



**PATIENT**

Millie Dundas

**SPECIES**

Canine

**BREED**

Border Collie Mix

**SEX**

SF

**AGE**

12 years

**WEIGHT**

41 lbs.

**PRESENTING CLINICAL SIGNS**

inflammatory hepatitis managed with diet and prednisone for years. Recently, intermittent chronic diarrhea and occasional diarrhea. Mild steady chronic weight loss. End of August, 2022 - P is present today for not doing well. O states that their pet sitter called when Os were at the ocean stated that P is not feeling well. O has not really been E/D. O states that P is just not acting normal. Dental tartar 3/6 cardiac left sided systolic murmur. Goes hiking alot, current on vaccines including leptospirosis

Abnormal PE/Chem/CBC/UA Results: 10/2022 diarrhea PCR infectious panel negative 9/2022: Fecal float giardia elisa neg 8/2022: Hyposthenuria (1.005) 3/22 PrecisionPSL 501U/L

**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 was maintained. The medulla and cortices were uniform in texture with some increased echogenicity and moderate loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The left kidney measured 5.5 cm in length. The right kidney measured 5.5 cm in length.

**Adrenal Glands**

The left adrenal gland was normal in size. Mild parenchyma heterogeneity and mild capsule asymmetry was present without suspicion for overt neoplasia. The left adrenal gland measured 0.35 cm width in the cranial pole and 0.65cm width in the caudal pole. The right adrenal gland was not definitively visualized.

**Spleen**

The spleen exhibited potential mild generalized enlargement primarily medial spleen secondary to mildly expansive, ill-defined, solid to homogeneous, mildly hypoechoic mass measuring approximately 3.7 cm in diameter. No evidence of cavitation associated with the splenic mass or evidence of parenchyma escape. Intermittent separate similar-appearing non-disruptive splenic nodules were present. Normal splenic vascularity was present.

**Liver/ Gallbladder**

The liver was subjectively normal in size with normal parenchyma echogenicity. Indistinct portal vascular borders were present with minor parenchymal remodeling. No masses or nodules were noted. The gallbladder was non-distended in size containing primarily anechoic content with mild, echogenic gallbladder debris. The cystic and common bile ducts were normal.

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Dr. Robyn Lantz

**HOSPITAL NAME**

Eastgate VC

**REFERRING VET**

Dr. Robyn Lantz

**INVOICE**

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**Gastrointestinal**

The stomach presented wall thickening secondary to echogenic mucosa hypertrophy. Intact wall layering was maintained and distinct. Mild retained anechoic fluid was present. The gastric body wall width measured 0.44 cm.

The small intestine presented intact, subjective mildly prominent wall layering without evidence of loss of intestinal wall layering, intestinal masses, or mechanical / metabolic ileus. The duodenum wall measured 0.52 cm width. The jejunum wall measured 0.39 cm width.

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

**Pancreas**

The pancreas was normal in size and contour with isoechoic to heterogeneous parenchyma compared to adjacent omentum, potentially indicative of mild remodeling owing to previous inflammatory episode. No signs of active inflammation or neoplasia.

**Free Abdomen**

No overt lymphadenopathy or peritoneal effusion was present.

**ULTRASONOGRAPHIC FINDINGS**

- Bilateral chronic renal changes
- Nonspecific isoechoic homogeneous mid-splenic mass with concurrent separate similar-appearing intermittent nodules - nonspecific with benign or emerging neoplastic etiologies possible (hyperplasia, hematopoiesis, hematoma, splenitis, emerging neoplasia all possible)
- Benign hepatopathy
- Mild gallbladder debris (non-mucocele)
- Heterogeneous pancreas - potential chronic pancreatitis pattern
- Gastroenterocolitis pattern with mild gastric hypomotility - potential inflammatory bowel

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Screening FNA cytology using a 25-gauge needle and assuming normal clotting status could be considered. Given that the spleen appears to be overtly stable at this time, sonographic monitoring with initial recheck in 3-4 weeks would be reasonable.

A GI panel to include PLI/TLI/Cobalamin/Folate, as well as three view chest radiographs to rule out occult thoracic pathology as a contributing factor to the weight loss, are warranted. Potentially, Prednisone therapy may be masking GI mural changes. Empirically, a hydrolyzed diet trial, broad spectrum deworming, high colony count probiotics, empirical cobalamin supplementation pending assessment of cobalamin levels, and as-needed gastrointestinal support with an assessment of clinical response would be reasonable.



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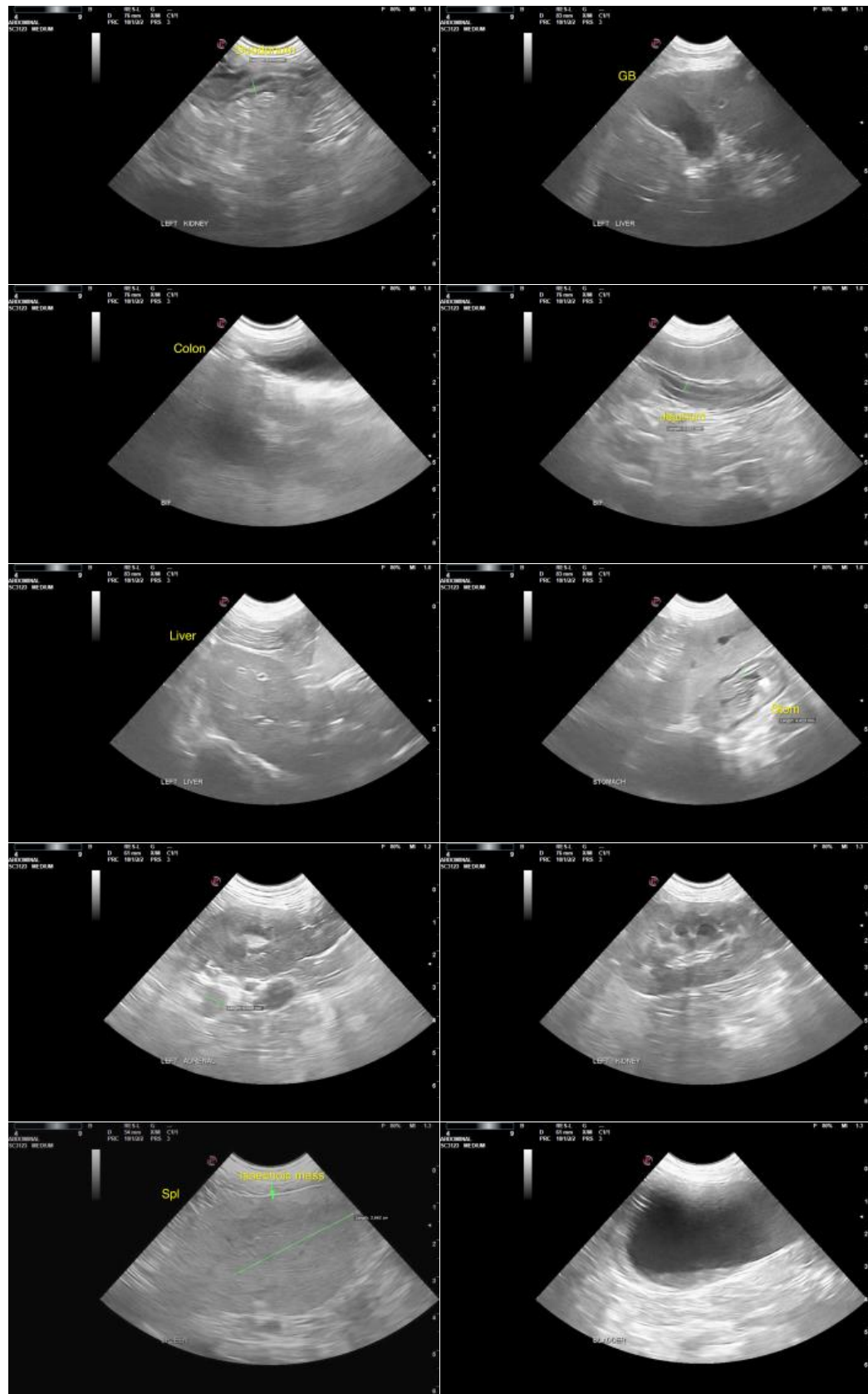
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**The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.**

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**