

PATIENT PRESENTING CLINICAL SIGNS

Winston Jensen vomits 3-4 times a week. Intermittent diarrhea. CPL is normal

SPECIES ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Canine **Urinary System**

BREED

Boston Terrier

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

The residual prostate was symmetrically normal in size with uniform parenchyma and slight coarse echotexture measuring 0.7 cm in diameter.

MN

The area of the aortic trifurcation was free of pathology.

AGE

13 years

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 4.4 cm in length. The right kidney measured 4.2 cm in length.

WEIGHT

8.96 kg

Adrenal Glands

INTERPRETED BY

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

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.72 cm width at the caudal pole and 0.67 cm width at the cranial pole.

IMAGING PERFORMED BY

Loetitia Saint-Jacques, RVT

The right adrenal gland was indistinctly visualized with potential for mild subnormal size, subjectively measuring 0.41 width at the caudal pole. This is not overtly indicative of underlying right adrenal pathology and is suspected to be a patient variant.

Spleen

HOSPITAL NAME

Roundhill AC

The spleen exhibited primarily finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. Multifocal, well-defined, symmetrical, echogenic nodules were present throughout the cranial to caudal 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. Acute to chronic inflammatory or neoplastic changes were not noted. The echogenic nodules tend to trend benign and are most consistent with benign hyperplasia or myelolipomas.

REFERRING VET

Dr. Carl Kelly

Liver/ Gallbladder

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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 primarily anechoic luminal content. The cystic and common bile ducts were normal.

DATE

2/1/22



PATIENT ***Gastrointestinal***

Winston Jensen 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 gastric body wall width measured 0.38 cm. The pylorus wall width measured 0.36 cm.

SPECIES

Canine

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. The duodenum wall width measured 0.38 cm. The jejunum wall width measured 0.25 cm.

BREED

Boston Terrier

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

Pancreas

SEX

MN

The pancreas was normal in size and contour with isoechoic to heterogeneous parenchyma compared to adjacent omentum. No signs of active inflammation or neoplasia. Potential for indistinct benign pancreatic cyst in the area of the pancreas base is possible yet not definitive. The possible pancreatic cyst measured 0.75 cm in diameter.

AGE

13 years

Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

WEIGHT

8.96 kg

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Benign splenic nodules - consistent with probable benign myelolipomas
- Overtly normal gastrointestinal tract
- Mild heterogeneous pancreas - potential for small cyst in area of pancreas base

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Overall, largely geriatric abdomen without evidence of significant visceral pathology.

The pancreas likely indicates benign or age-related changes without evidence of active inflammation. However, potential for low-grade to chronic pancreatitis may present as sonographically normal. This potential possibility may be considered less likely given the normal cPL.

HOSPITAL NAME

Roundhill AC

REFERRING VET

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In patients with recurrent gastrointestinal signs, low-grade to chronic pancreatitis, dietary hypersensitivity, dysbiosis, structurally insignificant IBD, or less likely occult gastrointestinal neoplasia may be possible. Further assessment may include a GI panel to include PLI/TLI/Cobalamin/Folate.

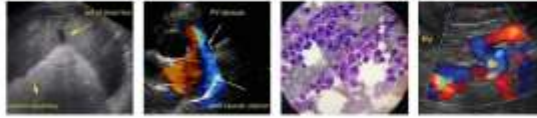
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Although considered unlikely, a resting cortisol level to rule out occult Addison's Disease may be considered. Empirically, a limited antigen or hydrolyzed diet trial with potential long term dietary therapy, prophylactic deworming (Panacur 50 mg/kg SID x 5 consecutive days with repeat protocol in 3 weeks even if fecal testing is negative), high colony count probiotic (Provable or Visbiome), antibiotic trial and as needed gastrointestinal support with assessment of clinical response may prove beneficial. Intestinal biopsies may be indicated if GI signs continue despite empirical therapy.



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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.

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