**PATIENT**

Heidi Ingram

SPECIES

Canine

BREED

Mix

SEX

FS

AGE

12 years

WEIGHT

73 lbs.

INTERPRETED BYR. McKenzie Daniel,
DVM, DABVP (Canine
and Feline)**IMAGING
PERFORMED BY**

Rachel Runnells, RVT

HOSPITAL NAME

SVS Imaging KC

REFERRING VET

Dr. John Lyle

INVOICE

13257

DATE

2/8/22

PRESENTING CLINICAL SIGNS

V/D for 2-3 days, not eating. Presented 2 days ago lethargic and dehydrated.

Abnormal PE/Chem/CBC/UA Results: Antech Superchem and T4 WNL. CBC - Mono 1078 (0-840), Neut 11704 (2060-10600), rest WNL. Rads mostly unremarkable - gassy with a possible small section of ileus in SI.

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 7.2 cm in length. The right kidney measured 7.5 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 2.9 cm length x 0.69 cm width at the caudal pole.

A primarily homogeneous to echogenic nodule was present in the mid to cranial right adrenal gland with subtle associated symmetrical capsule distortion, yet without overt evidence of capsule escape. The nodule did not exhibit signs of mineralization or obvious vascular invasion. The right adrenal nodule measured 2.1 cm length x 1.7 cm width. The overall right adrenal gland measured 3.6 cm length x 0.64 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. 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.

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Gastrointestinal

The stomach presented mild wall thickening secondary to mild echogenic mucosa hypertrophy. Intact wall layering was maintained and distinct. Mild gastric distension with minor retained anechoic gastric fluid was present. No evidence of overt foreign material or retained ingesta was noted.

The small intestine presented intact wall layering and maintained a 1:3 muscularis/mucosa ratio with areas of minor segmental ileus. No obstructive pattern, foreign material, or loss of small intestinal wall layering was noted.

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

Pancreas

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.

Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS***Primary Findings***

- Gastroenteritis pattern, potential inflammatory bowel episode
- Mild hepatic parenchymal remodeling - subjective benign
- Right adrenal nodule

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The right adrenal nodule is nonspecific with considerations including functional vs. nonfunctional adenoma, lipogranuloma, hyperplasia, with potential for emerging neoplasia such as adenocarcinoma, pheochromocytoma, or other. Screening blood pressure to assess for evidence of hypertension is recommended. If no clinical signs suggestive of adrenal disease, sonographic monitoring of the right adrenal nodule for evidence of progression with initial recheck in 4-6 weeks is recommended.

Dietary indiscretion / food intolerance, acute inflammatory bowel episode, or if persistent or recurrent gastrointestinal signs, chronic inflammatory enteropathy such as IBD may be possible. Empirically, as-needed gastrointestinal supportive care with rehydration protocol should prove beneficial. If persistent gastrointestinal signs, a GI panel to include PLI/TLI/Cobalamin/Folate may be considered. Empirically, a limited antigen or hydrolyzed diet trial with potential long term dietary therapy, prophylactic deworming (Panacur 50 mg/kg SID x 5 consecutive days with repeat protocol in 3 weeks even if fecal testing is negative), high colony count probiotic (Proviale or Visbiome), antibiotic trial and as needed gastrointestinal support with assessment of clinical response may prove beneficial. Intestinal biopsies may be indicated if GI signs continue despite empirical therapy.



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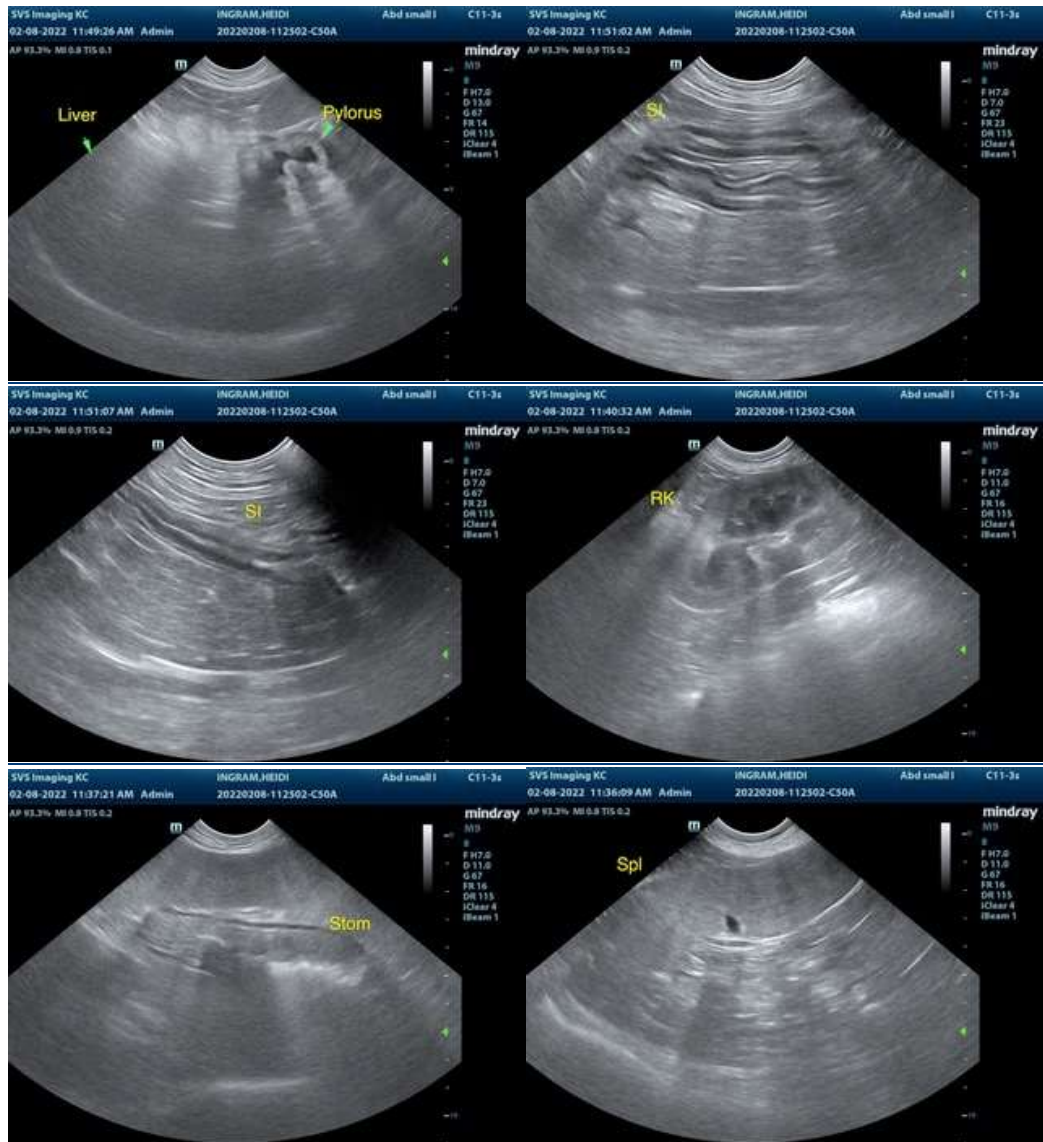
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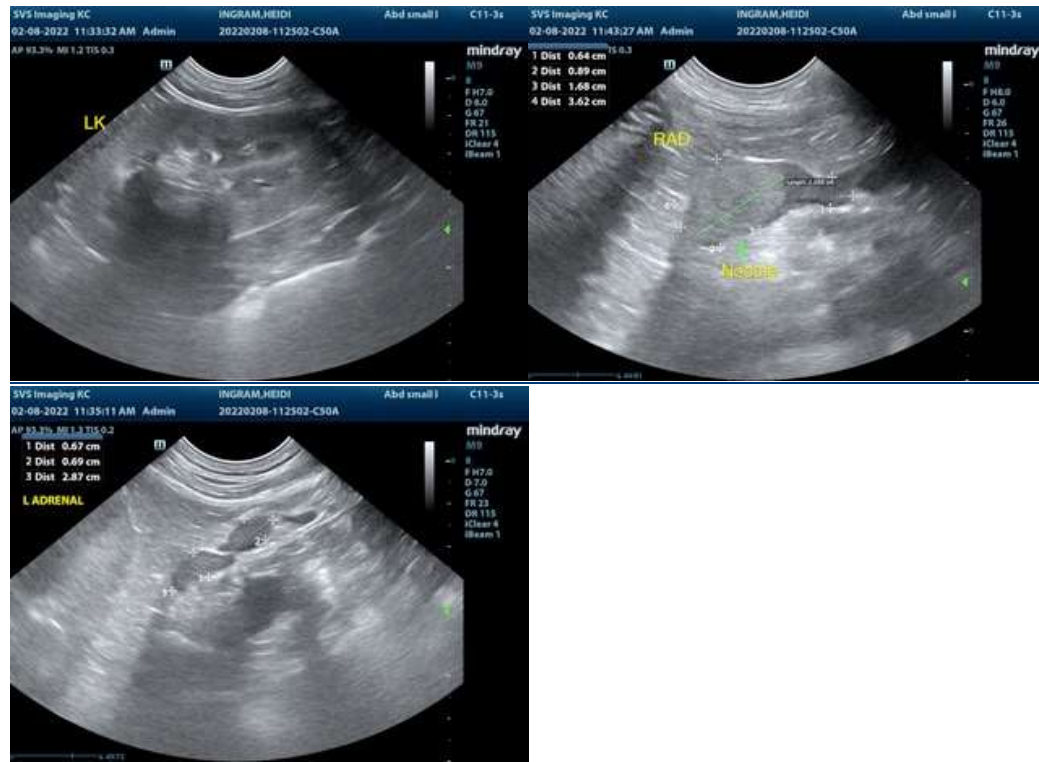
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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