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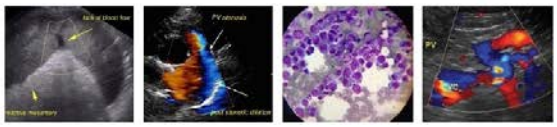


THE FOCAL ZONE
IMAGING PERFORMED BY
289-808-2608 info@thefocalzone.com

PATIENT

Diesel Kowalchuk

SPECIES

Canine

BREED

Malamute

SEX

Neutered Male

AGE

7 Years

WEIGHT

96 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Kelly Reschny

HOSPITAL NAME

St. Catharine's AH

REFERRING VET

Dr. Boctor

INVOICE

33305

DATE

12/7/21

PRESENTING CLINICAL SIGNS

radiologist suspected soft tissue structure in abd related to spleen/mesentery/small int(see attached report) currently on: metro, fortiflora, sulcrate
Abnormal PE/Chem/CBC/UA Results: CBC/Chem-unremarkable

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of – 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 residual prostate was without pathology.

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 loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The right kidney measured 8.1 cm. The left kidney measured 8.3 cm.

Adrenal Glands

The adrenal glands were uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 2.9 cm length x 0.62 cm at the caudal pole. The right adrenal gland measured 0.67 cm at the caudal pole.

Spleen

The spleen exhibited primarily maintained finely textured homogeneous parenchyma; An area of sectorial asymmetrical splenic capsular margination and associated increased regional capsule to parenchyma echogenicity was noted subjectively in the caudolateral spleen. The spleen did not appear to be overly enlarged and was not overtly consistent with neoplastic criteria. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis. No distinct splenic masses or nodules noted.

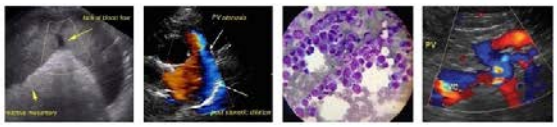
Liver

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 visualized gastric walls were sonographically unremarkable. Pylorus wall measured 0.6 cm. The lumen of the stomach contained mild echogenic, nonshadowing ingesta most consistent with post prandial presentation without signs of ileus, obstruction or foreign material.

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. Jejunum wall measured 0.35 cm.



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

Pancreas

The parenchyma of the left limb, body and right limb of the pancreas presented isoechoic to the adjacent omental fat. A normal curvilinear capsule contour of the pancreas was present. The visible pancreatic duct was normal. No signs of active inflammation or neoplastic disease was evident.

Free Abdomen

No omental masses, lymphadenopathy or effusion.

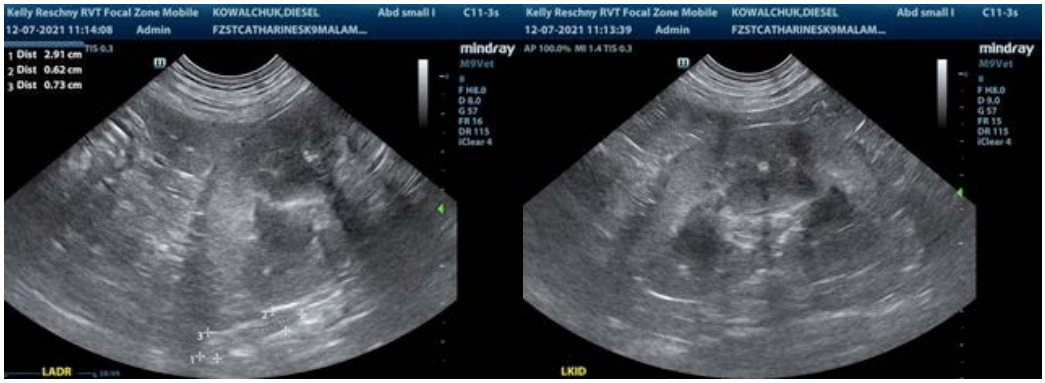
ULTRASONOGRAPHIC FINDINGS

- Overall normal splenic size with regional, likely caudolateral asymmetrical margination with associated capsular or parenchymal hyperechogenicity
- Mild hepatic parenchymal remodeling – subjectively benign.
- Mild gallbladder debris, non-mucocele
- Sonographically unremarkable gastrointestinal tract with mild gastric ingesta

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No evidence of splenic or gastric neoplasia. The regional area of mild splenic capsule asymmetry may be owing to capsular fibrosis, previous infarct, or indistinct to coalescing myelolipomas. The presence of gastric ingesta is non-specific, yet may correlate with recent meal ingestion. Some degree of possible metabolic gastric hypomotility may be considered given the patient's historical clinical signs, continued gastrointestinal signs, or if documented NPO.

The gallbladder debris may be secondary to fasting or indicate nonclinical cholestasis.



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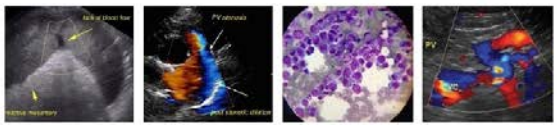

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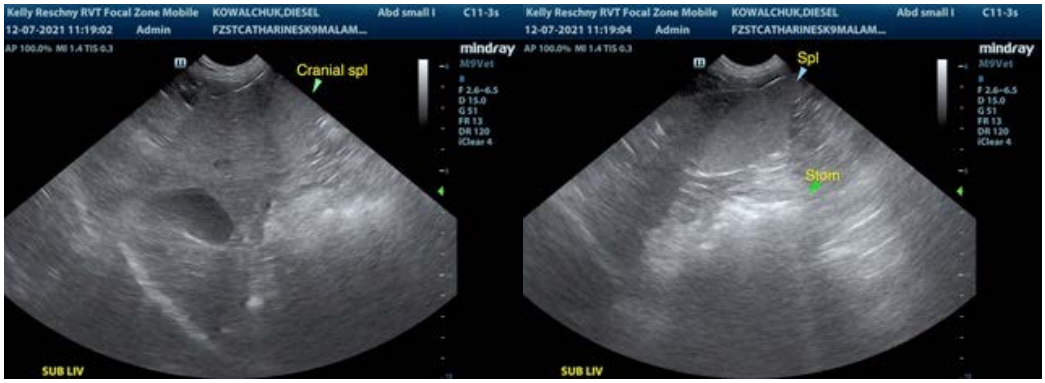

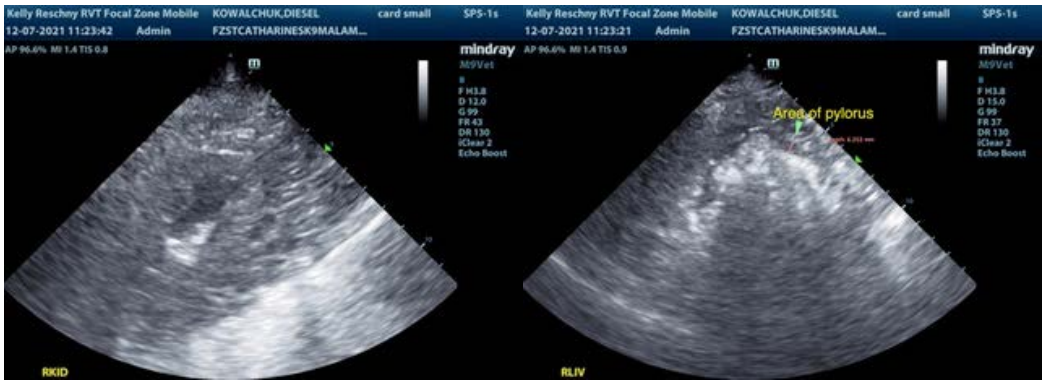

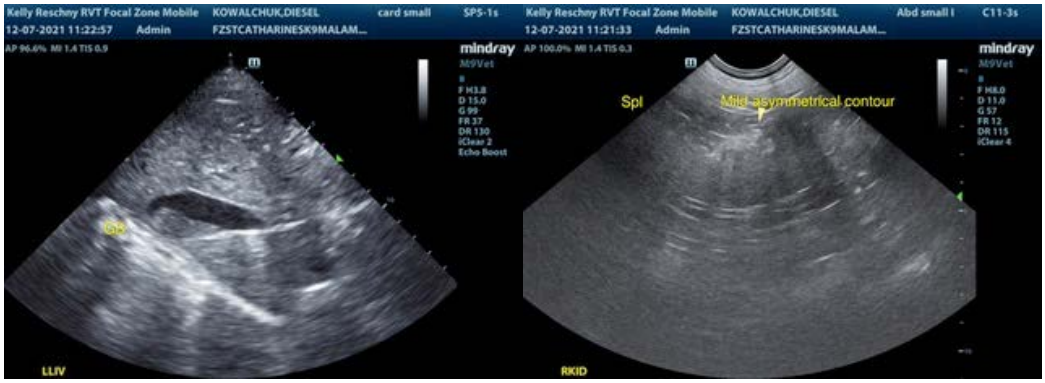

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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