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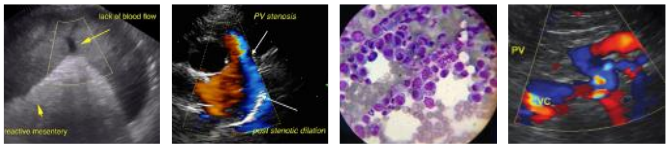

PATIENT

Haddie Lee

SPECIES

Canine

BREED

Shih Tzu

SEX

F/S

AGE

14 years

WEIGHT

12 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Jessica Miller

HOSPITAL NAME

Animal General Hudson

REFERRING VET

Dr. Dima

INVOICE

16576

DATE

4/12/23

PRESENTING CLINICAL SIGNS

Seizures (5 in the last week) Systolic heart murmur III/VI; tense abdomen. Current meds: keppra 250mg 1/2T PO TID

Abnormal PE/Chem/CBC/UA Results: ALT 145, ALP 284, Prec PSL 16.3

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. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes were noted. No evidence of mineral or calculi was noted.

No evidence of pathology in the area of the aortic trifurcation.

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 moderate loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The left kidney measured 3.9 cm in length. The right kidney measured 4.4 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 1.7 cm length x 0.53 cm width at the caudal pole.

The cranial right adrenal gland was mildly prominent with focal discrete cranial mineralization yet maintained capsule integrity exhibiting subtle nonhomogeneous parenchyma. No evidence of right adrenal tumors was noted. The right adrenal gland measured 1.9 cm length x 1.1 cm width at the cranial pole and 0.45 cm width at the caudal 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/ Gallbladder

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 containing anechoic content with mild to moderate, nonorganized, hyperechoic gallbladder debris. No evidence of gallbladder inflammatory criteria was noted. The cystic and common bile ducts were normal.

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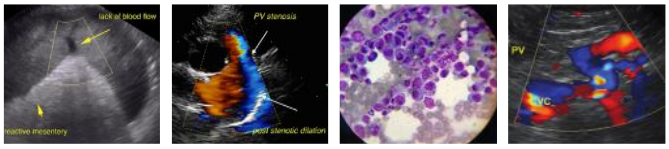

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Gastrointestinal

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.

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.

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.

Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

- Mild hepatopathy - benign
- Gallbladder debris (non-mucocele)
- Bilateral chronic renal changes
- Mildly prominent cranial right adrenal gland with focal mineralization
- Remodeled pancreas

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Largely geriatric abdomen without evidence of significant visceral pathology. The mildly prominent cranial right adrenal gland is nonspecific and may indicate an age-related patient variant, mild adenomatous change, or mild benign hyperplasia. Emerging right adrenal neoplastic criteria thought less likely. Assessment of systemic BP for evidence of hypertension and sonographic monitoring of the right adrenal gland is suggested.

Screening hepatic FNA cytology could be considered for further clarification or evidence of low-grade inflammatory criteria. Hepatic functionality is assumed to be normal if normal albumin, glucose, BUN, and cholesterol levels. Hepatosupportive medications including Denamarin may prove beneficial.

Low-grade pancreatitis may be suspected if evidence of cranial abdominal or subxiphoid discomfort on palpation. No sonographic evidence of active pancreatitis was noted.

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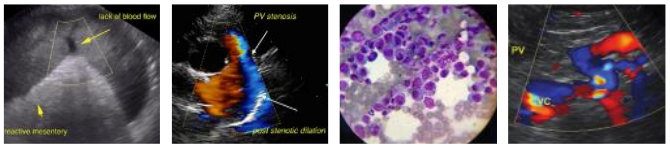

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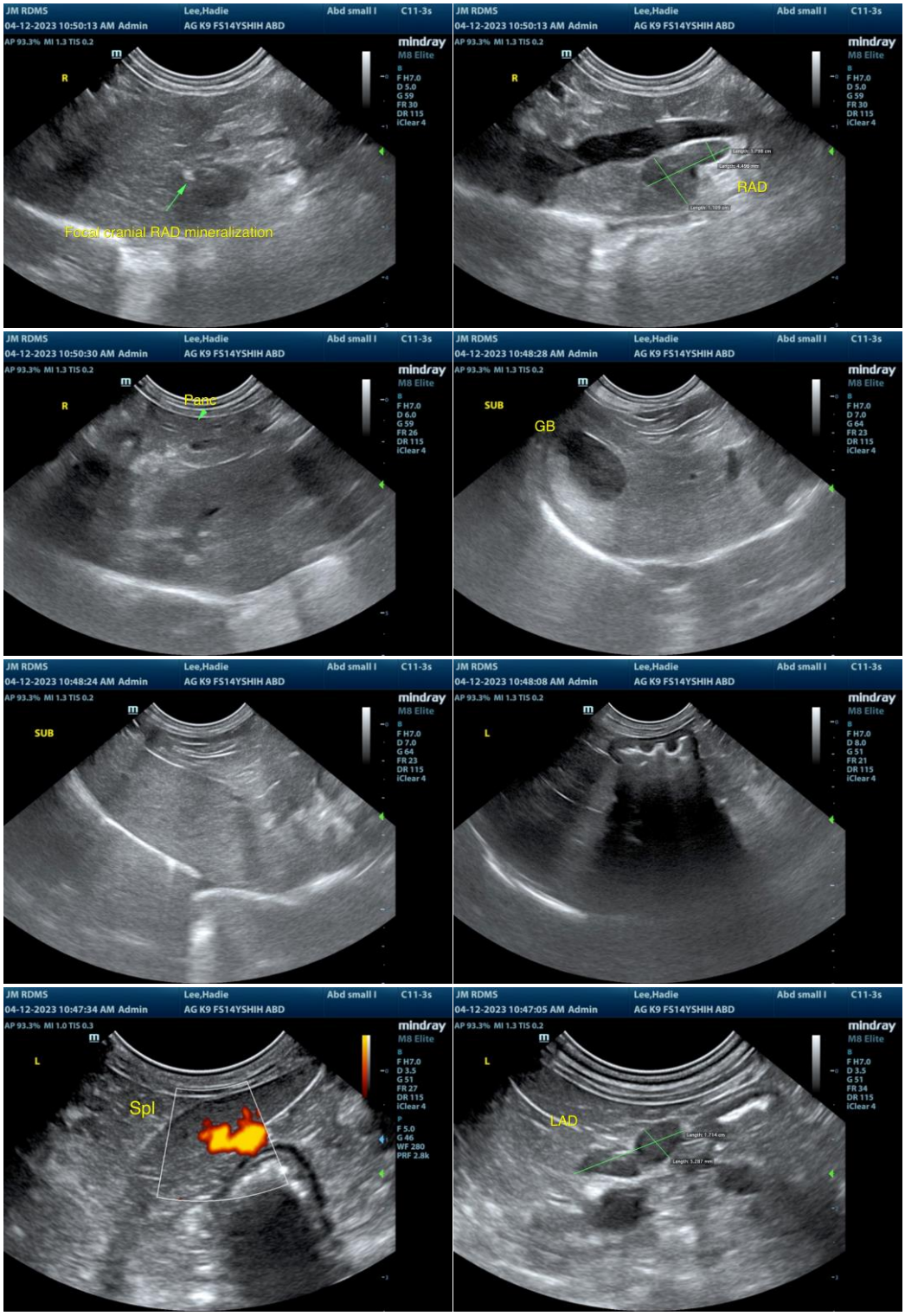

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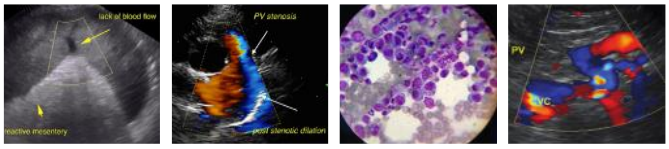

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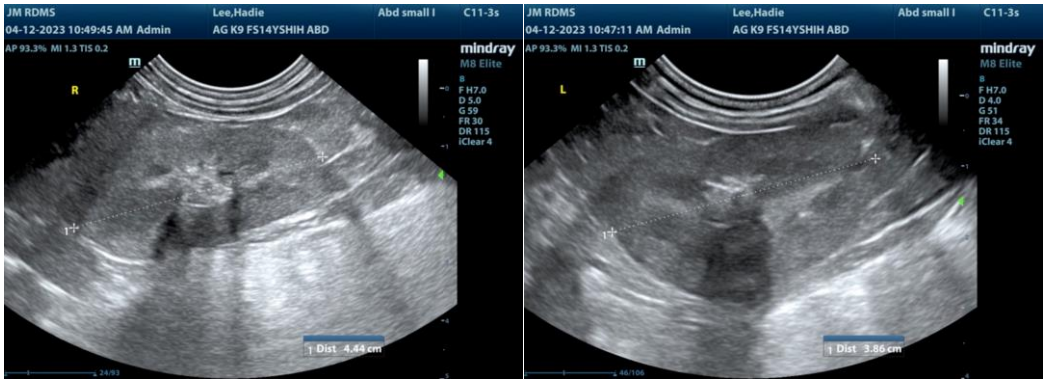

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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