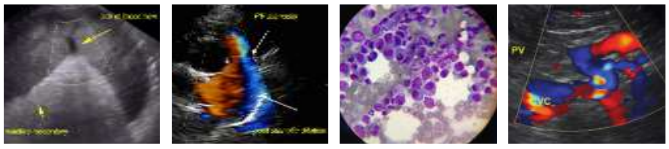
SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™



SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Milo Braak

SPECIES

Canine

BREED

Bichon X

SEX

Neutered Male

AGE

4

WEIGHT

7.5 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Belan

HOSPITAL NAME

McKnight 24 HR AH

REFERRING VET

Dr. Gruffydd

INVOICE

13349

DATE

2/16/22

PRESENTING CLINICAL SIGNS

Lethargic and sore abdomen panting sedated for scan
Abnormal PE/Chem/CBC/UA Results: Blood work non diagnostic

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, and cystourethral junction 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 0.67 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 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 left kidney measured 4.1 cm in length. The right kidney measured 5.0 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 0.35 cm width at the caudal pole and 0.30 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 0.29 cm width at the caudal pole and 0.30 cm width at the cranial 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/ Gallbladder

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. The gallbladder walls were sonographically normal without evidence of Inflammatory changes. Anechoic content with moderate inspissated yet nonorganized luminal debris was present. The potential for pinpoint mineralization of the luminal debris was noted. No evidence of post hepatic stasis or obstruction was present. The cystic and common bile ducts were normal.

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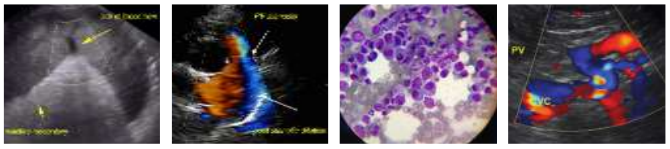

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Gastrointestinal

The stomach walls were sonographically normal. Mild retained nonshadowing ingesta / chyme was present. The ventral gastric body wall width measured 0.31 cm.

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 0.32 cm.

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

Pancreas

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

Free Abdomen

No omental masses, lymphadenopathy or peritoneal effusion were present.

ULTRASONOGRAPHIC FINDINGS

- Moderate inspissated potentially pinpoint mineralized gallbladder debris - non-mucocele
- Mild retained gastric ingesta / chyme, sonographically unremarkable small bowel
- Heterogeneous pancreas

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

If evidence of cranial abdominal or subxiphoid discomfort on palpation, this may potentially be owing to low-grade pancreatitis or potentially gallbladder discomfort. However, the appearance of the gallbladder was not overtly consistent with cholecystitis and was not suggestive of a gallbladder mucocele. Given the lack of cholestasis on lab work, the gallbladder is suspected to be an incidental finding. However, continued monitoring for evidence of developing cholestasis +/- Ursodiol would be appropriate.

Aside from the potential for low-grade pancreatitis, an obvious cause of abdominal discomfort was not definitively evident without signs of additional visceral pathology. Muscular/skeletal examination to assess for or rule out potential for referred abdominal pain is suggested. Three view chest radiographs may be considered if clinically indicated.

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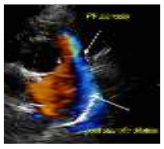
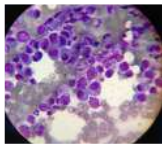
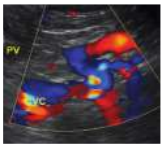

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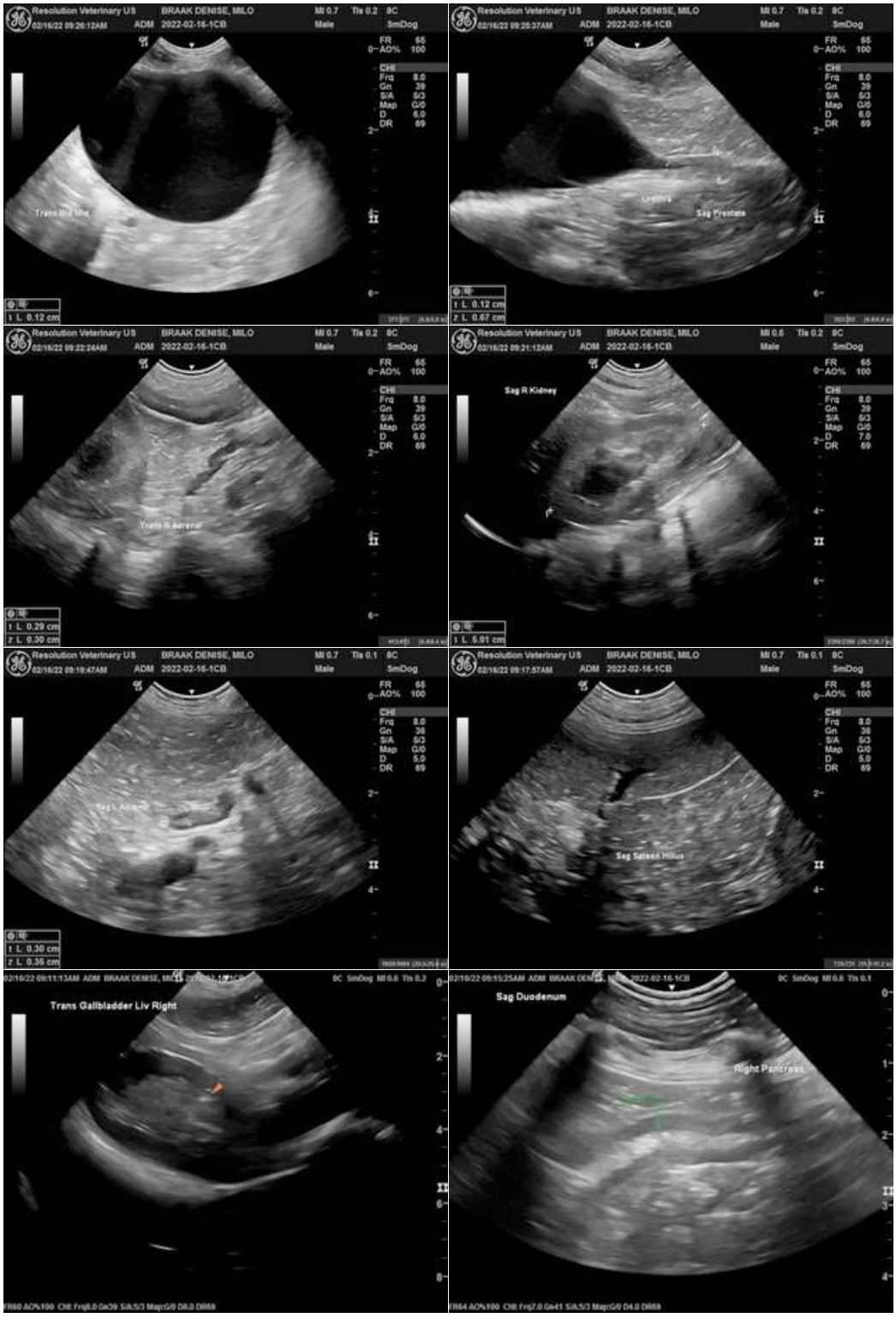

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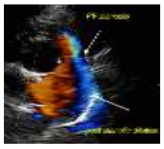
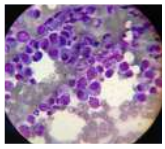
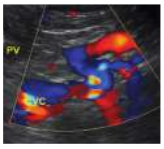

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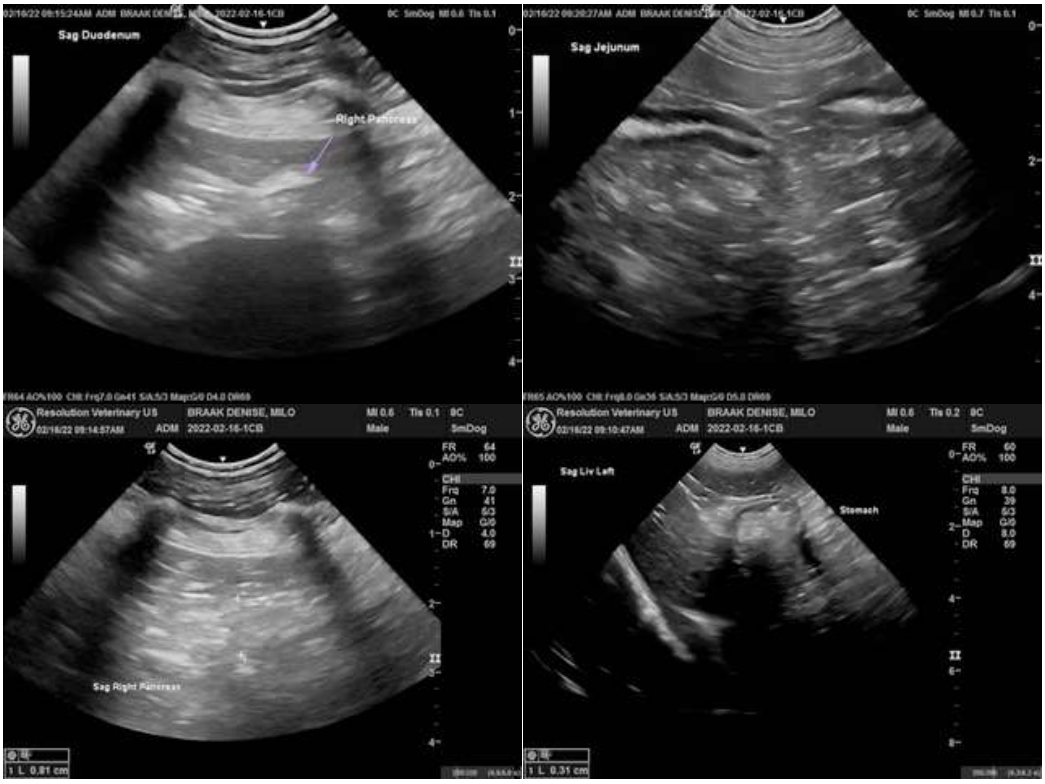

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

R. McKenzie Daniel, DVM, DABVP (Canine / Feline Practice)
info@SonoPath.com