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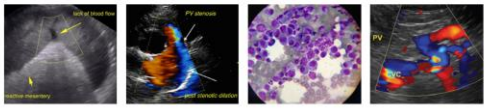
Pet Animal Ultrasound Service



SonoPath
Clinical Sonography & Telecytology
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PATIENT
Wednesday Pietsch

SPECIES
Canine

BREED
Beagle

SEX
FS

AGE
7 y 11 mo

WEIGHT
24.8 lbs.

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

IMAGING PERFORMED BY
Pamela Harrigan, RDCS

HOSPITAL NAME
Anchor AH

REFERRING VET
Katherine Pietsch

INVOICE
15445

DATE
11/10/22

PRESENTING CLINICAL SIGNS

Patient has been straining to defecate. The stools are normal in consistency and not firm. She has a history of necrotizing pancreatitis in 11/2019. She also had a low grade MCT in her right AG removed 5/2018 . She is acting normally and eating normally. She has some arthritis in her back and hips. Full BW on 10/18 WNL. Abdominal x-rays taken 10/25/2022 mild splenomegaly but otherwise unremarkable.

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.

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 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 5.7 cm in length. The right kidney measured 6.3 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 0.47 cm width at the caudal pole and 0.42 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 0.47 cm width at the caudal pole and 0.52 cm width at the cranial pole.

Spleen

The spleen exhibited subjective mild enlargement with a finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. 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. Acute to chronic inflammatory, neoplastic, or benign parenchyma changes were not noted.

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 thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.

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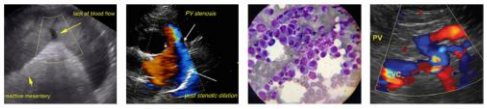

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Gastrointestinal

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.

The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. Segmental duodenal and jejunal nonshadowing to focally shadowing ingesta / chyme was present with no evidence of small intestinal mechanical / metabolic ileus.

Normal visible colon wall layers were present with semi-formed fecal matter.

Pancreas

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

Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

- Mild benign splenomegaly - incidental mild hyperplasia, hematopoiesis, patient variant, splenitis possible, no evidence of splenic neoplastic criteria
- Minor pancreatic remodeling - likely secondary to previous pancreatitis episode, no evidence of active or overt chronic pancreatitis
- Sonographically unremarkable gastrointestinal tract / colon with segmental duodenojejunal shadowing to mild shadowing ingesta / chyme

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

A definitive cause of the patient's straining to defecate was not obvious in this study, given the lack of descending colon or colorectal mural pathology. Rectal palpation if not done to assess for non-visualized colorectal abnormalities is recommended. A thorough muscular / skeletal and neurological examination could be considered. No evidence of intraabdominal primary neoplastic or metastatic criteria, given the previous history of mast cell tumor.

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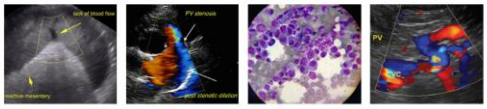

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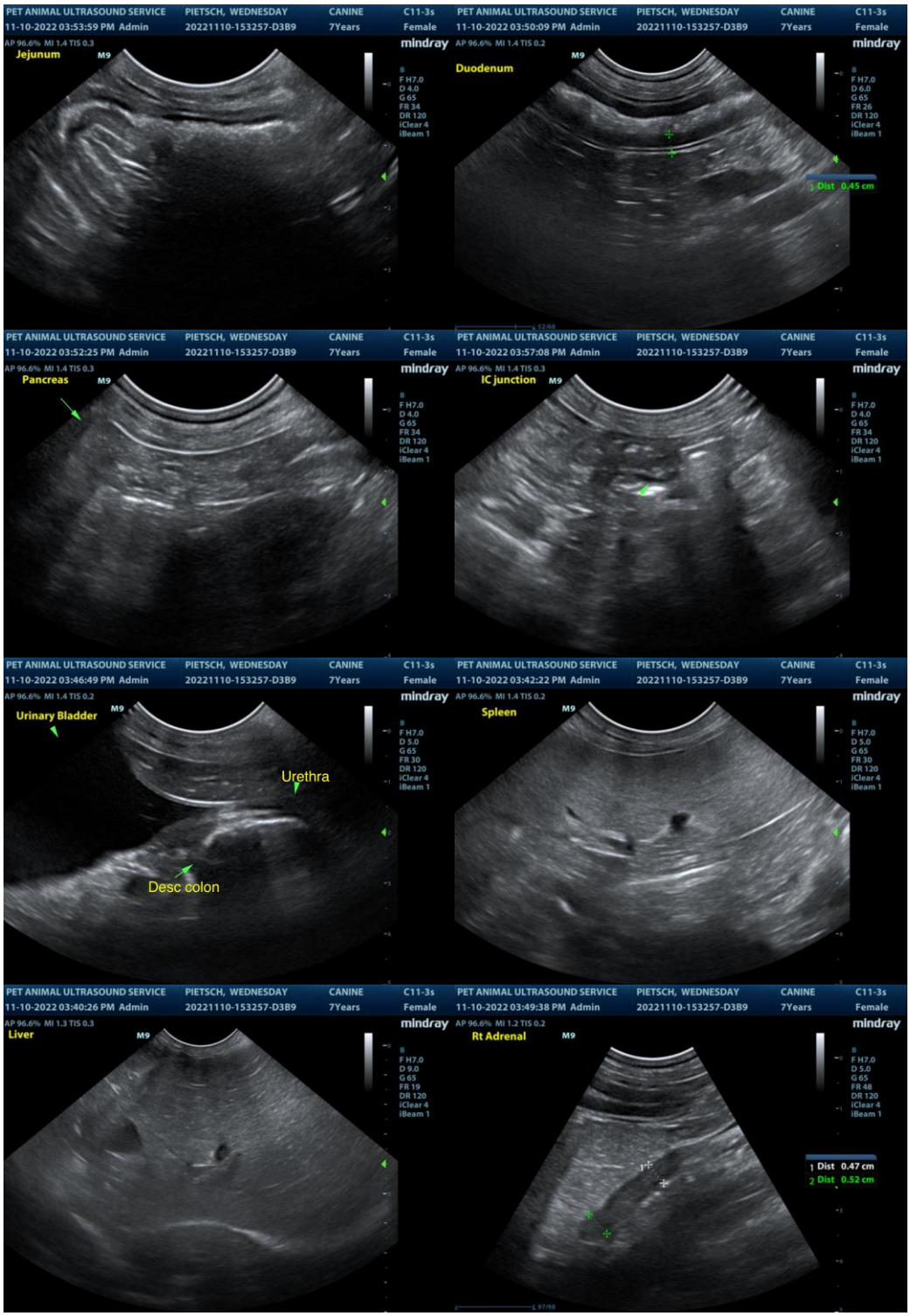

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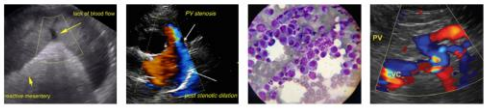

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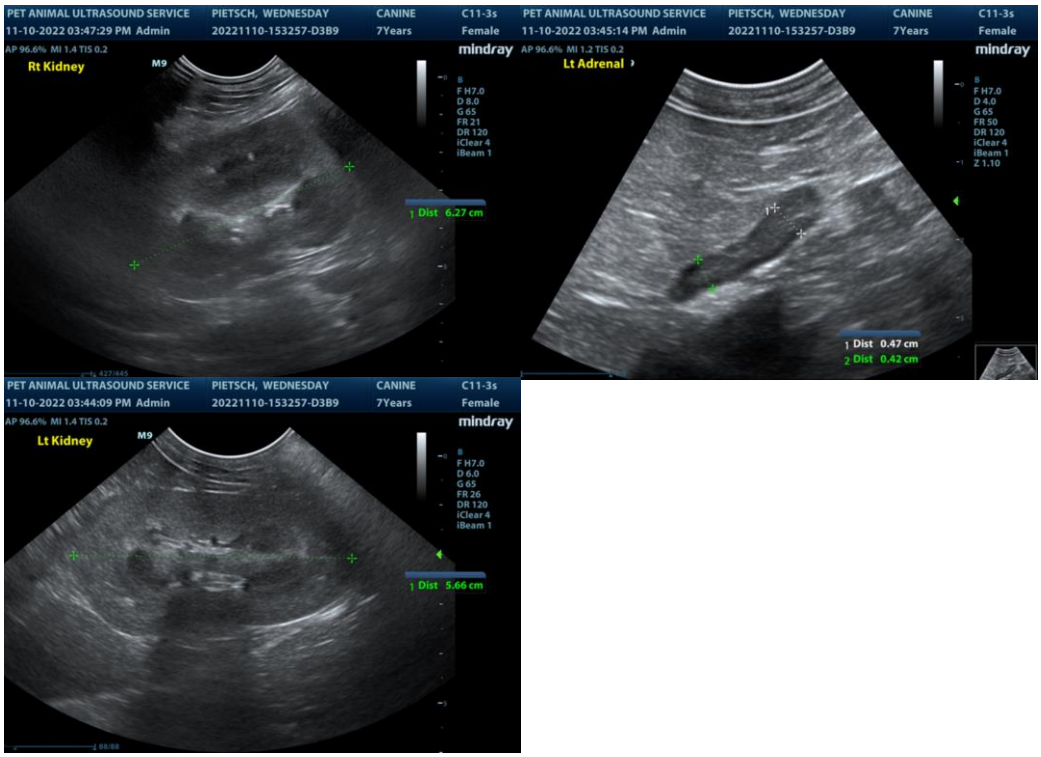

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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