



PATIENT

Jigsaw Lochner

SPECIES

Canine

BREED

Beagle

SEX

M/N

AGE

12y, 2m

WEIGHT

23.2 lb.

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Julie Vezzetti

HOSPITAL NAME

Stuga North
Veterinary Care

REFERRING VET

Dr. Julie Vezzetti

INVOICE

16484

DATE

3/29/23

PRESENTING CLINICAL SIGNS

Diagnosed in November 2022 with IMHA, no known eliciting cause, treated successfully, doing well; recently started vomiting in the morning, not every day, not worsening, but this is a met check to see if any underlying cause can be seen on us

Abnormal PE/Chem/CBC/UA Results: None

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, and cystourethral junction 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 residual prostate was free of overt pathology.

No evidence of medial Iliac or sublumbar lymphadenopathy/masses.

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 4.4 cm in length. The right kidney measured 4.7 cm in length.

Adrenal Glands

The left adrenal gland was indistinctly visualized with no overt pathology. The left adrenal gland subjectively measured 0.57 cm width at the caudal pole.

A well-defined, hyperechoic nodule was present in the mid to cranial right adrenal gland with minor asymmetrical yet intact capsule contour. The nodule did not exhibit signs of mineralization or vascular invasion. The nodule measured 1.3 cm x 1.1 cm. The right adrenal gland exhibited an overall prominent size based on caudal pole width measurement in light of body weight measuring 2.1 cm length x 0.81 cm width at the caudal pole. No evidence of vascular invasion or nodular capsule escape was noted.

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 exhibited potential for borderline hepatomegaly. Overall normal hepatic parenchyma echogenicity was noted with a moderate coarse echotexture and subjective mild parenchymal remodeling. The hepatic and portal vasculature were normal in appearance without signs of congestion.



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A small, thinly walled, intraparenchymal cyst containing anechoic fluid measuring 1.1 cm in diameter was present.

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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 intact wall layering with a normal wall layer ratio. The lumen of the stomach contained moderate, nonshadowing ingesta sonographically consistent with food without signs of obstruction or foreign material. No evidence of mechanical pyloric outflow obstruction was noted.

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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 mechanical / metabolic ileus, obstruction, or foreign material.

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

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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.

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Free Abdomen

No omental masses, lymphadenopathy, or evidence of peritoneal effusion were noted.

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ULTRASONOGRAPHIC FINDINGS

- Age-related kidneys
- Minor hepatic parenchymal remodeling with small intraparenchymal hepatic cyst
- Right adrenal nodule - suspect adenoma
- Sonographically normal gastrointestinal tract with gastric ingesta

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Overall, largely geriatric abdomen was observed without evidence of significant visceral pathology. The possibility of emerging right adrenal neoplastic nodular criteria, i.e., pheochromocytoma, is considered less likely yet cannot be definitively excluded. Screening blood pressure is recommended to assess for evidence of hypertension. Ideally, sonographic monitoring of the right adrenal nodule for evidence of progression with an initial recheck in 4-6 weeks is recommended.

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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.



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Given the pattern of intermittent vomiting, a late-night feeding and as-needed gastroprotectants may prove beneficial.

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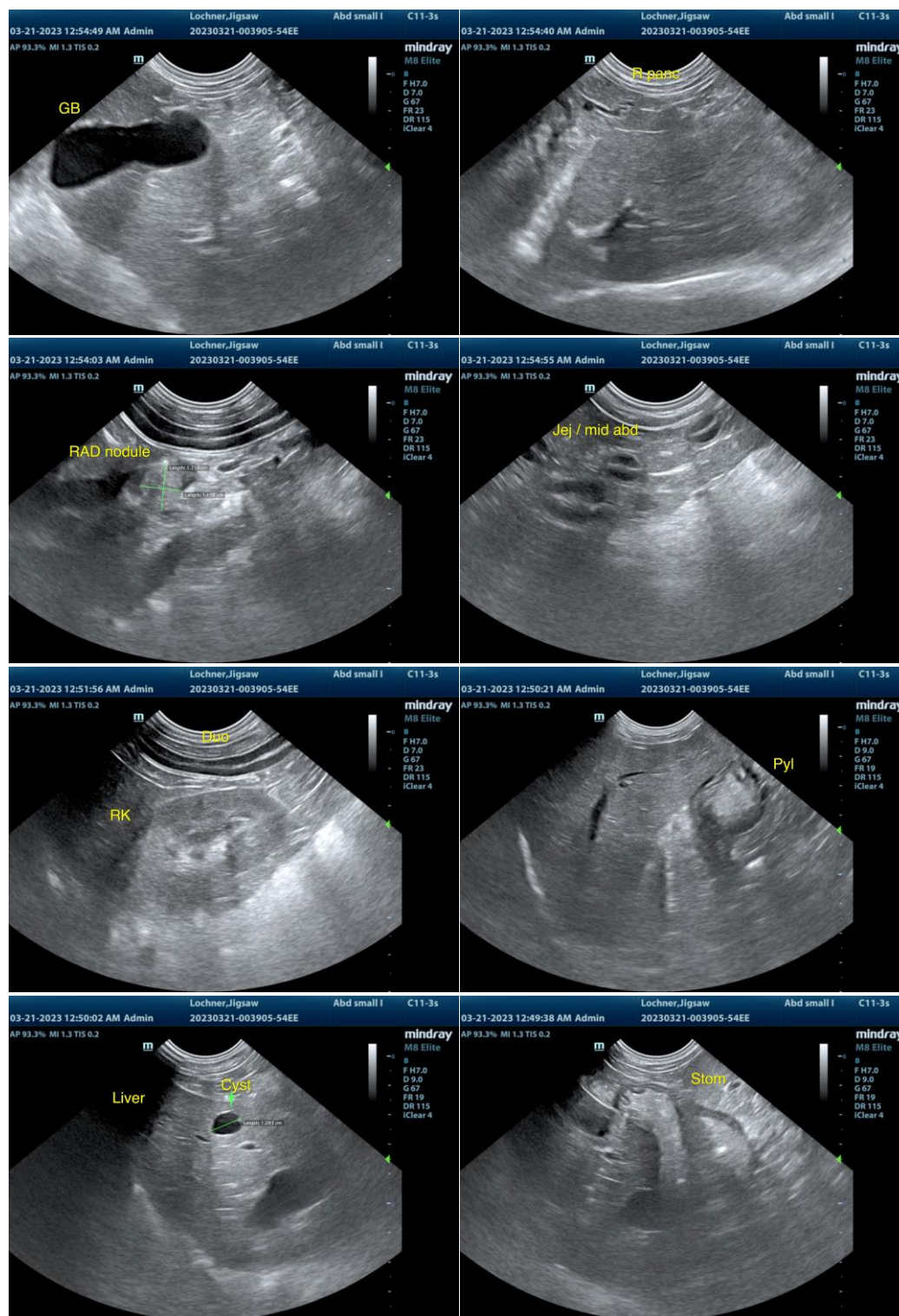
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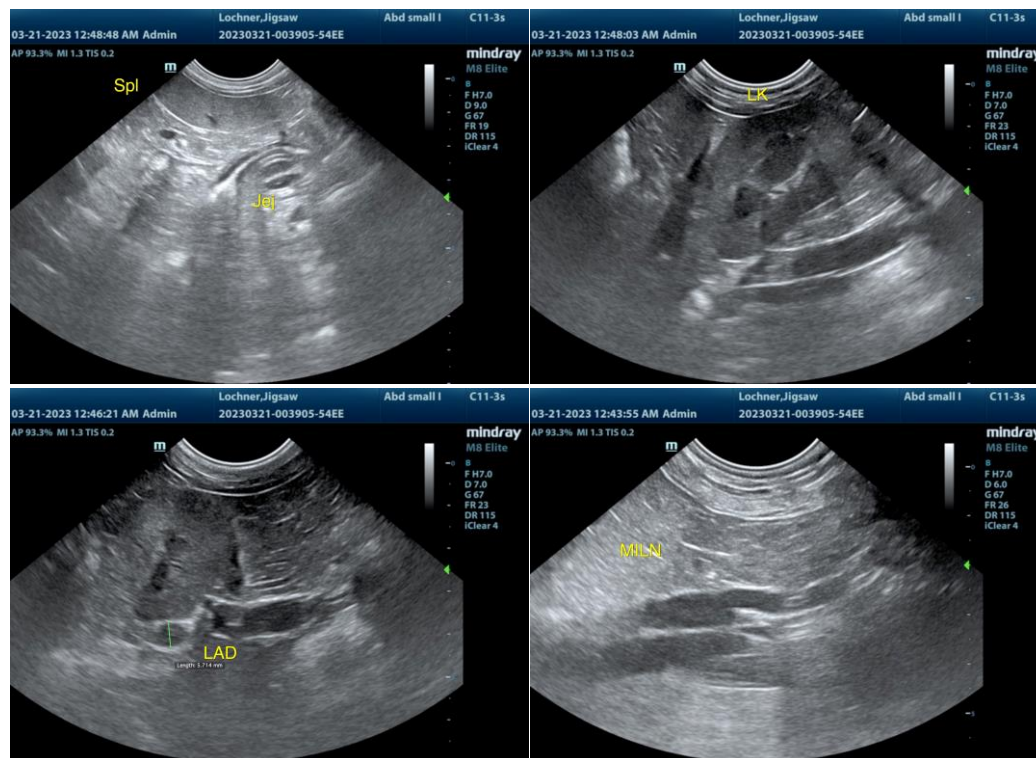
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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