



PATIENT PRESENTING CLINICAL SIGNS

Stella Roberts
History: Vague history and clinical signs of lethargy and major decreased appetite starting approx March 10/22. NO response to symptomatic treatment fluids anti-nausea meds and covered with antibiotics. meds: metacam 12.5kg dose SID, just finished 1-week Baytril 75 mg SID, optimmune for dry eye, tobramycin ophthalmic

SPECIES
Canine
Abnormal PE/Chem/CBC/UA Results: dog had tested positive for Lyme in 2016 and treated with doxycycline. Most recent Quant C6 test in 2020 was 12 (0-30). MOst recent bloodwork March 2022 basically normal. Mildly decreased potassium and U/A with in N and no UTI. Arthritis on xrays.

BREED
Corgi
ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

SEX
Spayed Female
Urinary System

The urinary bladder presented mild prominent yet uniformly thickened ventroapical to dorsoapical urinary bladder walls. The overall urinary bladder was mildly subnormal in size owing to lack of urine distention with mild anechoic urine present. No sediment or calculi were noted. Lack of urine distention prohibited full evaluation of the urinary bladder walls without evidence of neoplastic criteria. The urethra was normal to a depth of 3.0 cm. Aortic trifurcation was normal.

AGE
12 Years
Normal size and margination were present in the left kidney. A normal 1:3 cortex / medulla ratio was maintained. The medulla and cortices were uniform in texture with some increased echogenicity and moderate loss of corticomedullary symmetry and definition expected for the age of the patient. Areas of renal capsule asymmetry and suspect cortical infarcts were present. Pinpoint to focal areas of minor medullary mineral noted. Mild to moderate pyelectasia noted in both kidneys. The left kidney measured 6.6 cm in length. The right kidney was mildly subnormal in size compared to the left kidney, measuring 5.6 cm in length.

WEIGHT
31 Pounds
Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 1.7 cm in length x 0.49 cm width at the caudal pole.

The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 2.3 cm in length x 0.51 cm width at the caudal pole.

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

IMAGING PERFORMED BY
Kelly Reschny
Liver

The liver exhibited borderline to mild enlargement. 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.

HOSPITAL NAME
Ingersoll VS
DATE
3/28/22
The gallbladder was non distended in size with primarily anechoic content with mild nondependent particulate luminal debris to mucus. The cystic duct and common bile ducts were normal without evidence of dilation.

REFERRING VET
Dr. Prystayko

INVOICE
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PATIENT

Gastrointestinal

Stella Roberts

The visualized gastric walls were overtly normal. The lumen of the stomach contained moderate retained non-shadowing ingesta/chyme without evidence of mechanical pyloric outflow obstruction.

SPECIES

Canine

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.

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

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Pancreas

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

SEX

Spayed Female

Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

AGE

12 Years

ULTRASONOGRAPHIC FINDINGS

- Bilateral, moderate chronic renal changes, exhibiting mild to moderate pyelectasia, minor medullary mineral and likely cortical infarcts
- Subjective, mild benign hepatomegaly
- Mild gallbladder debris (non-mucocele)- incidental, potentially owing to minor nonclinical cholestasis
- Moderate gastric ingesta/chyme, sonographically unremarkable small bowel
- Minor pancreatic remodeling

INTERPRETED BY

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

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Overall, largely geriatric abdomen without evidence of significant visceral pathology.

IMAGING PERFORMED BY

Kelly Reschny

The presence of gastric ingesta is nonspecific and likely indicates post-prandial presentation. Correlation with most recent meal ingestion is recommended. If documented NPO prior to the ultrasound, the presence of gastric ingesta may indicate some degree of gastric hypomotility or metabolic stasis. The sonographic presentation of the ingesta was most consistent with food, without evidence of foreign material. Further renal staging to include urine C/S and protein: creatinine ratio on sterile urine sample may be considered. Monitoring for normal gastric emptying recommended.

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Dr. Prystayko

The pancreas may indicate suspected mild age-related changes. Potential for low-grade to chronic pancreatic inflammation may be present, yet sonographically normal.

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Urine culture and sensitivity on sterile urine sample warranted, even without UTI criteria on urinalysis, as well as baseline UPC level as additional renal staging. Three-view chest radiographs, GI panel to include PLI/TLI/Cobalamin/Folate, especially if development of gastrointestinal signs or weight loss, resting cortisol level, as well as thorough musculoskeletal and neurological examination to assess for or rule out occult disease as potential contributing factors to the patients vague clinical signs recommended.

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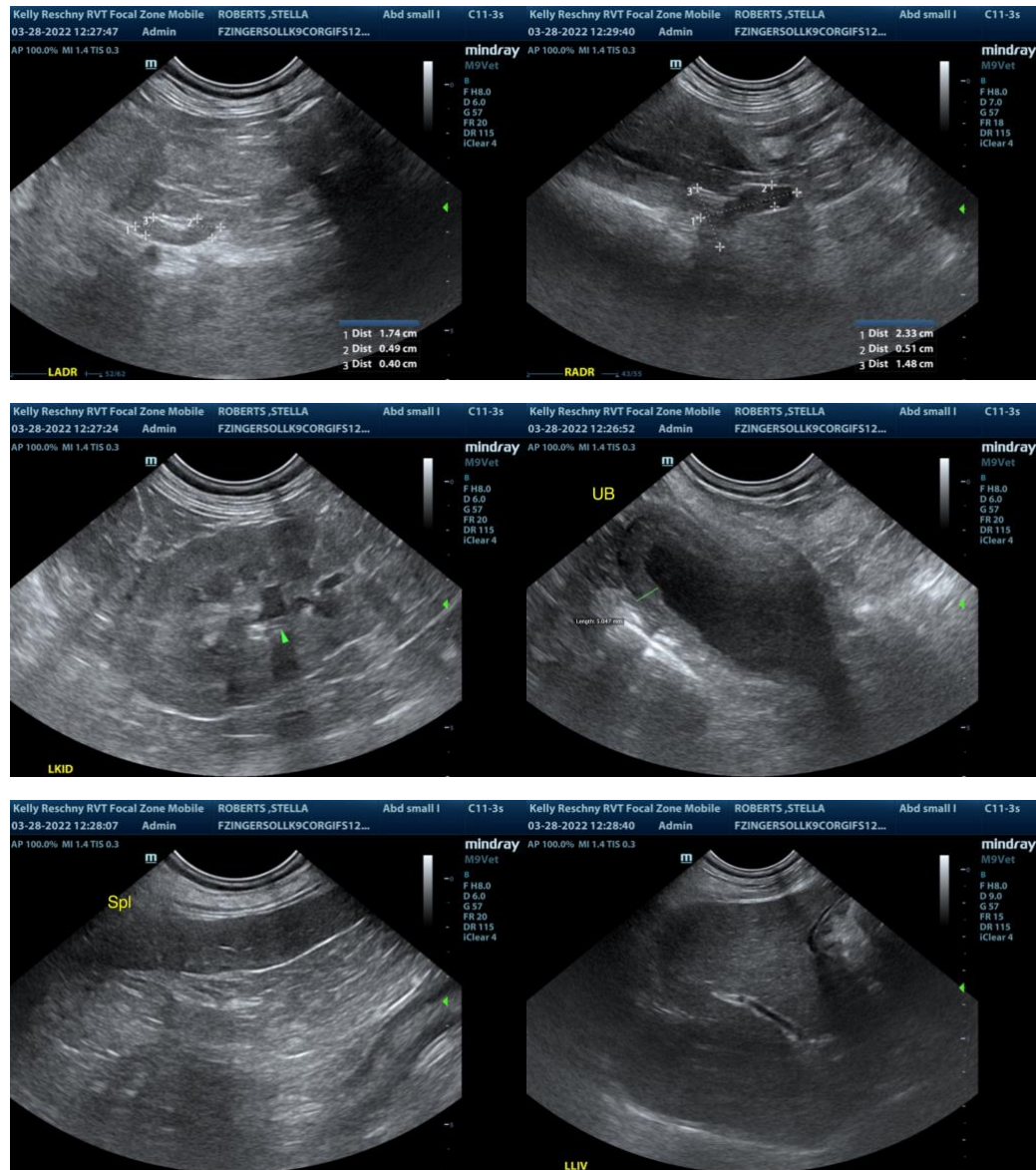
Dr. Prystayko

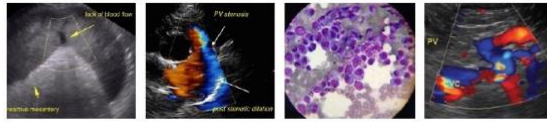
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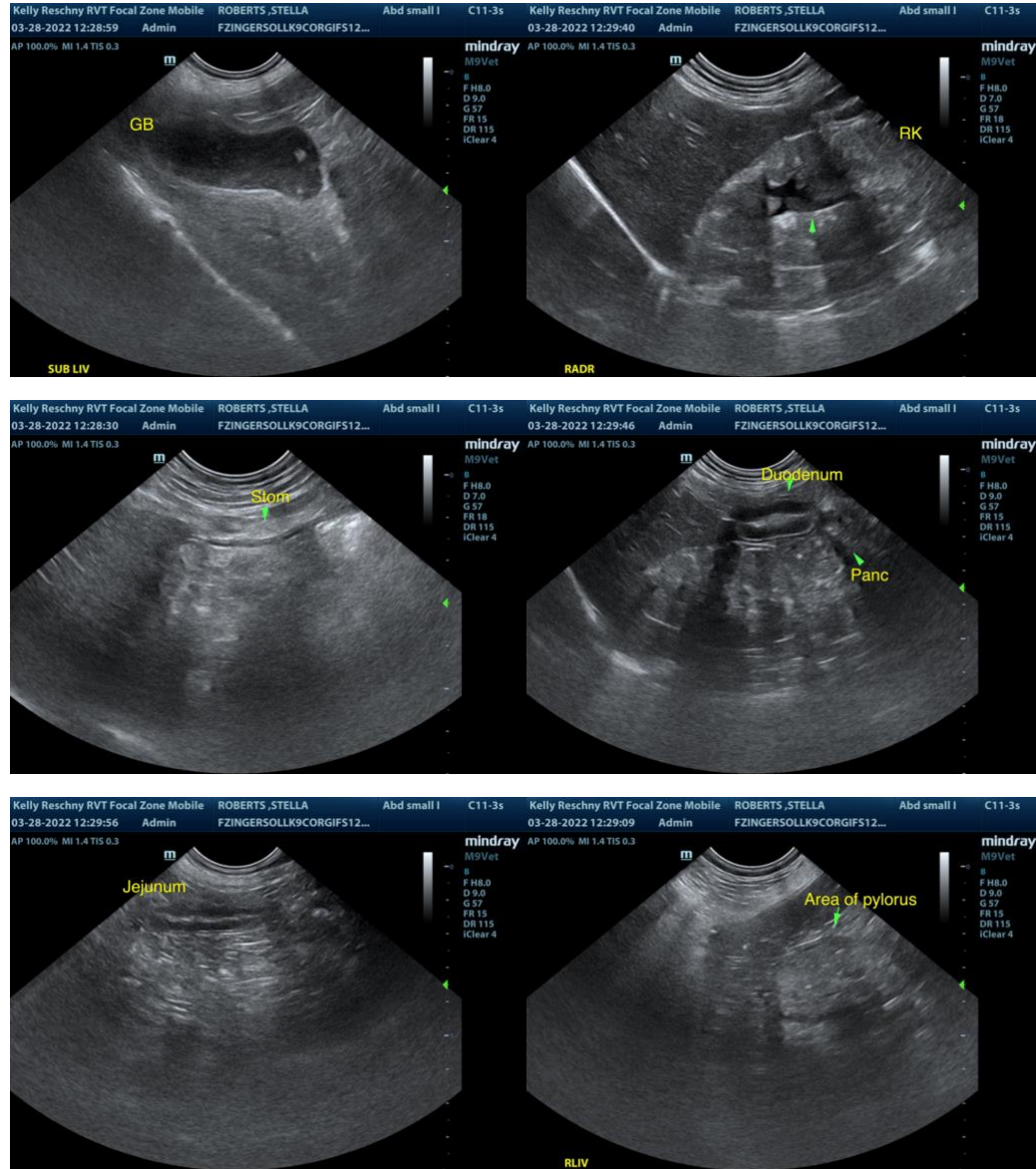
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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