structure, and contour. The liver parenchyma was mildly nonuniform and hypoechoic to the spleen with a moderate coarse echotexture and subjective mild parenchymal remodeling. The hepatic and portal vasculature were normal in appearance without signs of congestion. No evidence of hepatic intraparenchymal masses or nodules noted.

The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.

Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach was empty with mild luminal gas. The ventral gastric body wall measured 0.34 cm.



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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. The duodenum wall measured 0.30 cm. The jejunum wall measured 0.25 cm.

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

Pancreas

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

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Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

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ULTRASONOGRAPHIC FINDINGS

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- Variably echogenic splenic nodules- subjectively benign
- Mild hepatic parenchymal remodeling – benign- no evidence of previously noted hepatic intraparenchymal nodule or overt hepatic neoplastic criteria
- Mild heterogeneous pancreas- age-related/patient variant, minor remodeling owing to previous inflammation. Given the patient history, potential for low grade or chronic pancreatitis is possible. Monitoring of Spec CPL is suggested, especially if recurrent clinical signs suggestive of chronic pancreatitis.
- Mild age-related kidneys
- Sonographically unremarkable gastrointestinal tract

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Hepatosupportive medications may prove beneficial if persistent mild or progressive hepatic enzyme elevations.

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The hyperechoic splenic nodule adjacent to the hilus was consistent with benign myelolipoma. The hypoechoic splenic nodules were more nonspecific yet likely consistent with benign criteria, i.e., hyperplasia, hematopoiesis, small splenic cysts, focal splenitis, small hematomas or similar. Neoplastic nodular splenic criteria is considered unlikely. Sonographic monitoring of the splenic nodules for evidence of progression would be reasonable.

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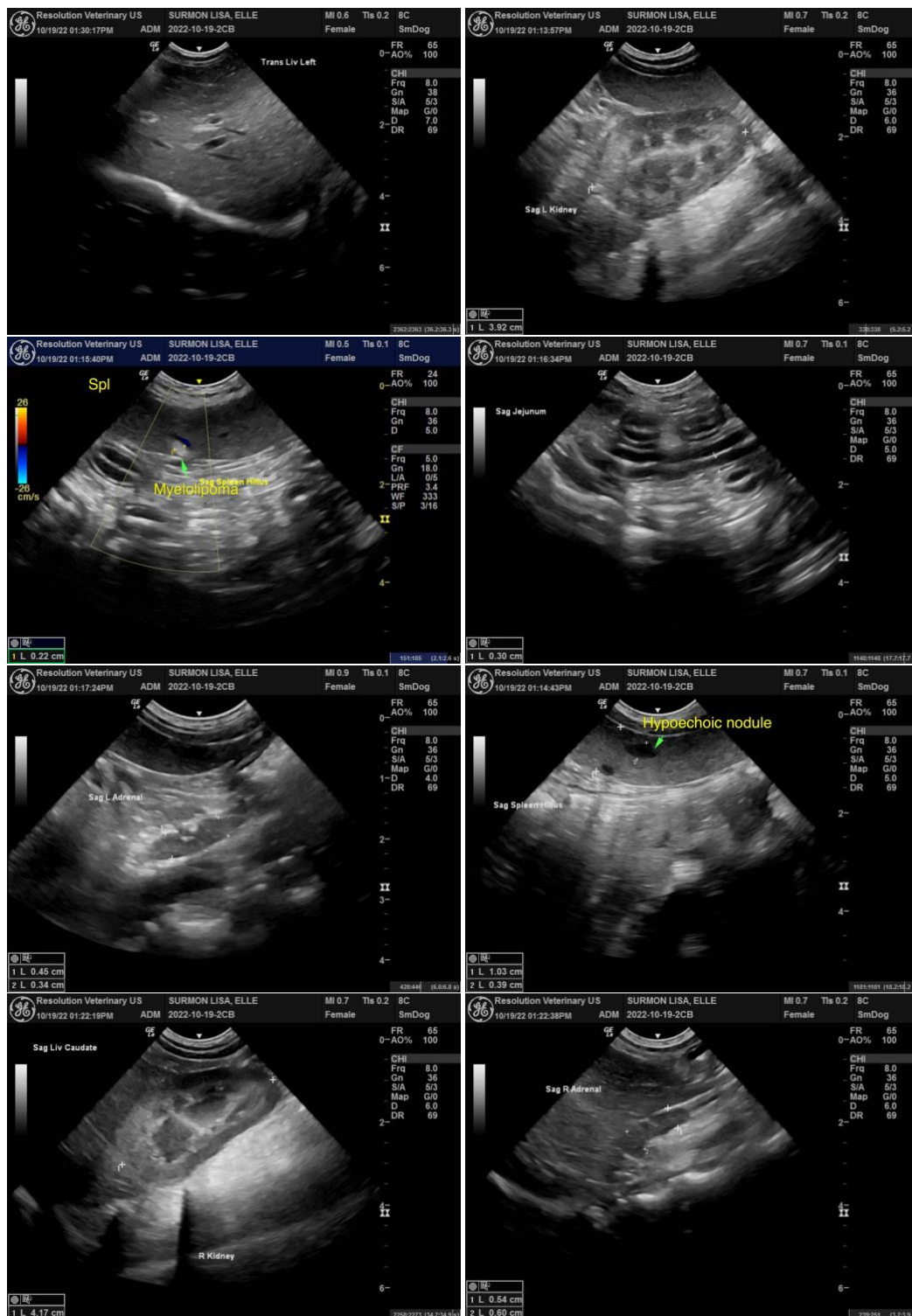
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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info@SonoPath.com