



PATIENT PRESENTING CLINICAL SIGNS

Peanut McConnel

Decreased appetite, diarrhea, possibility of eating something, history of cystostomy.

Medication: Cerenia, Pepcid, Metronidazole

SPECIES

Canine

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

BREED

Yorkie

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 3 cm exhibited normal thickness and tone. Anechoic urine was present in the lumen with pinpoint to minor focal dependent luminal mineral. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes were noted.

SEX

FS

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 to moderate loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. Focal areas of mild medullary mineral were present bilaterally. The left kidney measured 3.9 cm in length. The right kidney measured 4.0 cm in length.

AGE

2009

The area of the aortic trifurcation was free of pathology.

Adrenal Glands

WEIGHT

8.8

The bilateral adrenal glands exhibited borderline prominent size based on caudal pole measurement and body weight. No adrenal tumors. The left adrenal gland measured 0.58 cm width at the caudal pole and 2.0 cm length. The right adrenal gland measured 0.52 cm width at the caudal pole and 1.8 cm length.

INTERPRETED BY

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

Spleen

The spleen exhibited primarily finely textured parenchyma which was hyperechoic to the liver and renal cortical parenchyma. Mild generalized parenchyma heterogeneity was present without evidence of 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. 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.

IMAGING PERFORMED BY

Rebekah Jakum, CVT
 ARDMS/RVT

Liver/Gallbladder

HOSPITAL NAME

Maple Hills VH

The liver exhibited lobar enlargement secondary to a moderately sized irregular mixed echogenic to nodular caudal mass extending into the area of the gastric axis and mid abdomen measuring 5-6 cm in diameter. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended in size with primarily anechoic luminal content and mild non-dependent echogenic non-organized debris. No evidence of gallbladder or peripheral gallbladder inflammation was present. The cystic and common bile ducts were normal.

REFERRING VET

Dr. Eckman

Gastrointestinal

INVOICE

12902ag

The stomach presented intact mildly prominent wall layering. The lumen of the stomach was empty with luminal gas. An indistinct linear like hyperechoic echo was present in the gastric body lumen measuring ~ 1.5-2.0 cm in diameter. No evidence of mechanical pyloric outflow obstruction.

DATE

02/06/2023

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.



PATIENT Normal visible colon wall layers were present with segmental non formed feces and pockets of luminal gas in lumen.
 Peanut McConnel

Pancreas

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

Canine

Free Abdomen

BREED No omental masses, overt lymphadenopathy or peritoneal effusion was present.

Yorkie Subtle perihepatic echogenic omentum was present.

ULTRASONOGRAPHIC FINDINGS

- SEX**
- Gastroenterocolitis pattern, subjectively mild with small to indistinct non-obstructive hyperechoic linear like gastric luminal echo
- FS
- Heterogenous pancreas-patient / age related variant, remodeling owing to previous inflammatory episode or mild to chronic pancreatitis possible
- AGE**
- 2009
- Moderately sized to irregular non-homogenous caudal liver mass-nonspecific
 - Gallbladder debris-not consistent with mucocele criteria

WEIGHT

8.8

Secondary

- Minor dependent urinary bladder mineral
- Mild chronic renal changes with non-obstructive medullary mineral

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

This patient may be passing small amounts of mineral from the kidneys into the urinary bladder. Further renal staging to include urine C/S and protein: creatinine ratio on sterile urine sample may be considered.

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The liver mass is non-specific with both benign and neoplastic etiologies possible. Assuming normal clotting status a hepatic mass FNA for screening cytology is warranted for further assessment. The hepatic mass appears to be amendable to surgical resection given the location and size. Hepatosupportive medications such as Denamarin and Ursodiol may be beneficial.

REFERRING VET

Dr. Eckman

No evidence of GI obstructive pattern yet some concern for a small non-obstructive linear like gastric foreign body is warranted. Sonographic or radiograph monitoring for evidence of persistence within the gastric lumen or movement through the intestinal tract is recommended. Endoscopy likely ideal for further assessment and possible retrieval if gastric foreign body is confirmed.

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HOSPITAL NAME

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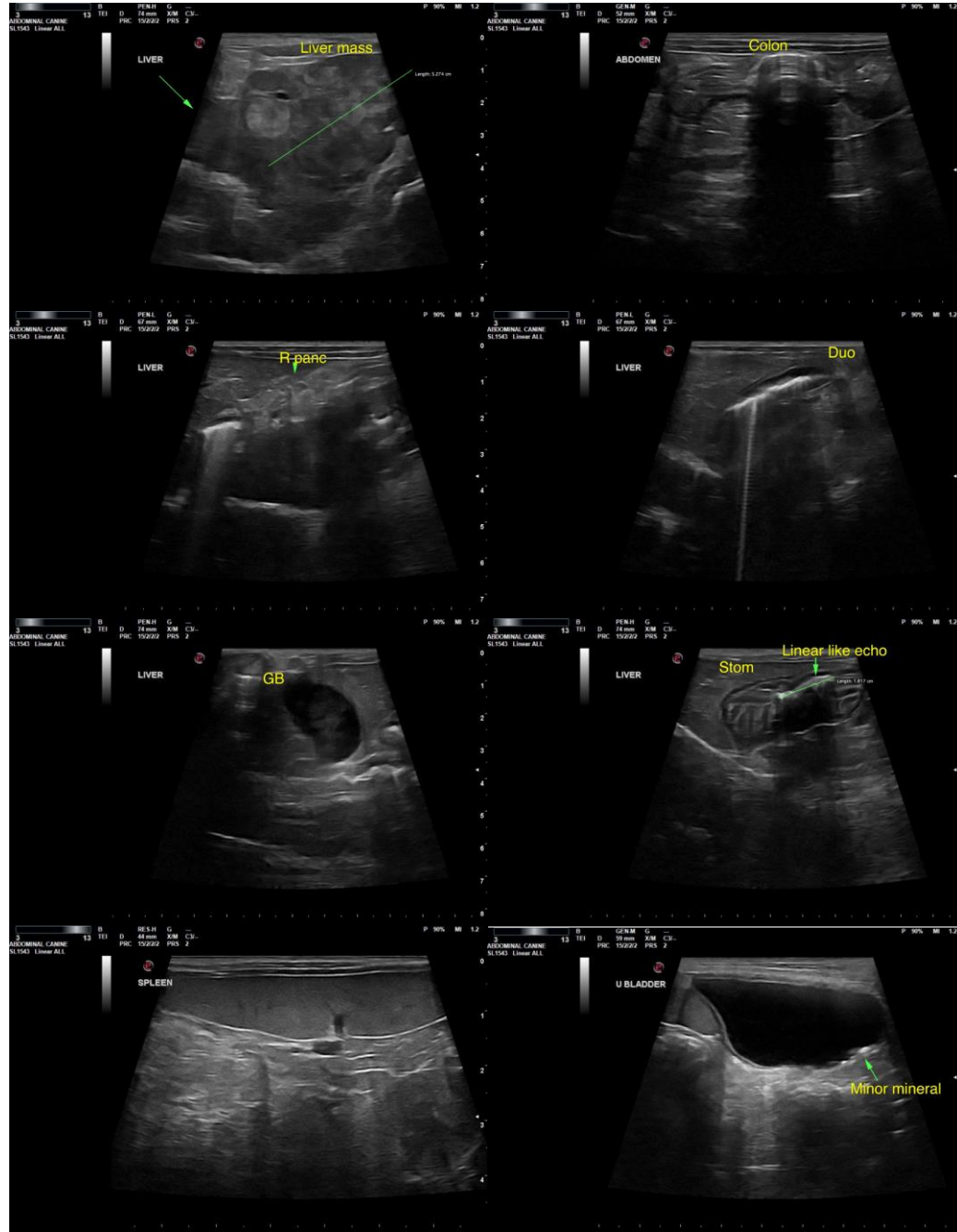
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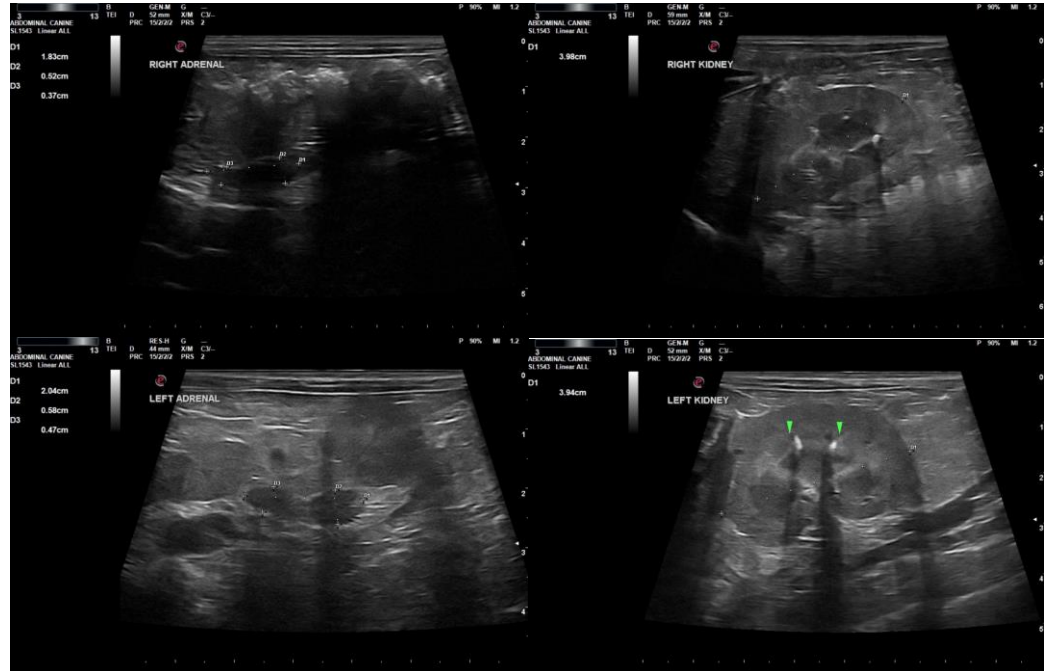
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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