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Clinical Sonography & Telecytology
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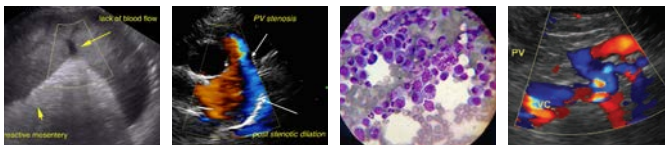

SonoPath.com™
1-800-838-4268 info@sonopath.com

PATIENT

Lilly Konstan

SPECIES

Canine

BREED

Italian Greyhound

SEX

Spayed Female

AGE

2013

WEIGHT

16 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Alex Emerson

HOSPITAL NAME

AC of Casselberry

REFERRING VET

Dr. Alex Emerson

INVOICE

33117

DATE

11/30/21

PRESENTING CLINICAL SIGNS

Nonspecific ADR last couple of months. Started occasional vomiting a couple of weeks ago.
Abnormal PE/Chem/CBC/UA Results: Has been on soloxine for 2 years without retesting. TT4 and CBC/ Chem results pending

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 4.0 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.

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 4.2 cm. The right kidney measured 4.5 cm.

The area of the aortic trifurcation was free of pathology.

Adrenal Glands

The adrenal glands were uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 1.8 cm length x 0.50 cm at the caudal pole. The right adrenal gland measured 1.8 cm length x 0.43 cm at the caudal pole.

Spleen

The spleen exhibited normal size and contour with primarily maintained finely textured homogeneous parenchyma with regional well demarcated uniformly echogenic parenchyma to potential nodule noted around the splenic hilus measuring 1.2 cm in diameter. This area of hyperechoic splenic parenchyma did not distort the splenic capsule.

Liver

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 mild to moderate non-dependent, mildly inspissated debris. No evidence of gallbladder or peripheral inflammation. The common bile duct was normal.

Gastrointestinal

The stomach exhibited intact yet subjectively mildly prominent wall layering. A mild amount of retained non-shadowing chyme was present in the gastric lumen. Gastric body wall measured 0.44 cm.

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 0.32 cm. Jejunum wall measured 0.30 cm.

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

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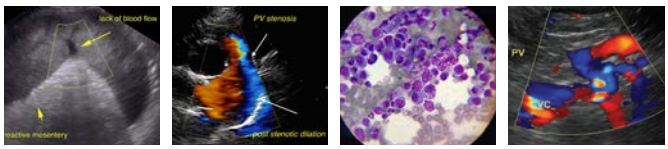

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Pancreas

The pancreas base was normal in size and contour with subtle hypoechoic parenchyma compare to adjacent nonreactive or inflamed omentum.

Free Abdomen

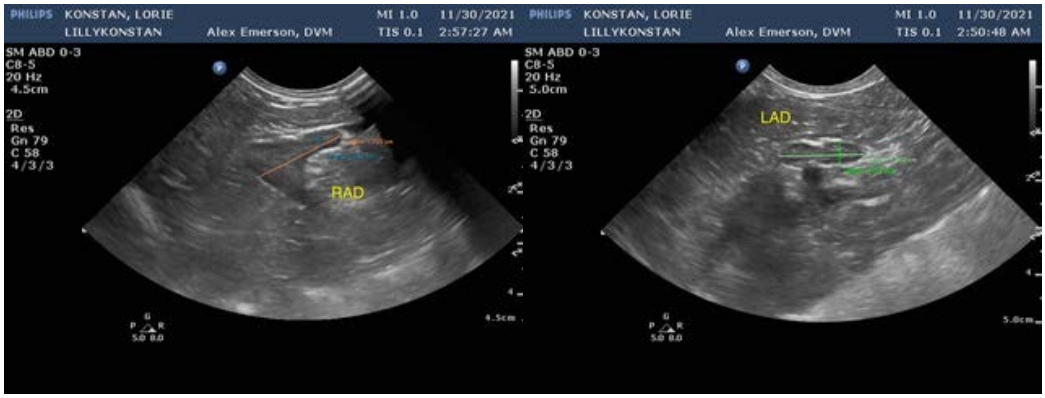
No omental masses, lymphadenopathy or effusion.

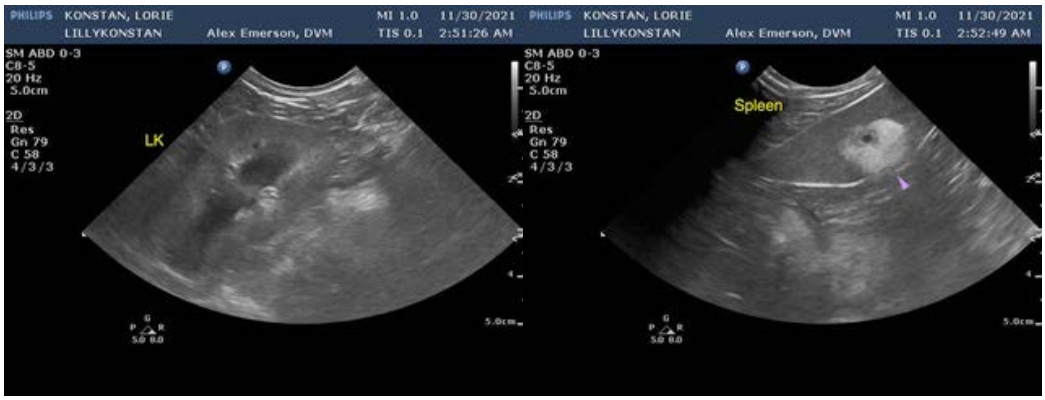
ULTRASONOGRAPHIC FINDINGS

- Mild gastritis pattern with potential mild gastric stasis
- Subtly hypoechoic pancreas base
- Moderate gallbladder debris (non-mucocele)
- Splenic perihilar hyperechoic parenchyma to nodule – subjectively benign, likely consistent with myelolipoma.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Overall, no evidence of significant visceral pathology. In light of patient's recent vomiting, the stomach is consistent with mild gastritis and potential mild gastric stasis given the mild retained chyme. Potential for low-grade to chronic pancreatitis may be present, yet essential normal sonographic presentation. Correlation with spec CPL may be considered. Correlation with pending lab work recommended. Although considered unlikely, resting cortisol to rule out occult Addison's disease (given the patient's vague clinical signs) would be warranted. 3-view chest radiographs suggested to rule out occult thoracic or esophageal pathology as a potential cause for the patient's clinical signs





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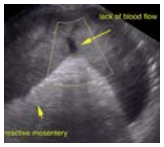
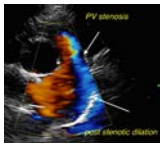
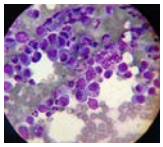
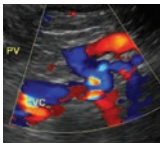

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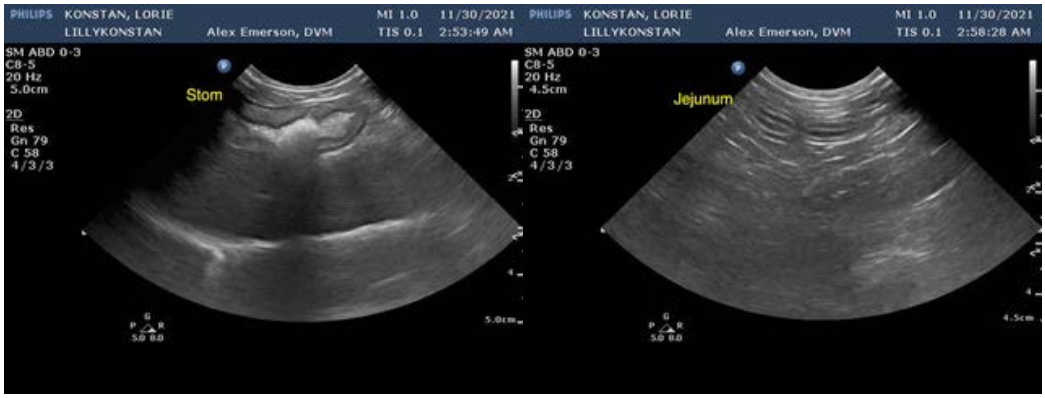

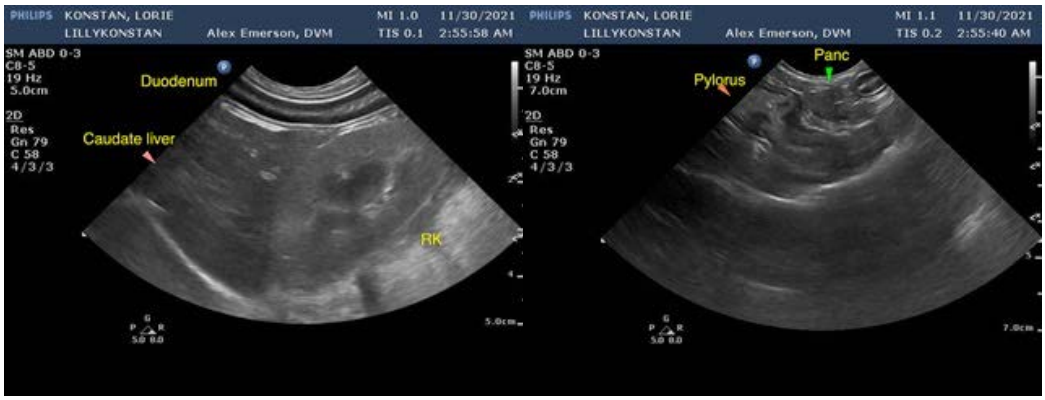

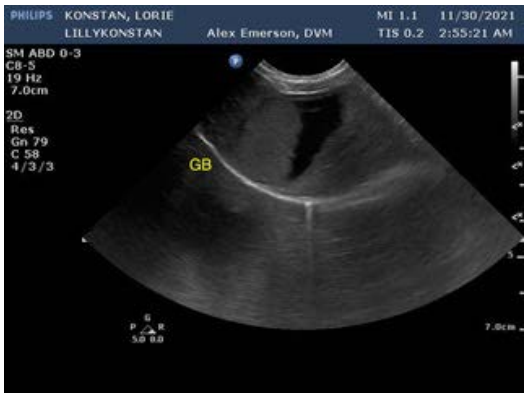

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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