

PATIENT

Lulu Przybylowics

SPECIES

Canine

BREED

Lab Mix

SEX

Spayed Female

AGE

12 Years

WEIGHT

84 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Amy Mayhew, LVT

HOSPITAL NAME

SVS Imaging MI

REFERRING VET

Family Pet Practice

INVOICE

14556

DATE

3/28/22

PRESENTING CLINICAL SIGNS

History: History of cutaneous MCT on hip began bleeding last week. Has become larger recently. On March 26th vomited frank blood with mucous. Has not eaten since except very small amount this morning. Panting, lethargic, seems uncomfortable. Hiding. Straining to defecate and urinate. Abnormal PE/Chem/CBC/UA Results: see attached BW Labs: ALP 216, unremarkable CBC, urinalysis specific gravity 1.047, 3+ proteinuria

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 4.0 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 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 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 6.8 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 0.71 cm width at the caudal pole and 0.63 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 0.80 cm width at the caudal pole and 0.76 cm width at the cranial pole.

Spleen

The spleen was normal in size and contour with primarily maintained finely textured homogeneous parenchyma. A solitary, discretely hypoechoic to nondisruptive mid splenic nodule (0.8 cm in diameter) was present.

Liver

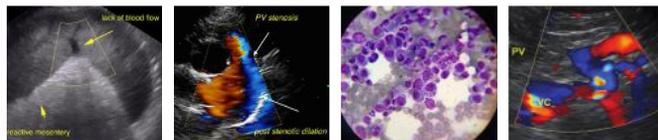
The liver presented mildly enlarged in size. The parenchyma of the liver was subjectively normal in echogenicity compared to the spleen and renal cortices. The liver parenchyma was uniform with a mildly coarse echotexture. The capsule of the liver was symmetrically rounded to mildly swollen in margination. The hepatic and portal vasculature were normal in appearance without signs of congestion.

The gallbladder was non distended in size with mild nondependent to inspissated hyperechoic gallbladder debris. The gallbladder was otherwise normal. The cystic duct and common bile ducts were normal without evidence of dilation.

Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained mild retained ingesta/chyme. The stomach was otherwise normal.

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 subjective semi-formed feces.

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Pancreas

SPECIES

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 was evident.

Canine

Free Abdomen

BREED

At least 2-3, variably sized, medial iliac lymph nodes were present. These lymph nodes exhibited nonhomogeneous parenchyma. The lymph nodes exhibited increased to borderline abnormal width: length ratio, approximately 0.5. Evidence of perilymphatic inflammation was evident. An example of lymph node size was 4.0 cm x 2.0 cm.

Lab Mix

SEX

ULTRASONOGRAPHIC FINDINGS

Spayed Female

- Mildly prominent to nonhomogeneous medial iliac lymphadenopathy
- Nonspecific discreet splenic nodule
- Mild vacuolar hepatopathy pattern
- Mild inspissated gallbladder debris (non-mucocele)
- Overtly normal gastrointestinal tract with mild gastric ingesta/chyme/gas
- Overtly normal urinary bladder and visible proximal urethra

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

R. McKenzie Daniel,
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Assuming normal clotting status and in light of the patients history of cutaneous mast cell tumor, ultrasound guided splenic parenchymal discreet nodule (if accessible) and medial iliac lymph node FNA for screening cytology warranted for further assessment.

IMAGING PERFORMED BY

An obvious cause of the patients reported straining to defecate or urinate was not definitively evident yet some degree of possible mild colitis, if presence of diarrhea. No overt evidence of gastrointestinal mural pathology yet potential for microulceration given history of mast cell tumor cannot be excluded. Likewise, some degree of metabolic gastric stasis or nonobstructive delayed gastric emptying could be a possibility. Conservative gastrointestinal supportive care is recommended.

Amy Mayhew, LVT

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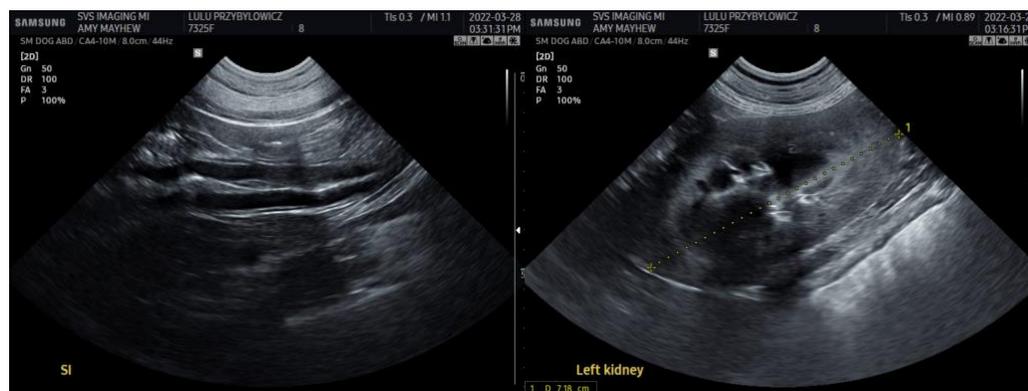
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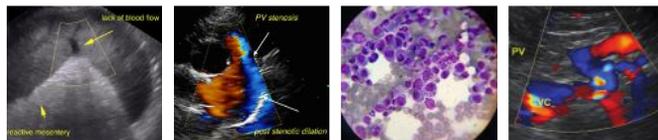
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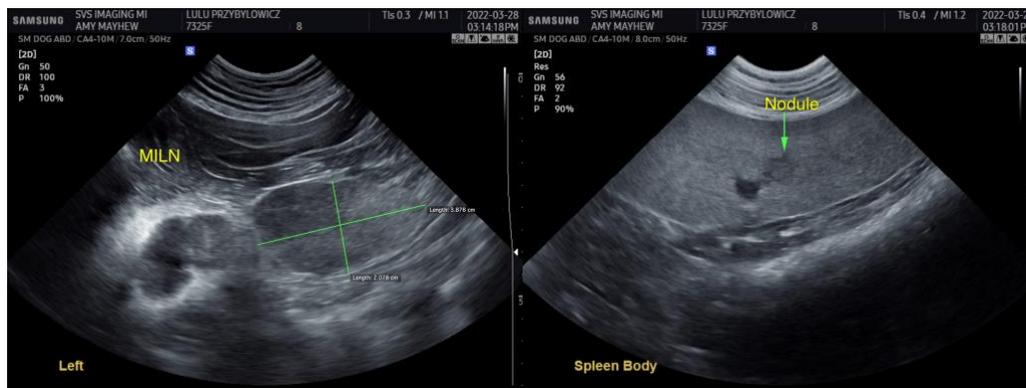
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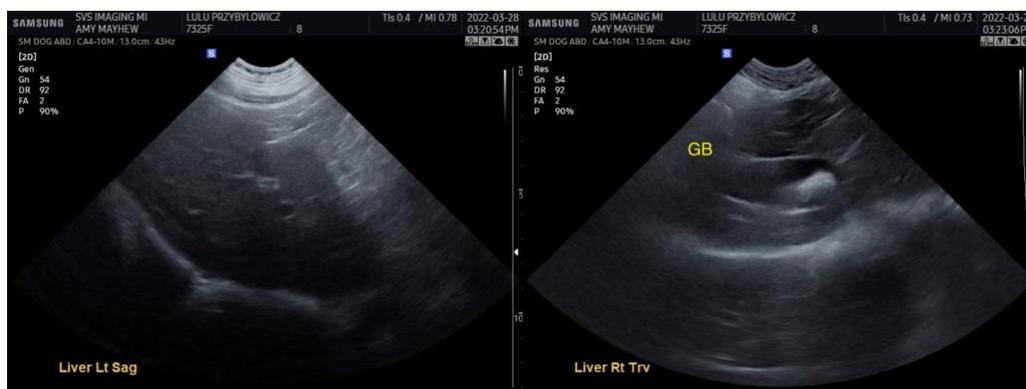
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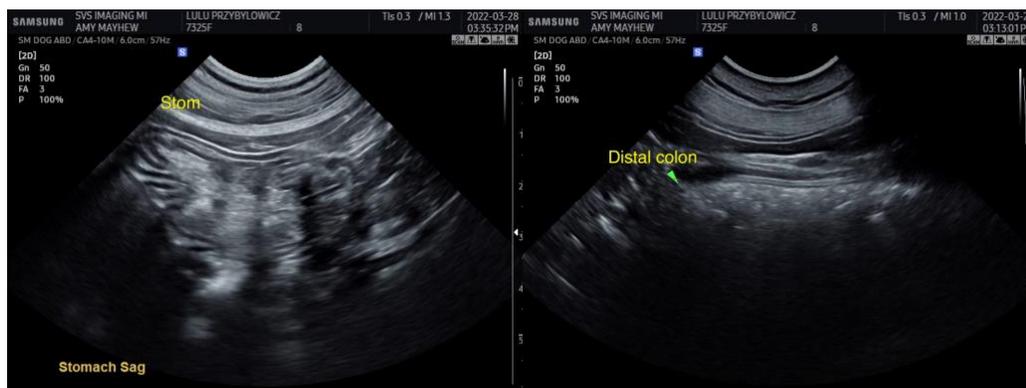
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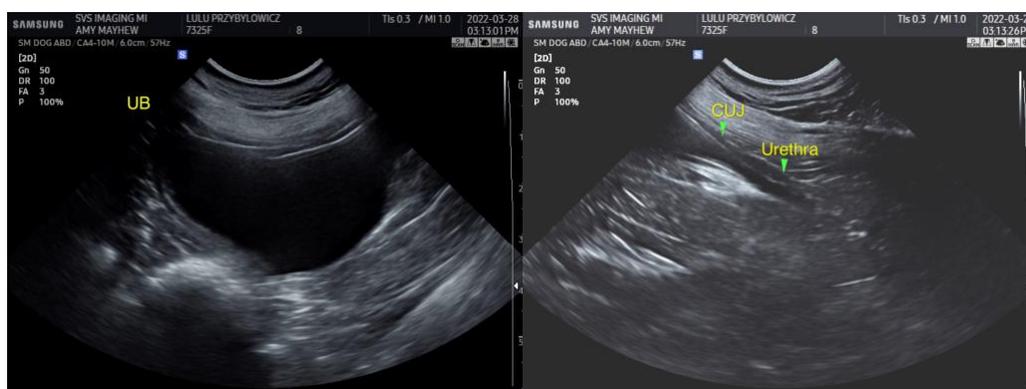
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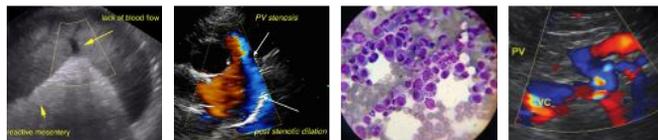
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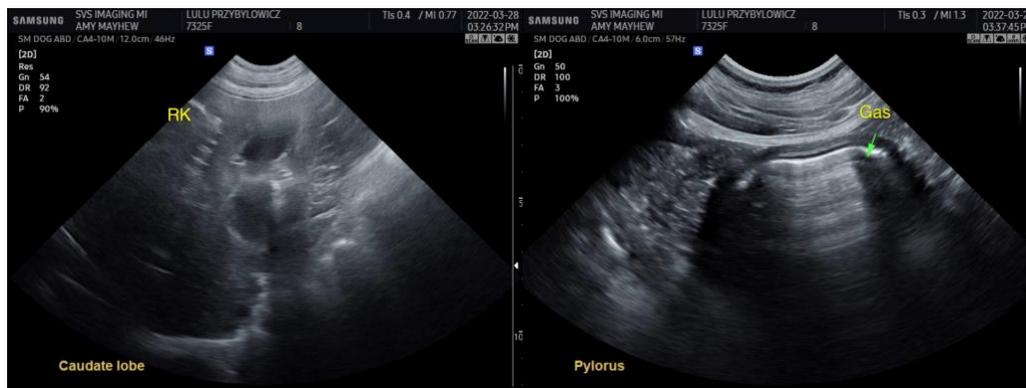
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

R. McKenzie Daniel, DVM, DABVP (Canine / Feline Practice)
info@SonoPath.com