



PATIENT PRESENTING CLINICAL SIGNS

Lilah Guzie Recent gradual weight loss, possible painful abdomen.
 Medication: Rimadyl, Gabapentin

SPECIES

Canine

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

BREED

Lab Mix

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.

SEX

FS

The area of the aortic trifurcation was free of pathology.

AGE

2011

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. The left kidney measured 5.4 cm in length. The right kidney measured 5.5 cm in length.

WEIGHT

47.2

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 2.4 cm length x 0.72 cm width at the caudal pole. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 2.1 cm length x 0.57 cm width at the caudal pole.

INTERPRETED BY

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

Spleen

The spleen was normal in size with a maintained symmetrical capsule contour exhibiting generalized mild splenic parenchyma heterogeneity with intermittent, primarily perihilar, ill-defined areas of hyperechoic parenchyma to emerging nodules consistent with probable discrete to emerging myelolipomas. No splenic masses were noted. Normal splenic vascularity was present.

IMAGING PERFORMED BY
 Rebekah Jakum, CVT
 ARDMS/RVT

HOSPITAL NAME

Lehigh Valley AH
 (Allen)

Liver/ Gallbladder

The liver was mildly enlarged in size with normal 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 containing primarily anechoic content with mild dependent to non-dependent, nonorganized echogenic gallbladder debris. No evidence of gallbladder or peripheral gallbladder inflammation was noted. The cystic and common bile ducts were normal.

REFERRING VET

Dr. Meyer

INVOICE

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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
 12/2/22



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

SPECIES *Pancreas*

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

BREED *Free Abdomen*

Lab Mix No overt lymphadenopathy or peritoneal effusion was present.

SEX **ULTRASONOGRAPHIC FINDINGS**

- FS
- Mild heterogeneous spleen with suspect discrete to emerging benign myelolipomas
 - Mild hepatomegaly exhibiting parenchyma remodeling
- AGE**
- Mild gallbladder debris (non-mucocele) - incidental, given lack of cholestasis
 - Sonographically unremarkable gastrointestinal tract
- WEIGHT**
- Mild age-related kidneys
 - Pancreatic remodeling

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

INTERPRETED BY Overall, largely geriatric abdomen without evidence of significant visceral pathology.
 R. McKenzie Daniel, DVM, DABVP (Canine and Feline)
 Potential for low-grade to chronic pancreatitis may be suspected if evidence of cranial abdominal or subxiphoid discomfort or pain on palpation.
IMAGING PERFORMED BY No evidence of hepatosplenic neoplastic criteria. Likely age-related hepatosplenic parenchyma changes, given the lack of splenic nodules or elevated hepatic enzyme levels. Screening hepatosplenic FNA cytology could be considered, given the patient's weight loss (assuming normal clotting status), primarily to ensure only benign changes are present.
 Rebekah Jakum, CVT ARDMS/RVT

HOSPITAL NAME A GI panel to include PLI/TLI/Cobalamin/Folate as well as three view chest radiographs and neurological / musculoskeletal examination are recommended to assess for or rule out occult disease which may cause weight loss.
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REFERRING VET

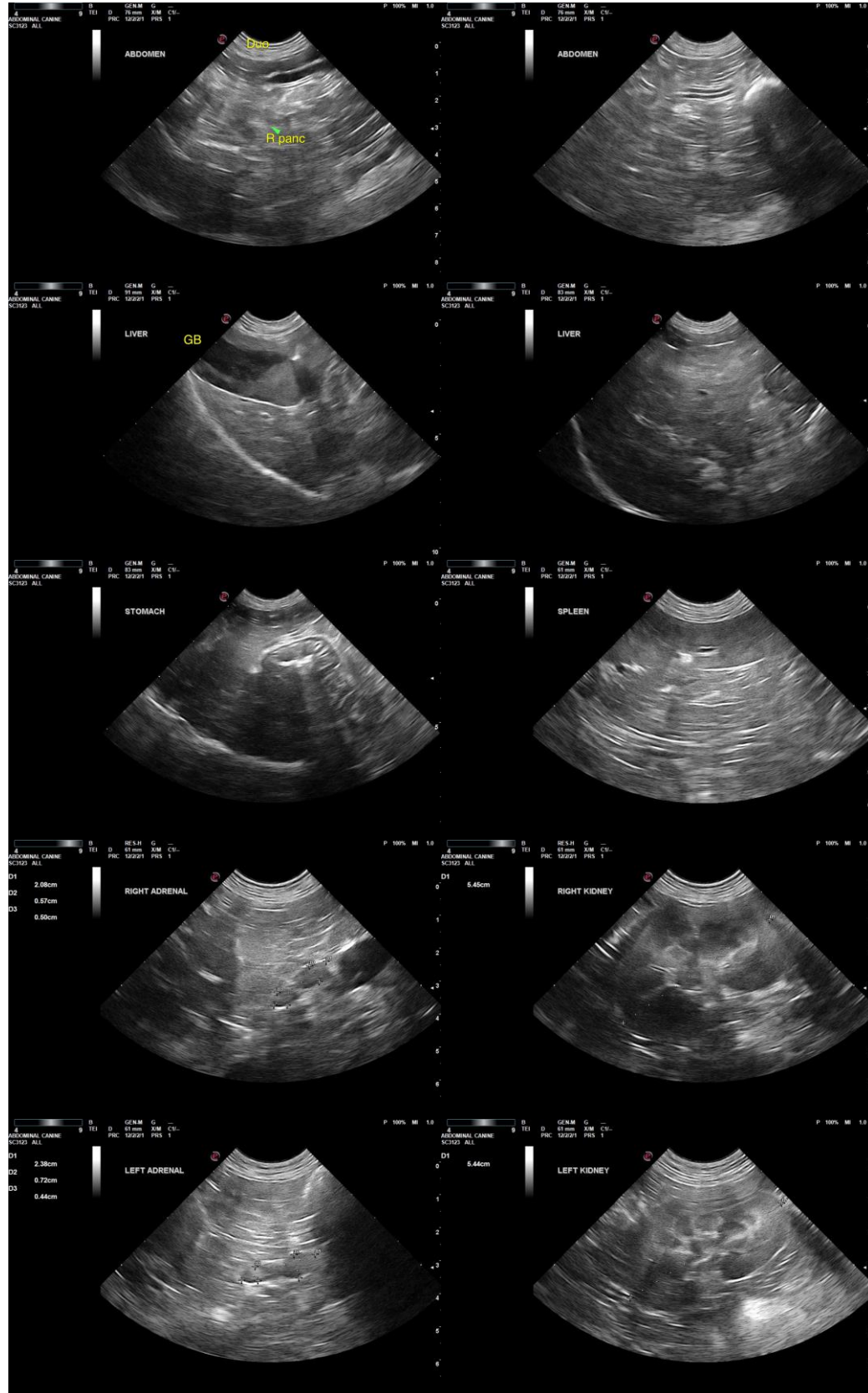
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PATIENT

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SPECIES

Canine

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.

BREED

Lab Mix

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.

SEX

FS

R. McKenzie Daniel, DVM, DABVP (Canine/Feline Practice)
mac.daniel@sonopath.com

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