

**PATIENT**

Willow Worrell

SPECIES

Canine

BREED

Border Collie Mix

SEX

FS

AGE

14 years

WEIGHT

50 lbs.

INTERPRETED BYR. McKenzie Daniel,
DVM, DABVP (Canine
and Feline)**IMAGING
PERFORMED BY**

Amy Mayhew LVT

HOSPITAL NAME

SVS Imaging MI

REFERRING VET

Pinecrest AH

INVOICE

15267

DATE

10/26/22

PRESENTING CLINICAL SIGNS

Hypoglycemia and seizures.

Abnormal PE/Chem/CBC/UA Results: Hypoglycemia, very thin and muscle wasted.

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 was noted.

No evidence of pathology was noted in the area of the uterine remnant.

The area of the aortic trifurcation was free of pathology.

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 mild to moderate loss of corticomedullary symmetry and definition expected for the age of the patient. Mild left kidney minor pyelectasia was present. A solitary thinly walled right kidney cyst containing anechoic fluid was present measuring approximately 2.5 cm in diameter. The left kidney measured 6.5 cm in length. The right kidney measured 7.2 cm in length.

Adrenal Glands

The bilateral adrenal glands were normal in size. Mild parenchyma heterogeneity and mild capsule asymmetry was present without suspicion for overt neoplasia. No overt adrenal tumors were present. The left adrenal gland measured 0.67 cm width in the cranial pole and 0.73 cm width in the caudal pole. The right adrenal gland measured 0.54 cm width in the caudal pole.

Spleen

The spleen was not definitively visualized. No overt pathology was noted in the area of the spleen.

Liver/ Gallbladder

The liver was overtly normal in size and primarily maintained a symmetrical capsule contour with generalized mild heterogeneous parenchyma exhibiting intermittent discrete nondisruptive hypoechoic intraparenchymal nodules. An example of a liver nodule measured 3.5 cm in diameter. 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 contained moderate, echogenic ingesta exhibiting mild progressive distal acoustic shadowing, along with moderate retained anechoic to mildly echogenic fluids. No evidence of mechanical pyloric outflow obstruction was noted. The gastric body wall width measured 0.37 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 0.49 cm width. The jejunum wall measured 0.36 cm width.

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

Pancreas

The pancreas base and right pancreatic limb exhibited normal size with mild capsule asymmetry exhibiting generalized nonhomogeneous to discretely nodular pancreatic parenchyma with evidence of pancreatic duct dilation.

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Free Abdomen**SEX**

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No overt lymphadenopathy or peritoneal effusion was present.

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ULTRASONOGRAPHIC FINDINGS

- Bilateral chronic renal changes with minor left kidney pyelectasia and right kidney cyst
- Mild heterogeneous liver exhibiting focal to intermittent discrete nondisruptive intraparenchymal nodules - hyperplasia, hematopoiesis, vacuolar hepatic changes, inflammatory / immune mediated disease or other hepatopathy, less likely potential for neoplasia although cannot be definitively excluded
- Heterogeneous to nodular pancreas - parenchymal remodeling owing to age or potential previous inflammatory episode, nodular hyperplasia, potential for pancreatic neoplastic criteria i.e., insulinoma, given the hypoglycemia, is possible
- Overtly normal gastrointestinal tract with moderate gastric ingesta / fluid - likely consistent with recent meal ingestion and water intake

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

If persistent hypoglycemia (BG levels <60), insulin level on same serum sample as BG measurement to assess for normal to increased insulin levels in the face of hypoglycemia, which may indicate possible insulinoma which may be difficult to visualize ultrasonographically, is recommended.

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A GI panel to include PLI/TLI/Cobalamin/Folate as well as resting cortisol level to assess for or rule out occult disease as a contributing factor to the decreased body condition and muscle wasting may be considered. Three-view chest radiographs are suggested to rule out occult thoracic pathology, if not done.

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svsimagingmi@gmail.com



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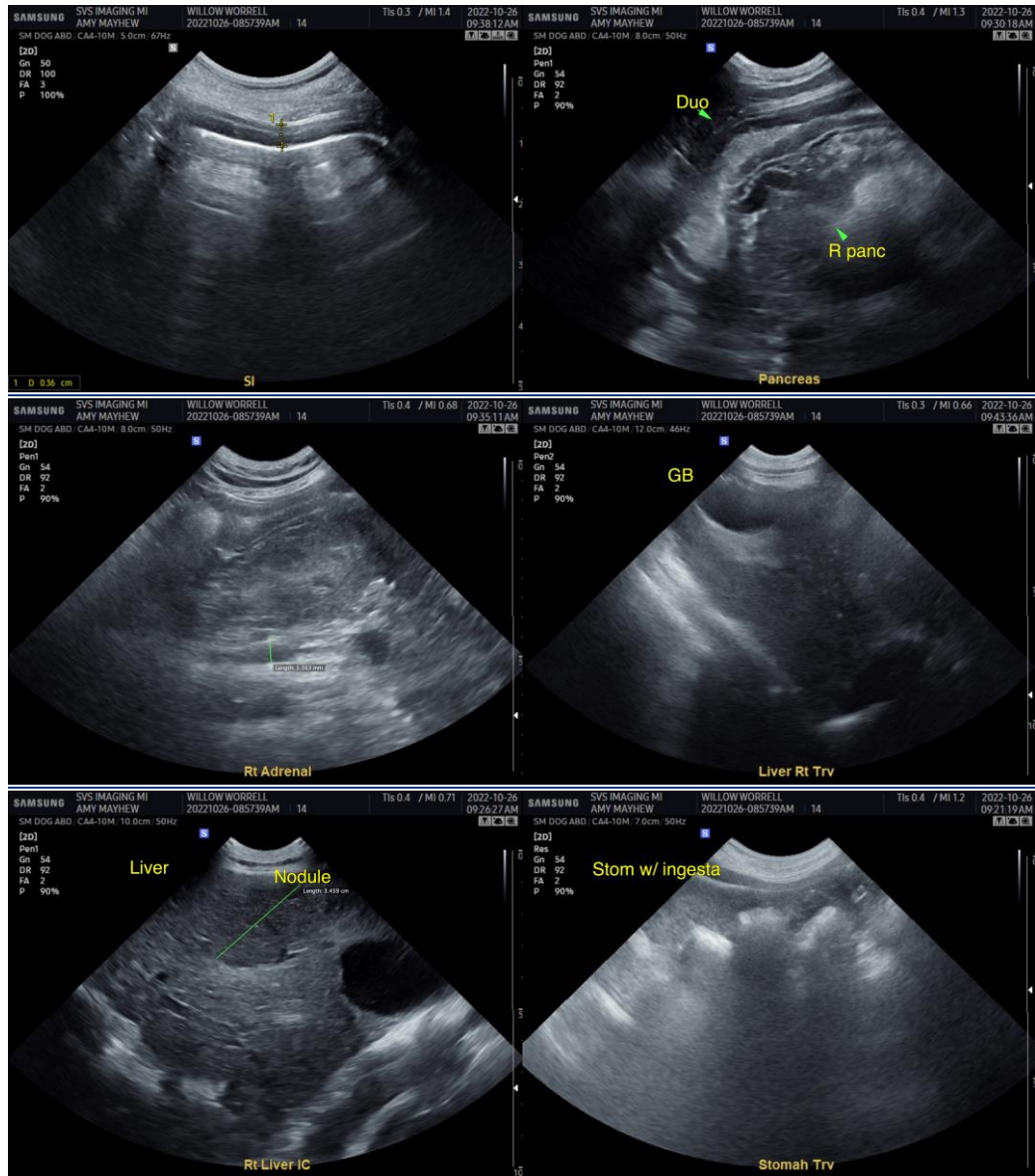
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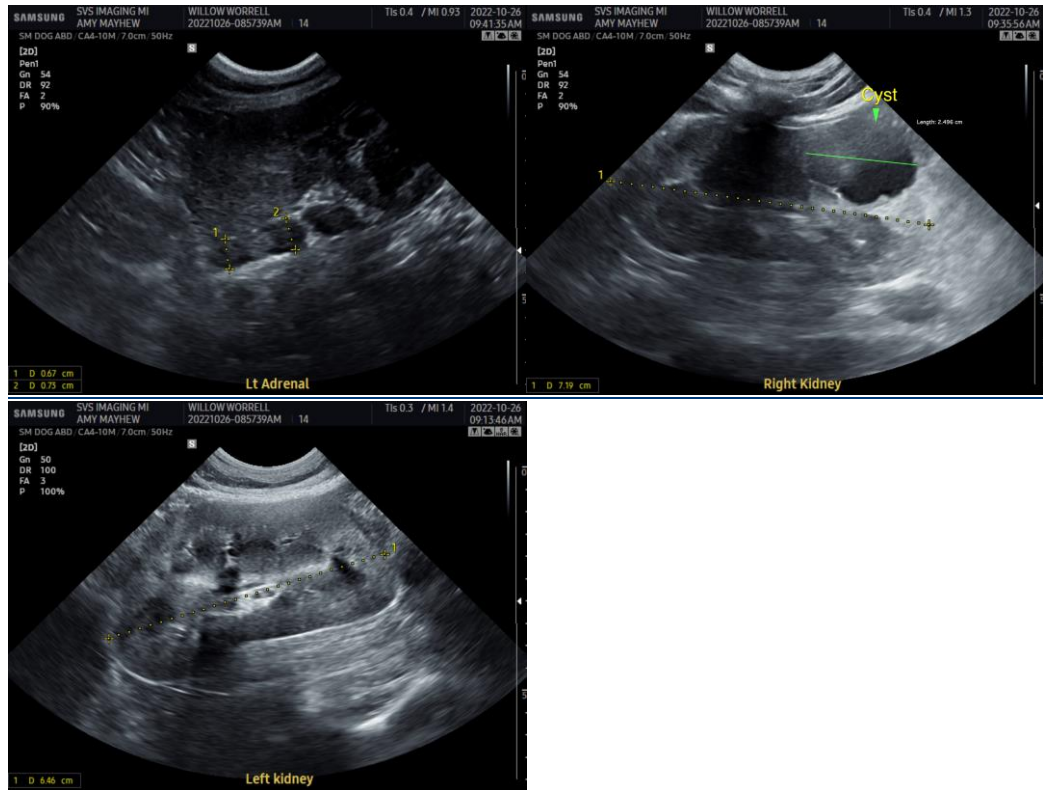
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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