

PATIENT

Greta Binkowski

SPECIES

Canine

BREED

Dachshund

SEX

Spayed Female

AGE

9 Years

WEIGHT

17.4 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Pamela Harrigan, RDMS

HOSPITAL NAME

Rhode Island AMC

REFERRING VET

Dr. Rachel Rogoff

INVOICE

35616

DATE

2/13/22

PRESENTING CLINICAL SIGNS

Bloated, painful abdomen. Passing firm, small amounts of stool. On Gabapentin 100 mg, 1 cap q8-12 h. Sedated with Buprenex 0.6 mg/ml, 0.26 ml IV for study. Radiographs - possible gastroenteritis. mild peritoneal disease, pancreatitis cannot be excluded.

Abnormal PE/Chem/CBC/UA Results: EOS 0.06 (L), BIM 4 (L). UA - trace protein, WBC 01-1, RBC 4-10, squam e pith 2-3, Blood 3 +.

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. Primarily anechoic urine was present in the lumen. Mild non-dependent, particulate sediment was present without evidence of calculus formation. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic mural changes were noted.

A solitary, non-specific yet subjectively benign medial iliac lymph node was noted, exhibiting normal width to length ratio of <0.5, measuring 1.2 cm x 0.37 cm. This lymph node was not consistent with inflammatory or neoplastic criteria, and is likely incidental.

Normal size and margination was present in the kidneys. A normal 1:3 cortex / medulla ratio and normal corticomedullary definition were maintained. The echogenicity of the cortex was similar to or slightly less than normal liver parenchyma while the medulla echogenicity was hypoechoic to the cortex with no evidence of pelvic dilation. The right kidney measured 5.1 cm. The left kidney measured 4.7 cm.

Adrenal Glands

The left adrenal gland was uniform in size and contour with primarily homogeneous parenchyma. Subtly hyperechoic non-expansive caudal nodule noted measuring 0.50 cm. The left adrenal gland measured 0.43 cm at the cranial pole and 0.55 cm at the caudal pole.

The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.55 cm at the cranial pole and 0.39 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. Acute to chronic inflammatory, neoplastic, or benign parenchyma changes were not noted.

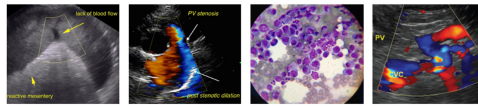
Liver

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.

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 1:3 muscularis/mucosa ratio. The lumen of the small intestine was empty with no signs of ileus, obstruction or foreign material. Duodenum wall



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measured 0.35 cm. Jejunum wall measured 0.35 cm. Segmental non-specific echogenic mucosal speckling was present.

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

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Pancreas

The parenchyma of the pancreas base and right pancreatic limb was mildly hyperechoic with mild parenchymal remodeling. The capsule of the pancreas was mildly asymmetrical in contour without evidence of peripancreatic inflammation. These changes may suggest chronic inflammation, fibrosis, or saponification if previous history of pancreatitis. No overt signs of pancreatic neoplasia.

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Free Abdomen

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No omental masses, lymphadenopathy or peritoneal effusion.

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ULTRASONOGRAPHIC FINDINGS

- Mild age related kidneys
- Mild urinary bladder sediment
- Subtle non-expansive left adrenal nodule – suspect adenoma.
- Mildly hyperechoic pancreas base and right pancreatic limb – potential chronic pancreatitis or mild pancreatic fibrosis secondary to previous inflammation.
- Non-specific segmental small bowel mucosal speckling

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The urinary bladder sediment may suggest cellular / crystalline debris or mucus. Cystocentesis for UA +/- C/S if evidence of inflammatory cells is recommended.

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 DABVP (Canine and Feline)

Although non-specific, the segmental mucosal speckling noted in the small bowel may indicate segmental enteritis. Potential for constipation cannot be excluded. Chronic pancreatitis would be suspected if discomfort or pain noted in the cranial to subxiphoid abdomen in the area of the pancreas. Correlation with a GI panel to include PLI, TLI, cobalamin and folate may be considered.

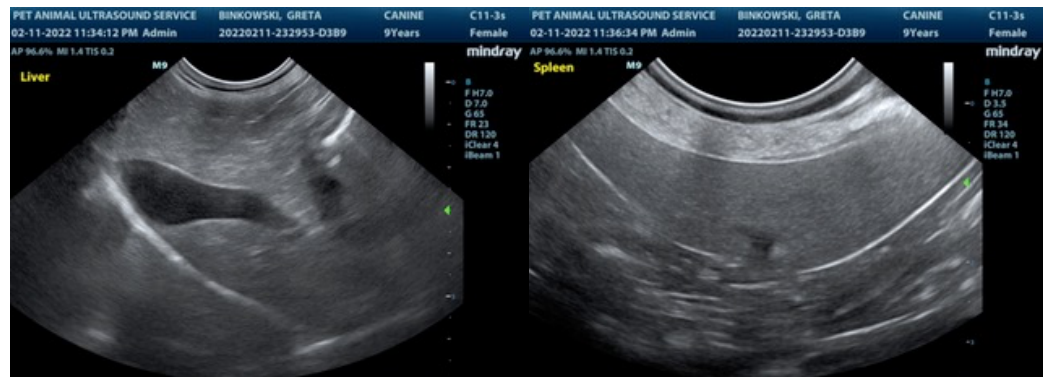
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Minor potential for emerging neoplasia associated with the left adrenal gland, although thought unlikely at this time. Screening blood pressure and ideally sonographic monitoring of the subtle left adrenal nodule with initial recheck in 4-6 weeks recommended.

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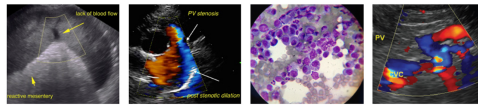
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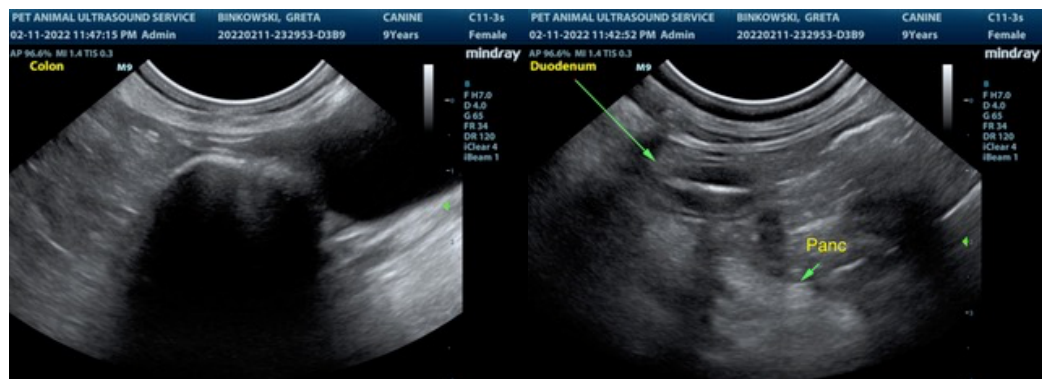
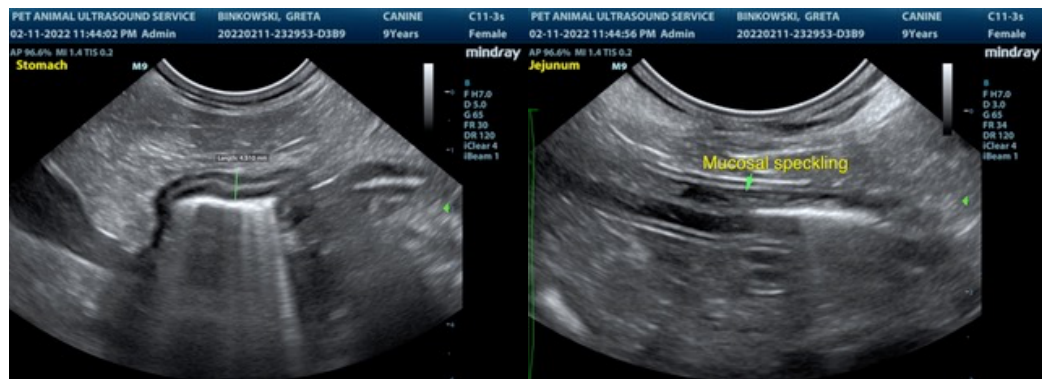
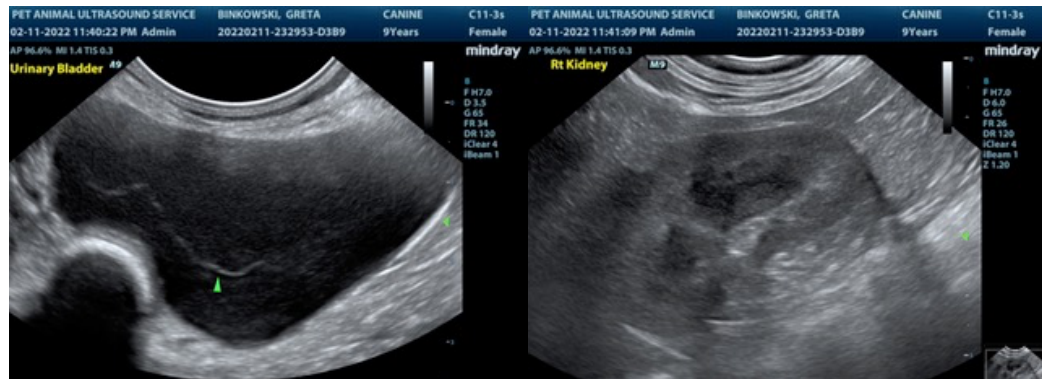
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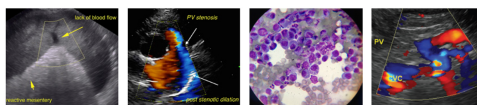
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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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