



PATIENT

Lee Loo Lillman

SPECIES

Canine

BREED

French Bulldog

SEX

FS

AGE

4 years

WEIGHT

21 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Shari Reffi, CVT

HOSPITAL NAME

Shohola Veterinary
Hospital

REFERRING VET

Dr. DeMeo

INVOICE

16478

DATE

3/29/23

PRESENTING CLINICAL SIGNS

Recent seizure-general abdominal screening (liver check). No current meds.
Abnormal PE/Chem/CBC/UA Results: CBC/Chem none; U/A-none; USG 1.051

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2.0 cm exhibited normal thickness and tone. Anechoic urine was present in the lumen with no uroliths or sediment. No mineral or calculi was noted. 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.

The uterine remnant was sonographically unremarkable.

Normal size and margination were present in the kidneys. A normal 1:3 cortex / medulla ratio and normal corticomedullary definition were maintained. The echogenicity of the cortex was similar to or slightly less than normal liver parenchyma while the medulla echogenicity was hypoechoic to the cortex with no evidence of pelvic dilation. The left kidney measured 4.3 cm in length. The right kidney measured 4.1 cm in length.

Adrenal Glands

The bilateral adrenal glands were mildly prominent in size based on caudal pole width measurement in light of body weight. The adrenal glands exhibited symmetrical capsule contour and homogeneous parenchyma. The left adrenal gland measured 0.61 cm width at the caudal pole. The right adrenal gland measured 0.79 cm width at the caudal pole.

Spleen

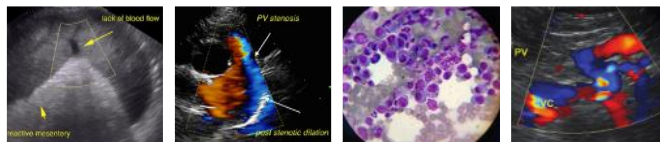
The spleen was normal in size and contour exhibiting primarily finely textured and homogenous parenchyma. A solitary, nondisruptive, hypoechoic nodule measuring 0.65 cm in diameter was present. Normal splenic vascularity was noted.

Liver/ Gallbladder

The liver was subjectively normal in size, structure, and contour. The liver parenchyma was uniform and hypoechoic to the spleen with a mild coarse echotexture. The hepatic and portal vasculature were normal in appearance without signs of congestion. Normal vascular volume was noted. The visualized portal vein exhibited subjective normal volume with subjective normal branching. No evidence of a portosystemic vascular anomaly was noted. The gallbladder was non-distended in size containing primarily anechoic content with mild, echogenic, nonorganized, gallbladder debris. The cystic and common bile ducts were normal.

Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach was empty with no signs of ileus, obstruction, or foreign material.



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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.

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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 overt lymphadenopathy or peritoneal effusion was present.

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ULTRASONOGRAPHIC FINDINGS

- Sonographically unremarkable normal volume liver
- Bilateral mildly prominent adrenal glands - suspect patient variant and incidental
- Nonspecific yet subjectively benign splenic nodule

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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Sonographically, no evidence of significant visceral pathology.

Nondisruptive solitary splenic nodules tend to trend benign and likely consistent with focal area of hematopoiesis, hyperplasia, or similar. Sonographic monitoring of the splenic nodule for evidence of progression or additional splenic nodular changes would be reasonable.

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Full CBC/Chemistry panel and Urinalysis is suggested to assess for evidence of underlying metabolic disease as a contributing factor to the recent seizure. Screening blood pressure is suggested.

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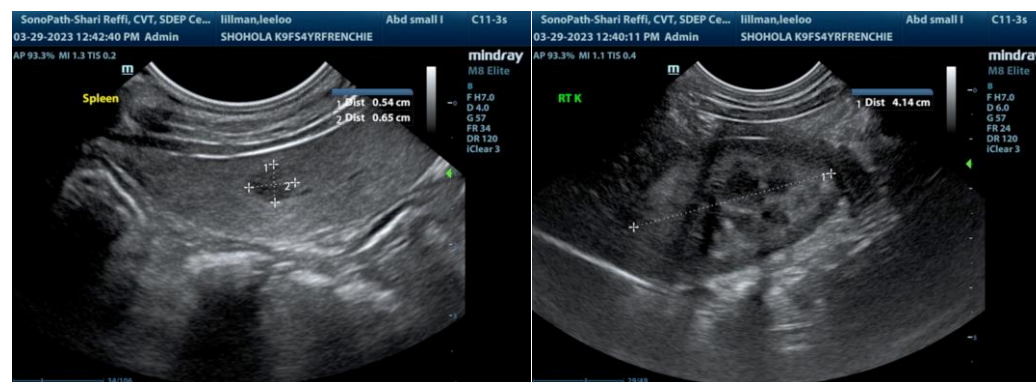
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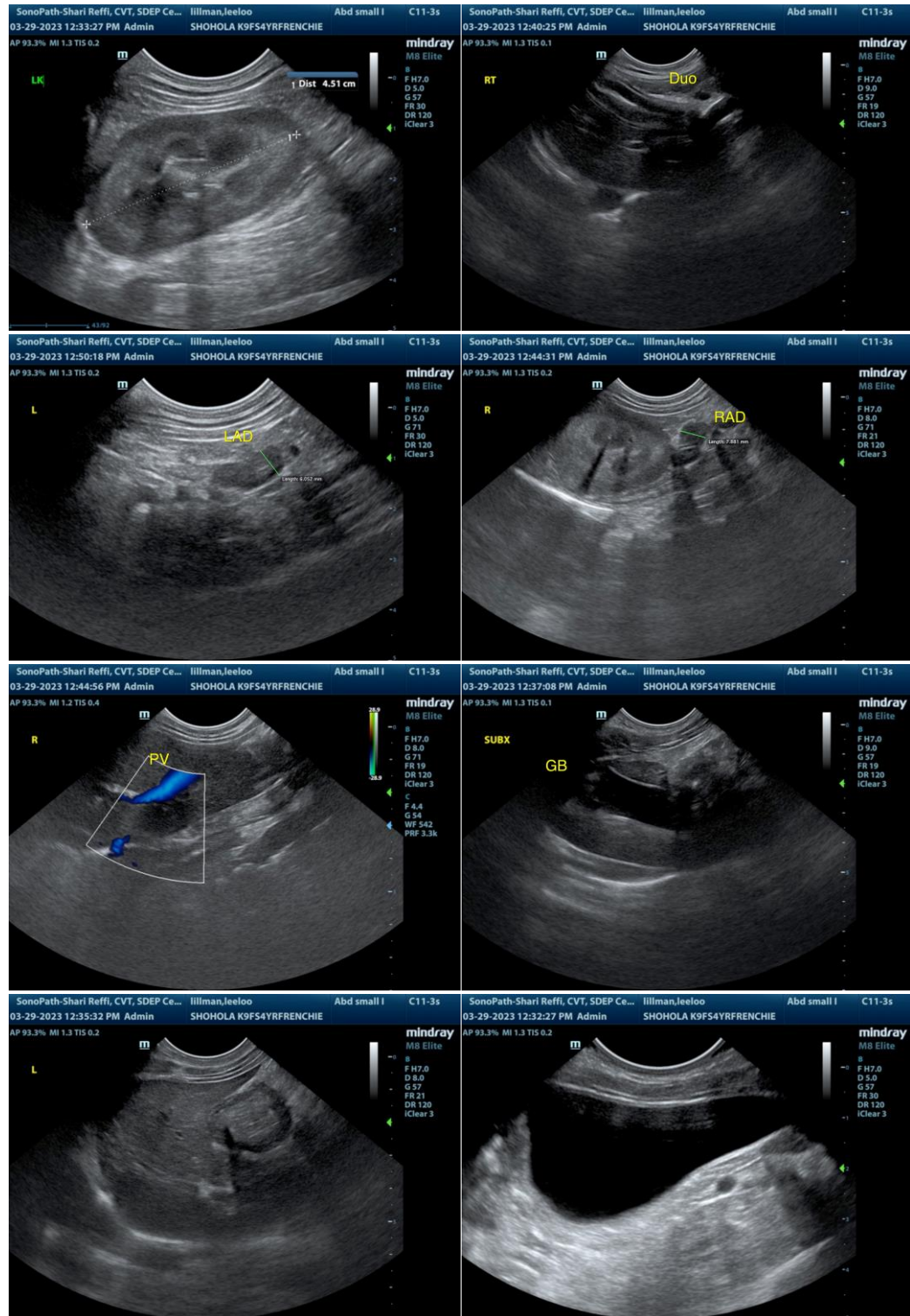
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.



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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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info@SonoPath.com

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