



PATIENT

Sam Reggie Godbee

SPECIES

Canine

BREED

West Highland
Terrier

SEX

MN

AGE

10 years

WEIGHT

36.4 lbs.

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

Kelly Vazquez

HOSPITAL NAME

Englewood Vet
Center

REFERRING VET

Dr. Ezik

INVOICE

13320

DATE

2/11/22

PRESENTING CLINICAL SIGNS

History of intermittent, hematochezia and soft stool for the last 6 months; non-responsive to metronidazole.

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 residual prostate was symmetrically normal in size with uniform parenchyma and slight coarse echotexture measuring 1.0 cm in diameter.

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 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 5.5 cm in length. The right kidney measured 5.7 cm in length.

Adrenal Glands

The bilateral adrenal glands were normal in size and contour with mild heterogeneous parenchyma exhibiting discreet uniform mildly hyperechoic nodules. An example of a left adrenal nodule measured 0.55 cm in diameter. An example of a right adrenal nodule measured 0.58 cm in diameter. The nodules did not distort the adrenal capsule. No evidence of vascular invasion was noted.

Spleen

The spleen exhibited normal size and contour with subtle generalized splenic parenchyma heterogeneity with intermittent discreet hypoechoic intra-parenchymal nodules. An example of a splenic nodule measured 0.78 cm in diameter. The nodules did not distort the splenic capsule.

Liver/ Gallbladder

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 was 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 gastric body wall width measured 0.45 cm.



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. The duodenum wall width measured 0.34 cm.
Sam Reggie Godbee	
SPECIES	Normal visible colon wall layers were present with subjective formed to semi-formed feces and luminal gas present in the lumen.
Canine	
BREED	<i>Pancreas</i>
West Highland Terrier	The pancreas was normal in size and contour with isoechoic to heterogeneous parenchyma compared to adjacent omentum. No signs of active inflammation or neoplasia.
SEX	<i>Free Abdomen</i>
MN	No overt lymphadenopathy or peritoneal effusion was present.
AGE	ULTRASONOGRAPHIC FINDINGS
10 years	<ul style="list-style-type: none"> • Discreet subjectively static nonspecific splenic nodules - lymphoid hyperplasia or areas of hematopoiesis suspected, neoplastic criteria is considered unlikely • Discreetly nodular bilateral adrenal glands - suspect adenoma • Minor pancreatic remodeling - suspect age-related pancreatic changes and considered incidental • Overtly normal gastrointestinal tract /colon • Nonspecific mild chronic renal changes • Mild gallbladder debris (non-mucocele)
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INTERPRETED BY	INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	A minor potential for emerging neoplastic adrenal nodules cannot be excluded yet though less likely. Ideally, sonographic monitoring of the adrenal nodules for evidence of progression, as well as assessment of systemic blood pressure would be appropriate.
IMAGING PERFORMED BY	Ursodiol therapy is suggested if current or future evidence of cholestasis is noted.
Kelly Vazquez	
HOSPITAL NAME	No overt evidence of gastrointestinal mural pathology or changes was noted. The hematochezia is suggestive of potential low-grade colitis. Dietary intolerance / food hypersensitivity or structurally insignificant inflammatory enterocolonopathy are possible.
Englewood Vet Center	
REFERRING VET	
Dr. Ezik	
INVOICE	Further assessment may include a GI panel to include Cobalamin/Folate, as well as fresh fecal analysis to rule-out parasitic ova / Giardia. Hydrolyzed diet trial, broad-spectrum deworming if clinically indicated, high colony count probiotics such as Proviabio, Tylosin trial given the lack of response to Metronidazole, and as-needed gastrointestinal support may prove effective.
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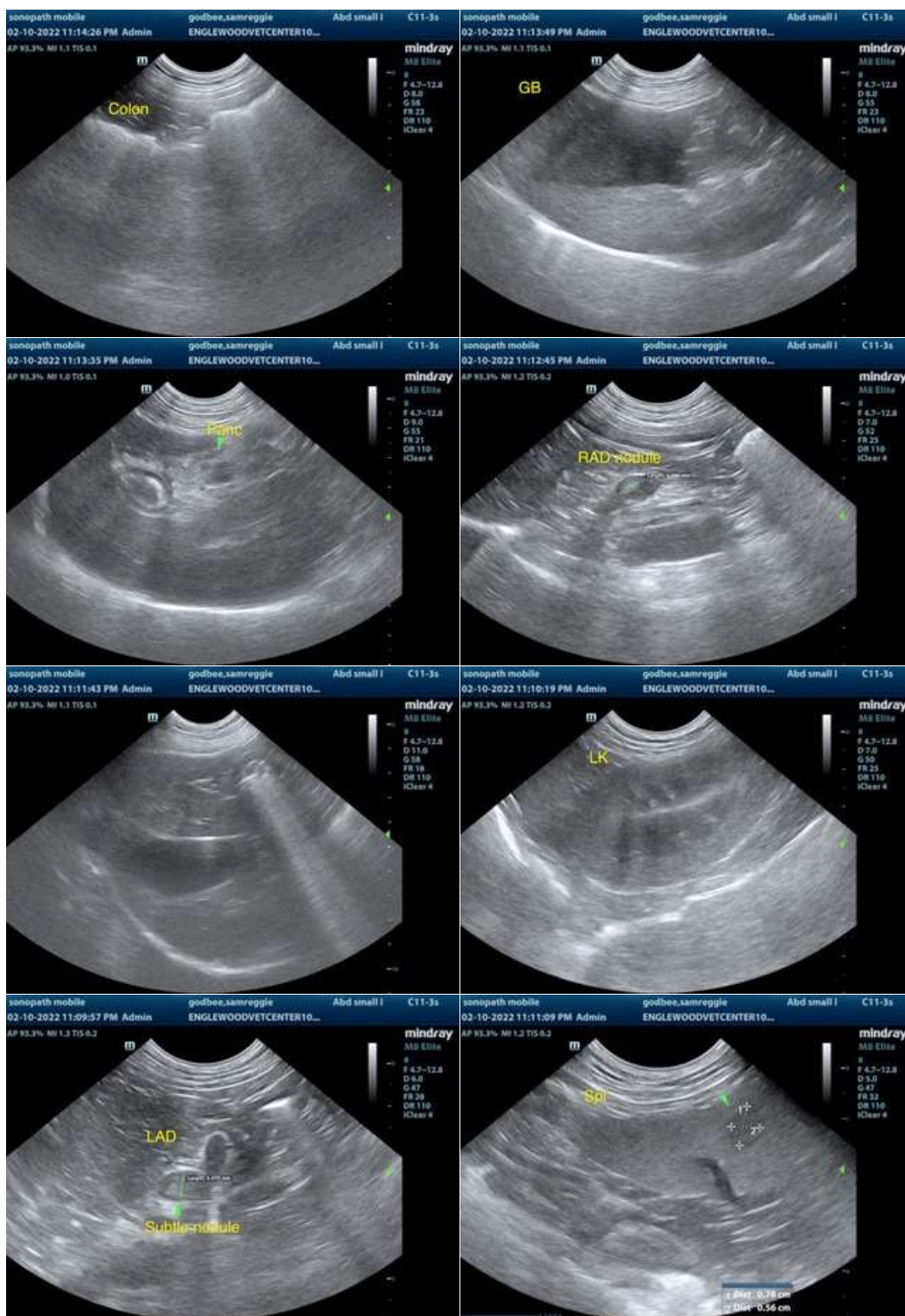
Dr. Ezik

INVOICE

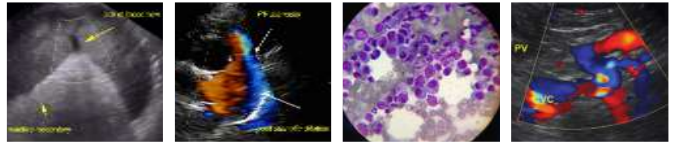
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.



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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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info@SonoPath.com

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