


**PATIENT**

Stella Strong

**SPECIES**

Canine

**BREED**

Poodle X

**SEX**

Spayed Female

**AGE**

11 Years

**WEIGHT**

4.7 kg

**INTERPRETED BY**

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

**IMAGING  
 PERFORMED BY**

Kelly Reschny

**HOSPITAL NAME**

Beattie PH Burlington

**REFERRING VET**

Dr. Mellish

**INVOICE**

13384

**DATE**

2/22/22

**PRESENTING CLINICAL SIGNS**

History: Feb 17 admitted to hospital for acute anorexia and lethargy, short duration mild azotemia and elevated SDMA normal chest and abdominal rads cPLI abnormal but lipase/amylase normal thyroid is low but likely due to non-thyroidal illness Despite IVF / injectable meds and supportive care P still not eating or thriving, discharged from hospital Feb 19 awaiting US for next steps. Did develop 2/6 heart murmur while in hospital meds: cerenia, tramadol, clavamox

Abnormal PE/Chem/CBC/UA Results: mild azotemia and elevated SDMA normal chest and abdominal rads cPLI abnormal but lipase/amylase normal

**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 area of the aortic trifurcation was free of pathology.

Normal renal size with asymmetrical margination were present in both kidneys. The renal cortex presented uniformly increased in echogenicity with uniform echotexture. The renal cortex appeared to be hypertrophied resulting in an altered cortex: medulla ratio. Mild loss of corticomedullary distinction was also present. The renal medullary volume was subjectively reduced. The left kidney measured 4.7 cm in length. The right kidney measured 4.8 cm in length.

**Adrenal Glands**

Both the left and right adrenal glands were overtly normal in size, position, and shape. The left adrenal gland measured 1.7 cm length x 0.32 cm width at the caudal pole. The right adrenal gland measured 2.2 cm length x 0.43 cm width 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/ 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. A solitary, non-expansive, well-demarcated hyperechoic nodule was present in the deep mid liver parenchyma measuring 1.5 cm in diameter. The hepatic and portal vasculature were normal in appearance without signs of congestion. Moderate, congealed yet



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nonorganized, nonmineralized gallbladder debris was present. The gallbladder was otherwise normal. The cystic and common bile ducts were normal.

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***Gastrointestinal***

**SPECIES**

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained mild, retained nonshadowing ingesta/ chyme. The visualized gastric walls were sonographically normal. No evidence of gastric foreign material or mechanical pyloric outflow obstruction was noted. The gastric body wall width measured 0.30 cm.

Canine

**BREED**

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 0.40 cm. The jejunum wall width measured 0.36 cm.

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**SEX**

Normal visible colon wall layers were present with semi-formed to soft feces in lumen.

Spayed Female

***Pancreas***

**AGE**

The right pancreatic limb was normal in size and contour with mildly hypoechoic to nonhomogeneous parenchyma compared to adjacent echogenic peripancreatic to generalized cranial abdominal omentum.

11 Years

**WEIGHT**

***Free Abdomen***

No overt lymphadenopathy or free fluid was present.

4.7 kg

**ULTRASONOGRAPHIC FINDINGS**

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- Nonspecific chronic renal changes
- Subjective gastroenteritis pattern with mild retained gastric ingesta / chyme
- Mildly hypoechoic right pancreas with Increased peripancreatic to generalized cranial abdominal omental echogenicity - suspect mild to potentially resolving pancreatitis
- Nonspecific yet likely benign hepatic nodule - probable lipogranuloma or nodular hyperplasia
- Moderate congealed yet nonorganized gallbladder debris - non-mucocele, potentially owing to recent anorexia or nonclinical cholestasis

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Further renal staging to include urine C/S and protein: creatinine ratio on sterile urine sample may be considered.

**REFERRING VET**

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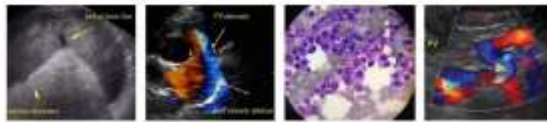
Continued supportive care for potential mild persistent to potentially resolving pancreatitis and gastroenteritis would be reasonable. However, given the timeframe from initial presentation to time of ultrasound, recheck ultrasound could be considered if persistent clinical signs to assess for progressive inflammation gastrointestinal or pancreatic changes.

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Although considered less likely, resting cortisol level to assess for or rule out occult Addison's Disease, given the mild azotemia and gastrointestinal signs could be considered.

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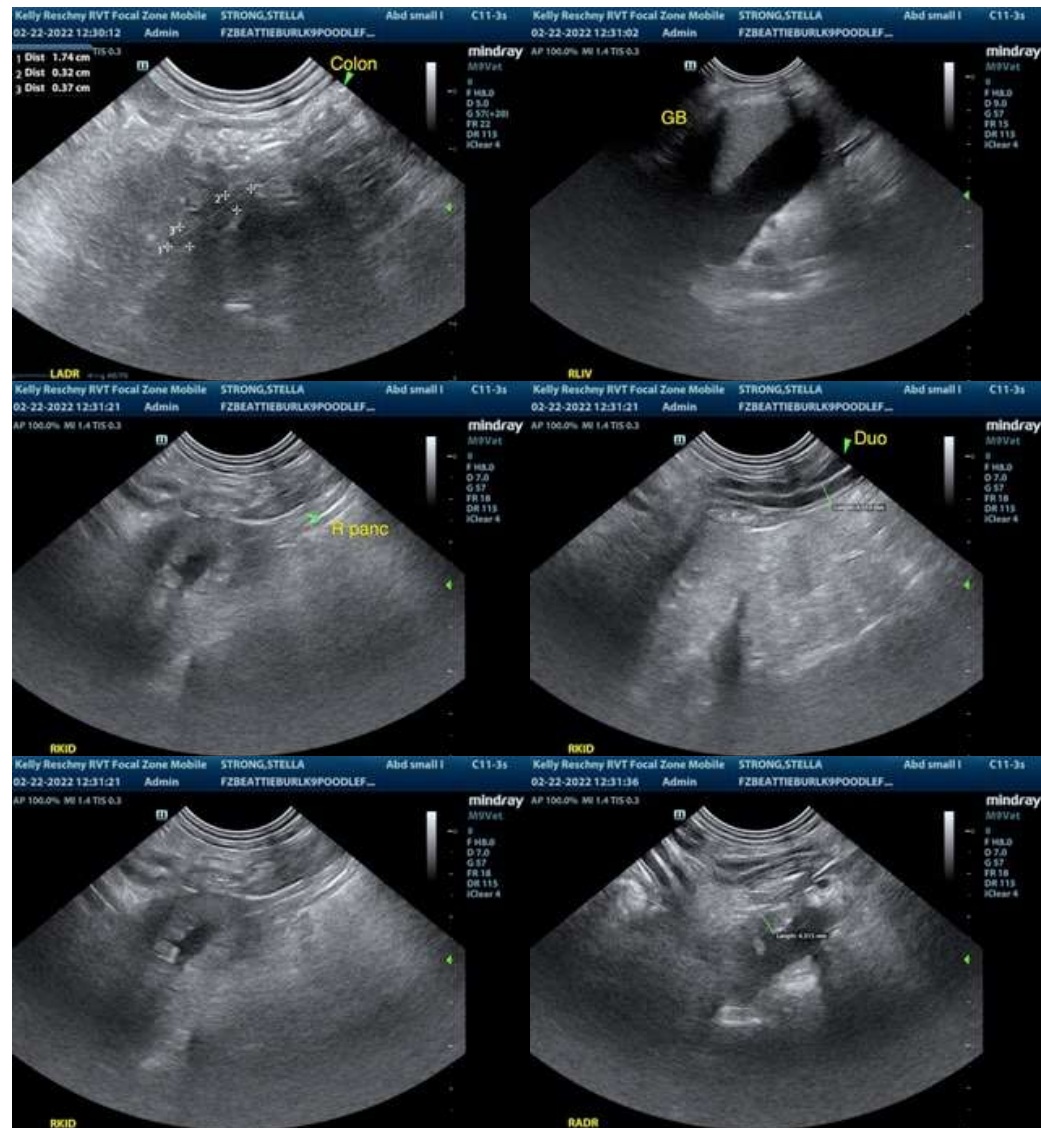
Dr. Mellish

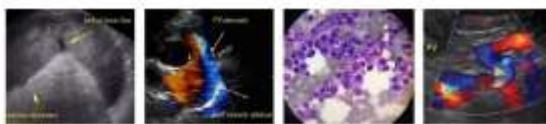
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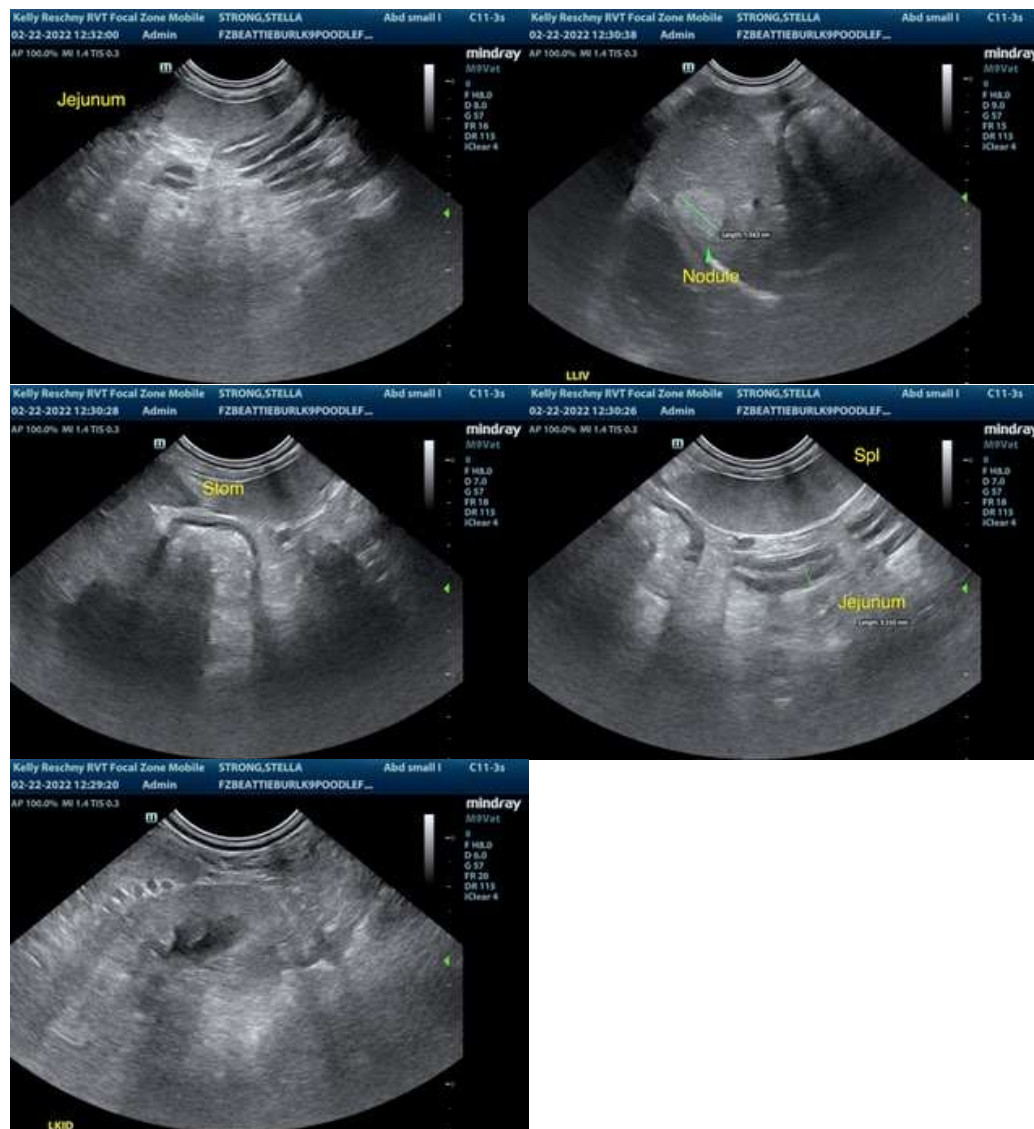
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

**R. McKenzie Daniel, DVM, DABVP (Canine / Feline Practice)**  
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