



PATIENT

Maggie Mae Hoban

SPECIES

Canine

BREED

Bichon

SEX

Spayed Female

AGE

12 Years

WEIGHT

16 Lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Wendy Turner

HOSPITAL NAME

Pennsauken AH & UC

REFERRING VET

Dr. Pam Makalian

INVOICE

13927

DATE

2/14/22

PRESENTING CLINICAL SIGNS

History: Lethargy and hyporexia x 10 days, slightly improved recently.
Abnormal PE/Chem/CBC/UA Results: Slightly tense abdomen on palpation. CBC/Chem : HCT 31.2%, Retic 386.3 H(10-110). 4dxSNAP negative. All else WNL. UA not performed.

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 were noted. Aortic trifurcation was normal without evidence of sublumbar or medial iliac lymphadenopathy.

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. Areas of non-obstructive medullary renolithiasis present in both kidneys, subjectively more prominent in the right kidney. The left kidney measured 4.7 cm in length. The right kidney measured 5.1 cm in length.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.63 cm width at the caudal pole and 0.45 cm width at the cranial pole.

The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.55 cm width at the caudal pole and 0.57 cm width at the cranial pole.

Spleen

The spleen exhibited potential for mild generalized enlargement. The parenchyma was finely textured and homogenous and 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 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 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.



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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 jejunum wall measured 0.32 cm.

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Normal visible colon wall layers were present with subjective soft to non-formed feces present in the proximal colon. The proximal colon wall measured 0.33 cm in wall width.

Pancreas

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

Free Abdomen

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No omental masses, lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

AGE

12 Years

- Bilateral chronic renal changes with nonobstructive medullary renolithiasis, subjectively more prominent in the right kidney.

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- Hepatic parenchymal remodeling
- Overtly normal gastrointestinal tract, subjective semi-to non-formed feces in proximal colon
- Prominent to heterogeneous pancreas- potential for chronic-to-chronic active pancreatitis versus parenchymal remodeling owing to previous inflammatory episode or patient/age-related variant

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- Possible mild splenomegaly- subjectively benign, hyperplasia, hematopoiesis owing to anemia suspected.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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Wendy Turner

Potential for chronic-to-chronic active pancreatitis would be suspected if evidence of cranial abdominal or subxiphoid discomfort on palpation. Correlation with a spec CPL could be considered. Possible inflammatory bowel episode given the presence of semi to non-formed feces in the proximal colon, could also be possible. An obvious cause of the anemia was not definitively evident.

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No overt evidence of splenic neoplastic criteria, which is considered unlikely. However, if persistent/progressive anemia, ultrasound guided FNA of the spleen, using a 25-gauge needle could be considered for screening cytology, primarily to ensure only benign changes are present.

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Continued gastrointestinal supportive care would be reasonable. Baseline renal staging, to include Full urinalysis +/- baseline UPC could be considered. Three-view chest radiographs suggested to rule out occult thoracic pathology as a potential contributing factor to the patients clinical signs.

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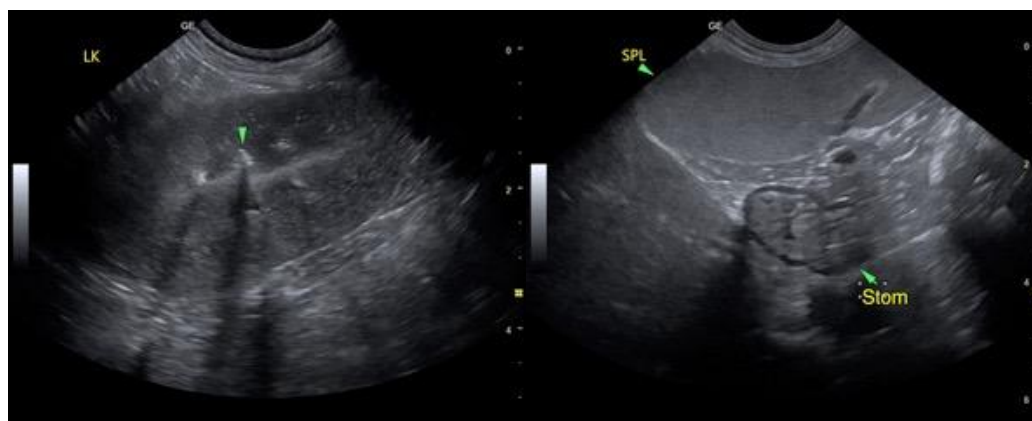
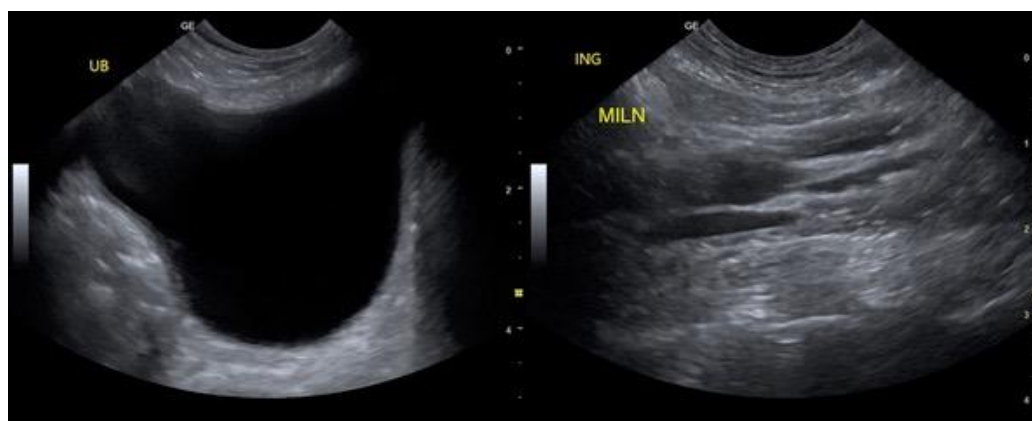
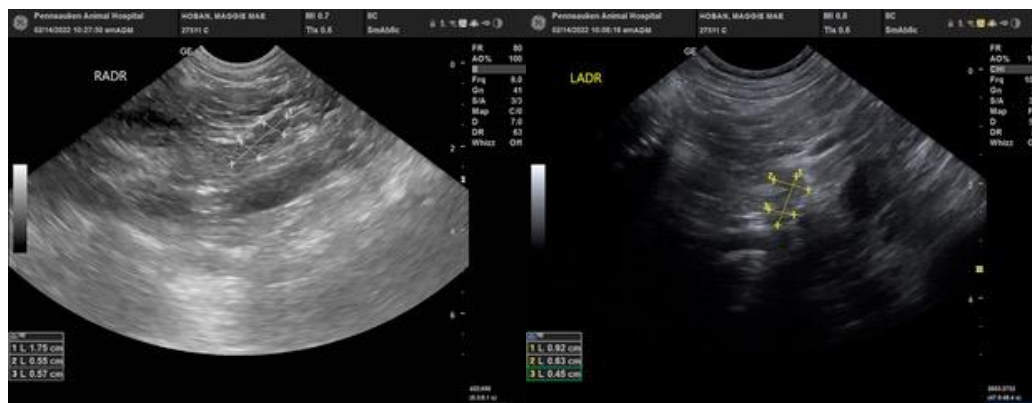
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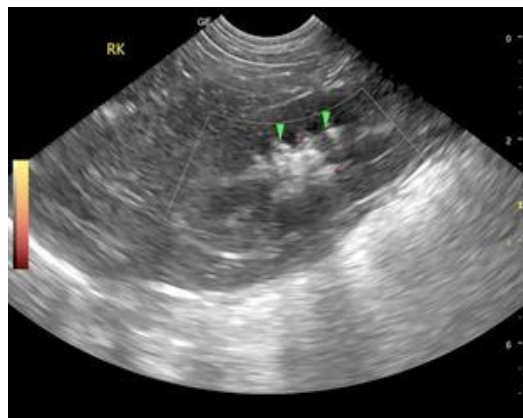
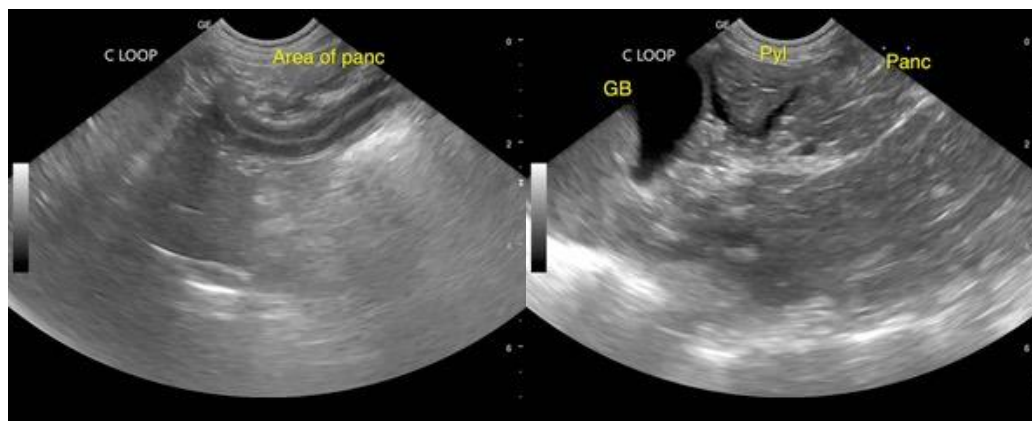
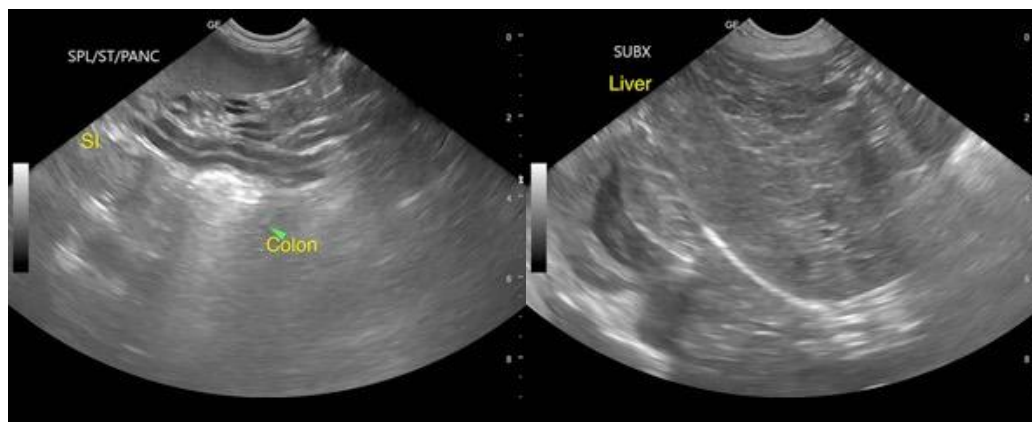
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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