



PATIENT

Elsa Hirtzinger

SPECIES

Canine

BREED

Terrier Mix

SEX

FS

AGE

10 years

WEIGHT

28 lbs.

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

Dr. Mack

HOSPITAL NAME

Northside VC

REFERRING VET

Dr. Mack

INVOICE

16257

DATE

2/22/23

PRESENTING CLINICAL SIGNS

Patient presented originally for episodes of coughing, patient becoming more aggressive and seems painful. Patient is painful on abdominal palpation. Previous rads showed concern for enlarged spleen, and minor thickened stomach wall but did not show any signs of tracheal collapse. Rads today showed concern for enlarged perihilar lymph nodes.

Abnormal PE/Chem/CBC/UA Results: -CBC: HGB 23, MCH 31,6, MCH 46, Bands were suspected, LYM 0.82, BASO 0.37 -CHEM: WNL

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 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 4.7 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 0.62 cm width at the caudal pole and 0.39 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 0.61 cm width at the caudal pole.

Spleen

The spleen was normal in size and contour exhibiting primarily finely textured parenchyma which was hyperechoic to the liver and renal cortical parenchyma. Mild generalized heterogeneous splenic parenchyma was present without evidence of masses or nodular changes. 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. Normal splenic vascularity was noted. The parenchymal heterogeneity is likely consistent with benign changes such as extramedullary hematopoiesis or age-related remodeling with minor potential for inflammatory or neoplastic disease.

Liver/ Gallbladder

The liver exhibited subjective borderline to mild enlargement. The liver parenchyma was mildly nonuniform and hypoechoic to the spleen with a moderate coarse echotexture and subjective mild to benign parenchymal remodeling. A discrete, mid-intraparenchymal, nondisruptive nodule was present measuring 1.2 cm in diameter. The hepatic and portal vasculature were normal in appearance without



PATIENT	signs of congestion. The gallbladder was non-distended in size containing primarily anechoic content with minor, nonorganized, echogenic gallbladder debris. No evidence of gallbladder or peripheral gallbladder inflammation was noted. The cystic and common bile ducts were normal.
Elsa Hirtzinger	
SPECIES	<i>Gastrointestinal</i>
Canine	The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained echogenic, nonshadowing ingesta without signs of obstruction or foreign material. Sonographically, the gastric ingesta is most consistent with food.
BREED	
Terrier Mix	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.
SEX	
FS	Normal visible colon wall layers were present with apparent formed feces in lumen.
AGE	<i>Pancreas</i>
10 years	The parenchyma of the left limb, body, and right limb of the pancreas presented isoechoic to the adjacent omental fat. A normal curvilinear capsule contour of the pancreas was present. The visible pancreatic duct was normal. No signs of active inflammation or neoplastic disease were evident.
WEIGHT	<i>Free Abdomen</i>
28 lbs.	No omental masses, lymphadenopathy, or evidence of peritoneal effusion were noted.
INTERPRETED BY	ULTRASONOGRAPHIC FINDINGS
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	<ul style="list-style-type: none"> • Hepatic parenchymal remodeling with discrete mid-intraparenchymal nodule - subjective benign • Minor gallbladder debris (non-mucocele) • Mild heterogeneous spleen - no evidence of splenomegaly, masses, or nodules • Mild chronic renal changes • Gastric ingesta, sonographically unremarkable small bowel
IMAGING PERFORMED BY	INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS
Dr. Mack	Sonographically, no evidence of significant visceral pathology with largely mild age-related changes present.
HOSPITAL NAME	The discrete hepatic nodule is likely consistent with a discrete area of hyperplasia, hematopoiesis, or possible granuloma.
Northside VC	Suspect post prandial presentation, although if documented NPO, some degree of potential functional or metabolic gastric hypomotility could be possible. Correlation with most recent meal ingestion is recommended.
REFERRING VET	A definitive cause of intraabdominal pain was not obvious. Assessment for possible referred abdominal or extra-abdominal pain source is recommended. No evidence of intraabdominal neoplastic criteria.
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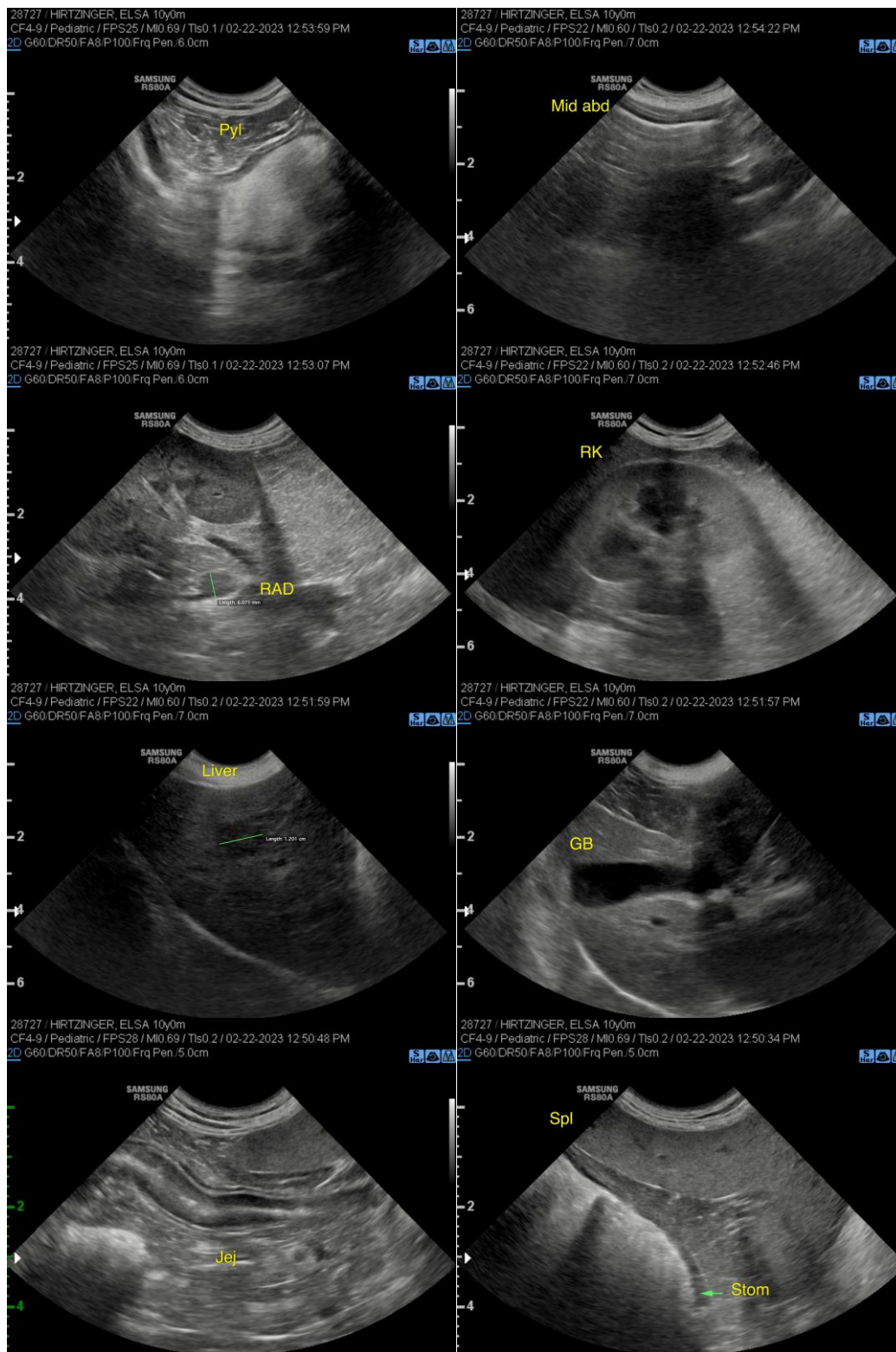
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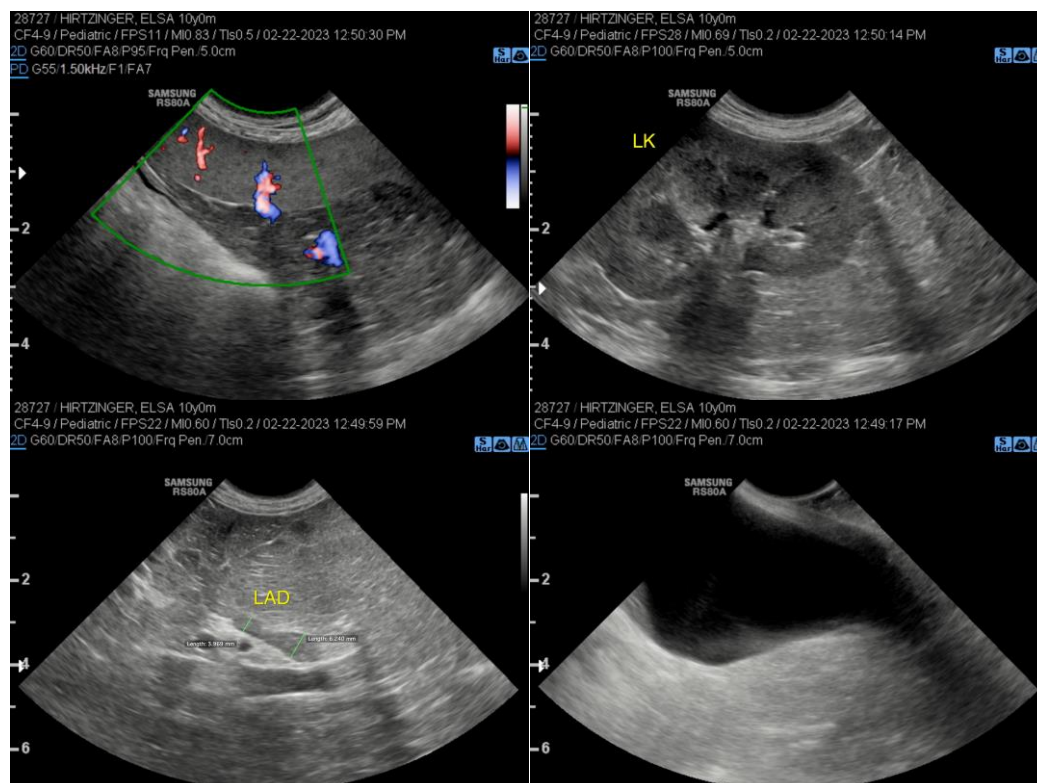
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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