

**PATIENT**

Lilly Snyder

SPECIES

Canine

BREED

Mixed Breed

SEX

Spayed Female

AGE

12 Years

WEIGHT

11.8 kg

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

Tom McNeill

HOSPITAL NAME

SVS Imaging CT

REFERRING VET

WVRC- Dr. Gregg

INVOICE

14490

DATE

3/25/22

PRESENTING CLINICAL SIGNS

History: Several week history of lethargy, hyporexia, increased thirst, weight loss.

Abnormal PE/Chem/CBC/UA Results: 3/23: Cre 3.3 (H), BUN 123 (H), P 11.6 (H), K 6.3 (H), Na:K 23 (L)

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**Urinary System**

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of – 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 were noted.

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. Small cortical cysts were present in both kidneys. Minor pinpoint medullary mineral noted in both kidneys. The left kidney measured 5.9 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 0.61 cm width at the caudal pole and 0.47 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 0.54 cm width at the caudal pole and 1.2 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

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. Intermittent, nondisruptive mildly hyperechoic intraparenchymal nodules were present, as well as intermittent thinly walled intraparenchymal cysts, containing anechoic fluid. An example of nodule size, measured 0.60 cm and 1.0 cm. An example of cyst size, measured 0.66 cm.

The gallbladder was non-distended in size with moderate nondependent, yet nonorganized, mildly congealed gallbladder debris. The gallbladder was otherwise unremarkable without evidence of gallbladder or peripheral gallbladder inflammation. The cystic duct and common bile ducts were normal without evidence of dilation.

Gastrointestinal

The stomach was sonographically unremarkable, containing mild retained non-shadowing ingesta/chyme and luminal gas with potential for mild gastric gas distention.

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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 measured 0.45 cm. The jejunum wall measured 0.33 cm.

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

Pancreas

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

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Free Abdomen

Solitary to intermittent, mildly prominent to enlarged mesenteric node to nodes were present. The lymph node to nodes were essentially isoechoic to adjacent omentum without evidence of peripheral inflammation and maintaining a normal width: length ratio (<0.5). An example of lymph node size measured 0.43 cm width. No effusion noted.

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ULTRASONOGRAPHIC FINDINGS

- Bilateral chronic renal changes with small cortical cysts
- Hepatic parenchymal remodeling with probable benign intraparenchymal nodules and cysts- nodules suggestive of benign lipogranulomas or nodular/regenerative hyperplasia. Neoplastic criteria considered less likely.
- Moderate, nondependent, mildly congealed gallbladder debris- gallbladder not overtly consistent with active mucocele
- Overtly normal gastrointestinal tract with mild retained gastric ingesta/chyme and luminal gas
- Subjective mildly hypoechoic pancreas- nonspecific age-related or patient variant. Potential for low-grade to chronic pancreatitis possible.

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(Canine and Feline)**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Subjectively, the kidneys did not appear to be end-stage. Potential for acute renal insult may be considered in this patient. Further renal staging to include urine C/S and protein: creatinine ratio on sterile urine sample may be considered.

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Given the patients weight loss, potential for structurally insignificant gastrointestinal disease or low-grade to chronic pancreatitis could be present. Further assessment may include a GI panel to include PLI/TLI/Cobalamin/Folate.

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Three-view chest radiographs suggested to rule out occult thoracic pathology as a potential contributing factor to the patients clinical signs and weight loss.

Empirically, hospitalization with IV fluid and gastrointestinal support with assessment of renal response +/- leptospirosis titers/PCR, if clinically indicated, would be reasonable.

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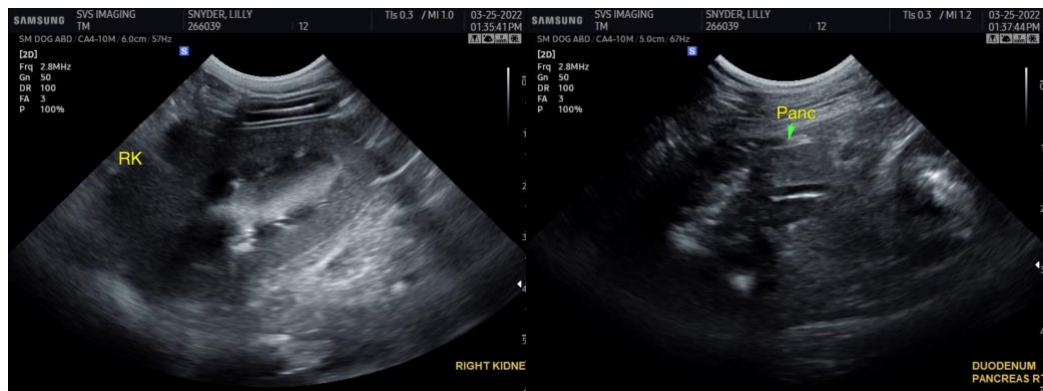
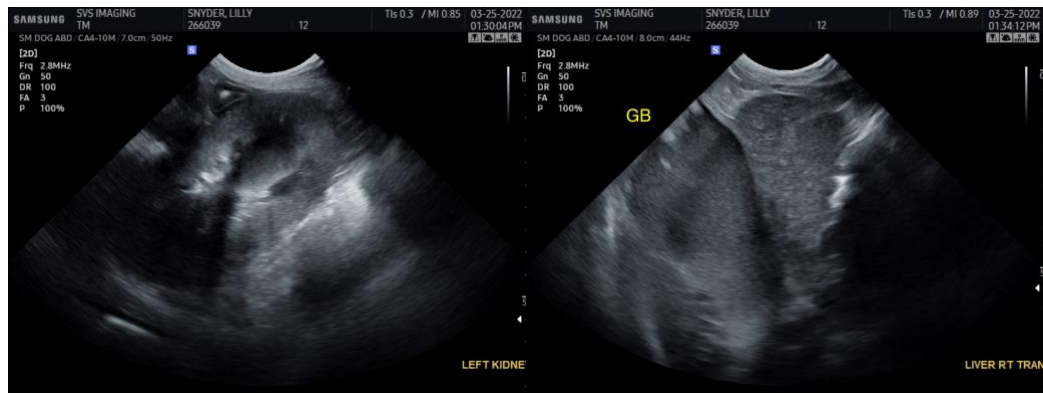
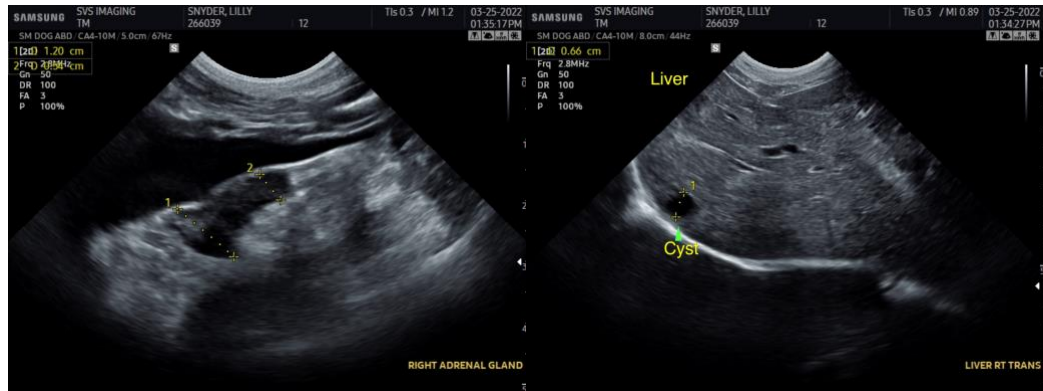
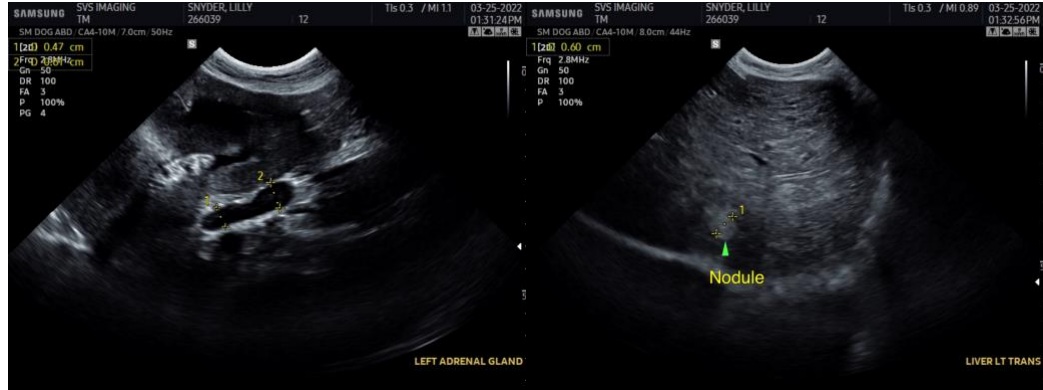
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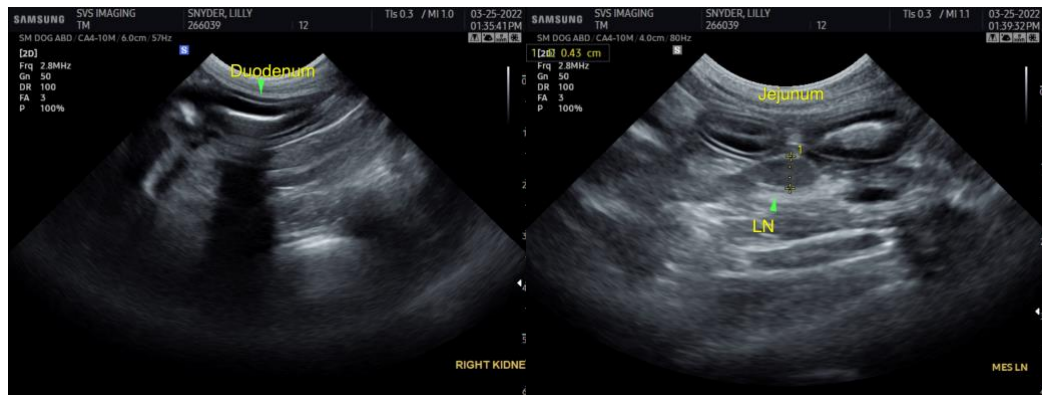
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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