

PATIENT PRESENTING CLINICAL SIGNS

Gracie Resmini Recheck echo/AUS exams. History chronic valvular disease - stage early B2 on prior echocardiogram 7/27/20. Also, history recurrent UTIs and diarrhea as well as high grade mast cell tumors, proteinuria, pancreatitis, and duodenal ulcer. Previous AUS (7/12/21, Eric Lindquist, DVM, DABVP, SonoPath). Most recently, acting "off". PE unremarkable. Having bi-cavity ultrasound exams. Current medications: Enalapril 5 mg QD, Omeprazole 20 mg, 1/2 t BID; Telmisartan 6 mg QD, Proviabile, QD, Prednisone 1 EOD; Metoclopramide 5 mg, 1/2 t TID, Cerenia 60 mg, 1/2 t EOD.

SPECIES

Canine

BREED

Boston Terrier

SEX

Spayed Female

AGE

13 Years

WEIGHT

24 Pounds

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

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.

The area of the aortic trifurcation was free of pathology.

Normal size and margination was 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 loss of corticomedullary symmetry and definition expected for the age of the patient. Subtle cortical hypertrophy was present in both kidneys with intermittent cortical cysts and mild pyelectasia. Potential for emerging mild dystrophic medullary mineral in both kidneys. The left kidney measured 5.1 cm. The right kidney measured 5.4 cm. Example of cortical cyst in the right kidney measured 0.94 cm in width.

Adrenal Glands

The bilateral adrenal glands were normal in size. Mild parenchyma heterogeneity and mild capsule asymmetry was present without suspicion for overt neoplasia. The left adrenal gland measured 0.62 cm at the cranial pole and 0.61 cm at the caudal pole. The right adrenal gland measured 0.77 cm at the cranial pole and 0.61 cm at the caudal pole.

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. No evidence of nodules, masses or metastatic disease.

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 mild, echogenic, nonmineralized biliary sludge. The cystic duct and common bile ducts were normal without evidence of dilation.

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 generally maintained 1:3 muscularis/mucosa ratio with generalized increased duodenojejunal mucosal echogenicity. The lumen of the small intestine was empty with no signs of ileus, obstruction or foreign material.

INTERPRETED BY

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

IMAGING PERFORMED BY

Pamela Harrigan, RDCS

HOSPITAL NAME

Wood River AH

REFERRING VET

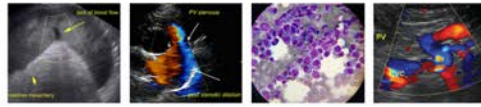
Dr. Leah Fischer

INVOICE

33576

DATE

12/18/21



PATIENT

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

Gracie Resmini

Pancreas

SPECIES

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

Canine

Free Abdomen

BREED

No overt lymphadenopathy or peritoneal effusion was present.

Boston Terrier

ULTRASONOGRAPHIC FINDINGS

SEX

- Subjective static chronic renal changes with mild bilateral pyelectasia and intermittent cortical cysts
- Hepatic parenchymal remodeling – subjectively benign.
- Mild gallbladder debris (non-mucocele)
- Heterogeneous pancreas – age related pancreatic changes, parenchymal remodeling owing to previous inflammation, or low-grade to chronic pancreatitis possible.
- Generalized to small bowel increased mucosal echogenicity, sonographically unremarkable colon

Spayed Female

AGE

13 Years

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

WEIGHT

Although not definitive, the generalized increased small bowel mucosal echogenicity may suggest chronic inflammatory enteropathy. No obvious evidence of recurrent duodenal ulcer. Potentially, Prednisone therapy may be masking gastrointestinal mural changes. Continuation of current therapy with potential addition of hydrolyzed diet (if not already instituted) may prove beneficial.

24 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Pamela Harrigan, RDCS

HOSPITAL NAME

Wood River AH

REFERRING VET

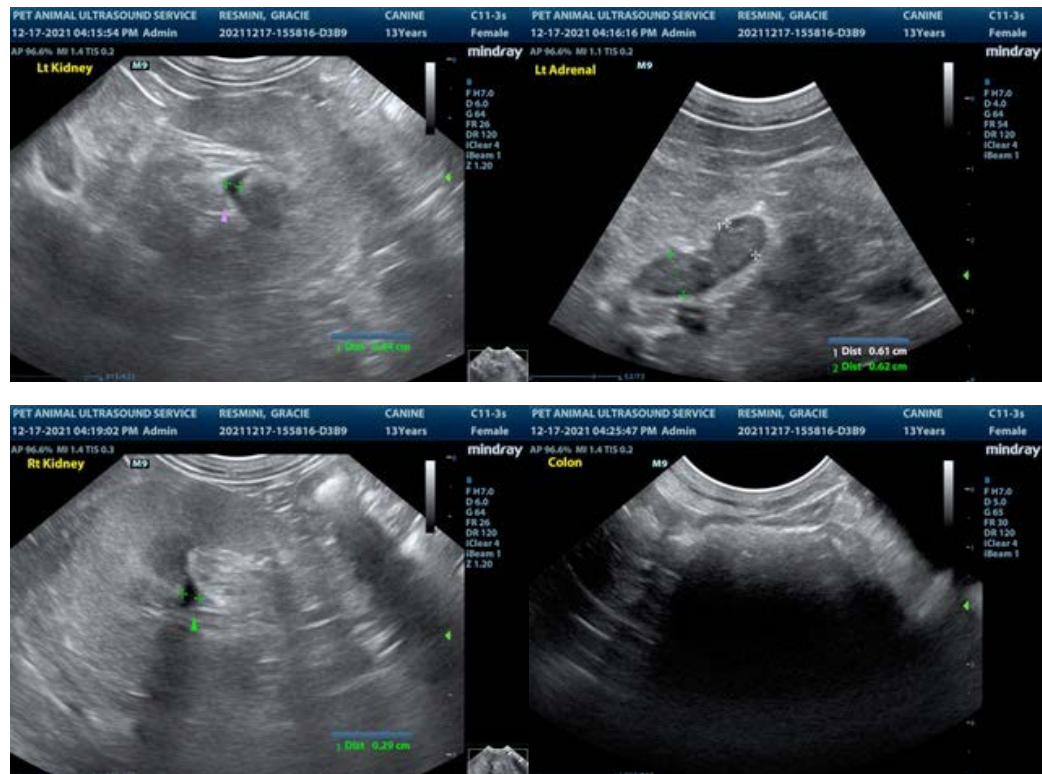
Dr. Leah Fischer

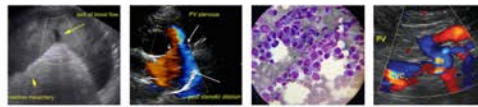
INVOICE

33576

DATE

12/18/21





PATIENT

Gracie Resmini

SPECIES

Canine

BREED

Boston Terrier

SEX

Spayed Female

AGE

13 Years

WEIGHT

24 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Pamela Harrigan, RDCS

HOSPITAL NAME

Wood River AH

REFERRING VET

Dr. Leah Fischer

INVOICE

33576

DATE

12/18/21



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