

**PATIENT PRESENTING CLINICAL SIGNS**

Callie Bittner history of GI issues, recently loud sounds coming from abd, had US in Feb(report attached). bv88900iuo currently on metonia, sulcrate, gabapentin, omeprazole

**SPECIES ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

Canine **Urinary System**

**BREED** 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.

Pug X

**SEX** 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 4.5 cm.

Spayed Female

**AGE** The area of the aortic trifurcation was free of pathology.

11 Years **Adrenal Glands**

The right adrenal gland was normal in size. Mild parenchyma heterogeneity and mild capsule asymmetry was present without suspicion for overt neoplasia. The right adrenal gland measured 2.1 cm length x 0.80 cm at the caudal pole.

**WEIGHT** The left adrenal gland exhibited mild prominent size with subtle cranial and caudal non-expansive parenchymal nodules. Example of nodule measured 1.2 cm x 1.0 cm. No evidence of parenchymal escape or vascular invasion as well as no evidence of parenchymal mineralization associated with the subtle left adrenal nodules. The left adrenal gland itself measured 2.7 cm length x 1.0 cm at the cranial pole and 0.95 cm at the caudal pole.

23 Pounds

**INTERPRETED BY**

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

**Spleen**

The spleen was overall normal in size and contour with primarily finely textured homogeneous parenchyma. Previously noted, mildly expansive nodule in the subjective caudolateral spleen with mild associated capsule distortion was present. The nodule was primarily hypoechoic to mildly mixed echogenic, measuring 1.2 cm in diameter.

**IMAGING PERFORMED BY**

Kelly Reschny

**HOSPITAL NAME**

Beamsville AH

**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 non-distended in size with previously noted mild congealed, echogenic luminal debris. The common bile duct was normal.

**REFERRING VET**

Dr. Wilson

**Gastrointestinal**

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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. Gastric body wall measured 0.28 cm.

**DATE**

10/27/21

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. Duodenum wall measured 0.38 cm. Jejunum wall measured 0.29 cm.



**PATIENT**

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

Callie Bittner

**Pancreas**

The parenchyma of the left limb, body and right limb of the pancreas presented isoechoic to the adjacent omental fat. A normal curvilinear capsule contour of the pancreas was present. The visible pancreatic duct was normal. No signs of active inflammation or neoplastic disease was evident.

**SPECIES**

Canine

**Free Abdomen**

**BREED**

Pug X

No overt lymphadenopathy or peritoneal effusion was present.

**SEX**

Spayed Female

**AGE**

11 Years

**WEIGHT**

23 Pounds

**ULTRASONOGRAPHIC FINDINGS**

- Non-homogeneous to subtly nodular left adrenal gland – adenomas, benign hyperplasia, with potential for emerging neoplasia such as pheochromocytoma, adenocarcinoma, or other possible.
- Mild hepatic parenchymal remodeling – subjectively benign.
- Static, mildly congealed gallbladder debris (non-mucocele)
- Static, previously noted splenic nodule
- Sonographically unremarkable gastrointestinal tract – suspect structurally insignificant or low-grade inflammatory gastroenteropathy.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Screening blood pressure is recommended. Sonographic monitoring of the left adrenal gland with initial recheck in 4 weeks to assess for progress nodular changes suggested. Given the static appearance of the splenic nodule, potential for a neoplastic nodule is considered less likely, yet continued sonographic monitoring would be ideal. Continued gastrointestinal support with dietary therapy (i.e., limited antigen or hydrolyzed diet trial if not currently instituted) may prove beneficial. Assessment of serum cobalamin and folate levels suggested if persistent gastrointestinal signs or evidence of weight loss.

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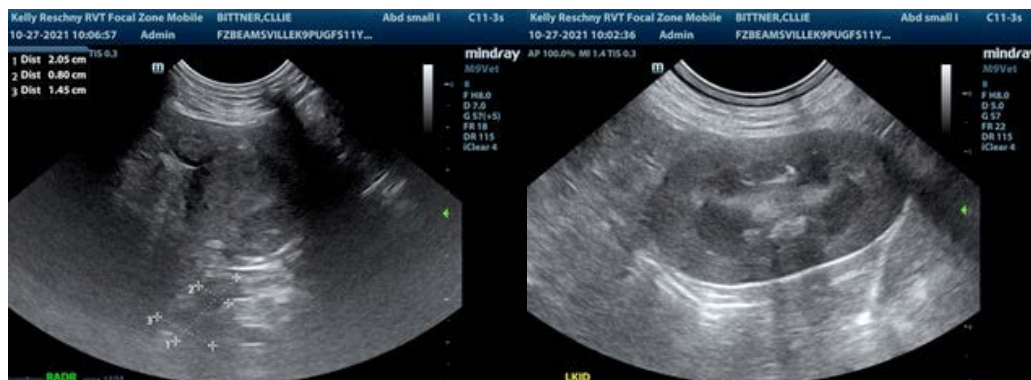
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**PATIENT**

Callie Bittner

**SPECIES**

Canine

**BREED**

Pug X

**SEX**

Spayed Female

**AGE**

11 Years

**WEIGHT**

23 Pounds

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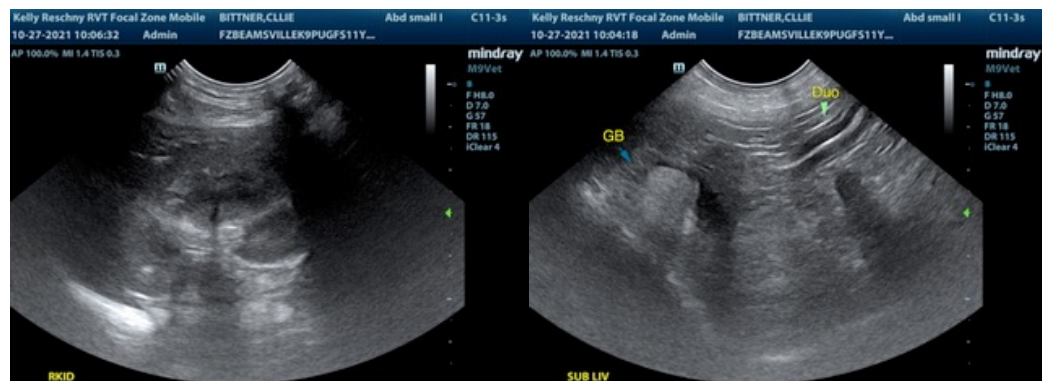
Dr. Wilson

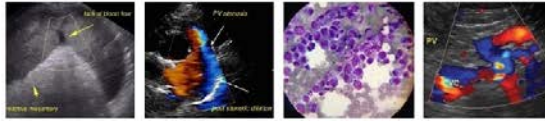
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**PATIENT**

Callie Bittner

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**

Pug X

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

**SEX**

Spayed Female

**AGE**

11 Years

**WEIGHT**

23 Pounds

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