



PATIENT

The submitted study contained 27 still images and 12 videos for review.

Queenie Chung

SPECIES

Patient present with bloody stool, and lethargy. Owner states that patient has no appetite for kibble (Hills sensitive stomach and skin) and is currently giving egg with greens. After eating patient is regurgitating food. Patient also has decreased fluid intake and urine output.

Canine

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

BREED

Urinary System

Shetland Sheepdog

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 3 cm exhibited normal thickness and tone. Anechoic urine was present in the lumen with mild dependent mineral. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes were noted.

SEX

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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 loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. Pinpoint medullary mineralization and scant pyelectasia was present bilaterally. The left kidney measured cm in length. The right kidney measured 5.6 cm in length

AGE

11yr

The area of the aortic trifurcation was free of pathology.

WEIGHT

23.1lb

Adrenal Glands

The left adrenal gland was indistinctly visualized without overt pathology. The left adrenal gland measured 0.42 cm width at the caudal pole. A non-homogenous mildly irregular mass was present in the area of the right adrenal gland measuring 2.4 cm x 2.0 cm.

INTERPRETED BY

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

Spleen

The spleen exhibited 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.

IMAGING PERFORMED BY

Dr. Kim

Liver

HOSPITAL NAME

Ridgefield Park
Animal Hospital

The liver presented mildly enlarged in size. The parenchyma of the liver was subjectively normal in echogenicity compared to the spleen and renal cortices. The liver parenchyma was uniform with a mildly coarse echotexture. The capsule of the liver was symmetrically rounded to mildly swollen in margination. The hepatic and portal vasculature were normal in appearance without signs of congestion.

REFERRING VET

Dr. Kim

The gallbladder was non-distended in size with primarily anechoic luminal content and non-dependent variably echogenic congealed non-organized luminal debris with suspect peripheral hypoechoic mucus. No overt evidence of gallbladder or peripheral gallbladder inflammation was present. The cystic and common bile ducts were normal.

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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.

DATE

11/22/2022



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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.

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

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Pancreas

The pancreas was normal in size and contour with isoechoic to heterogeneous parenchyma compared to adjacent omentum, likely consistent with age related changes and considered incidental. Minor potential for low grade pancreatitis.

BREED

Shetland Sheepdog

Free Abdomen

No omental masses, overt lymphadenopathy or peritoneal effusion was present.

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ULTRASONOGRAPHIC FINDINGS

AGE

11yr

- Mild chronic renal changes with pinpoint medullary mineral
- Mild dependent urinary bladder mineral
- Hepatic parenchymal remodeling
- Gallbladder mucocele-subjectively non-inflamed
- Right adrenal mass-consistent with neoplastic criteria i.e. adenocarcinoma, pheochromocytoma or other
- Sonographically unremarkable GI tract-suspect mild gastroenterocolitis
- Minor pancreatic remodeling

WEIGHT

23.1lb

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

A screening BP is advised to assess for evidence of hypertension which may allude to emerging adrenal neoplastic criteria i.e. pheochromocytoma.

INTERPRETED BY

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

Correlation with a full CBC/chemistry panel and UA is recommended. Adrenal workup could be considered if clinical suspicion for Cushing's disease although the patient's clinical signs are not overtly suggestive of adrenal hyperfunction.

IMAGING PERFORMED BY

Dr. Kim

The pancreas was non-specific and may indicate patient/ age variant, remodeling owing to previous inflammatory episode or mild to chronic pancreatitis possible. This potential may be considered if there is evidence of cranial abdominal or subxiphoid discomfort on palpation. Correlation with a spec cPL or a GI panel could be considered. As needed GI support would be appropriate.

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Animal Hospital

Ideally abdominal CT for further assessment of the right adrenal mass, assessment of potential surgical resectability for right adrenalectomy as well as potential cholecystectomy is recommended if possible.

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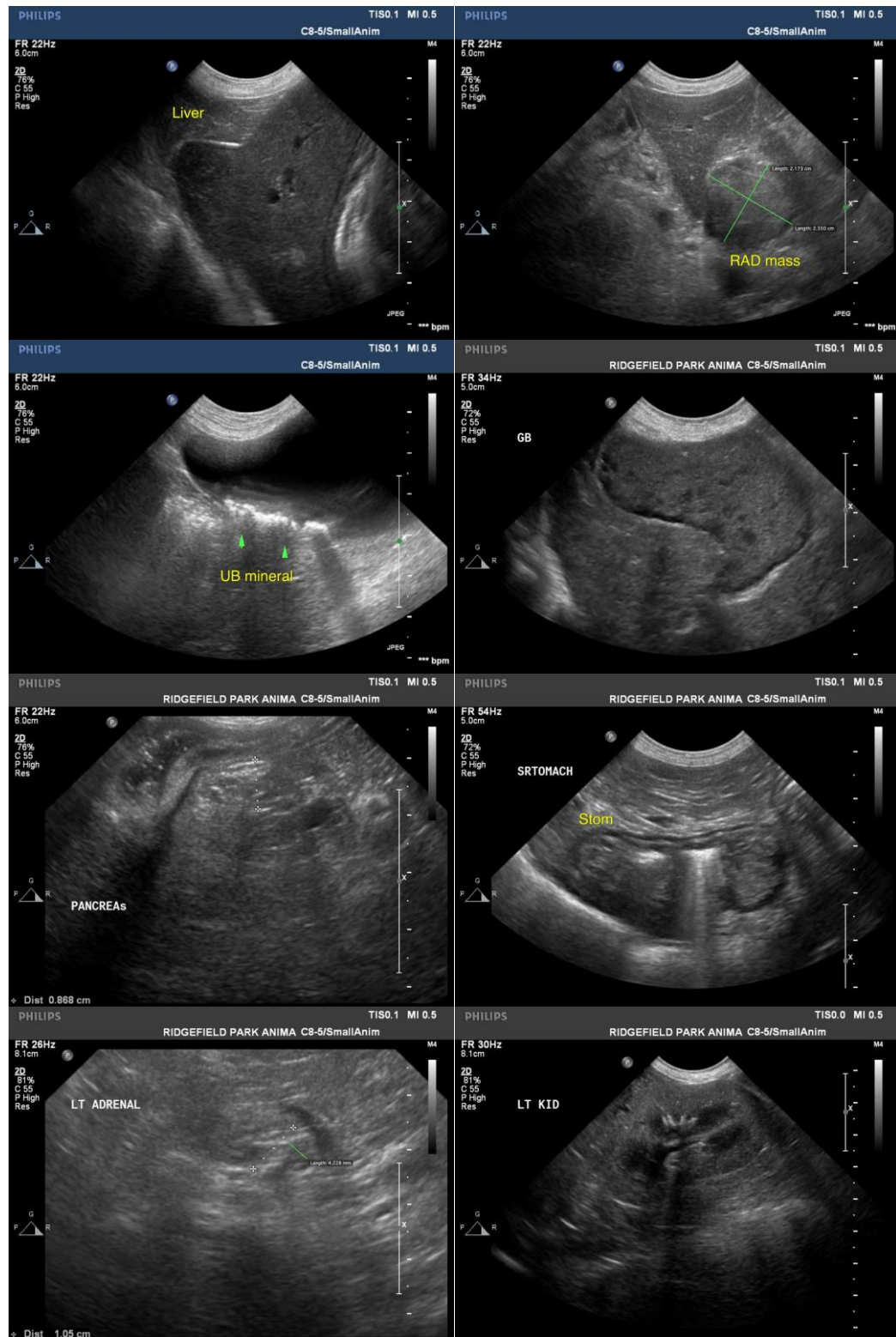
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.



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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.

SPECIES

Canine

R. McKenzie Daniel, DVM, DABVP (Canine/Feline Practice)

mac.daniel@sonopath.com

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Shetland Sheepdog

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