



PATIENT

Lilly Snyder

SPECIES

Canine

BREED

Labrador Retriever

SEX

FS

AGE

10yr

WEIGHT

79.4lb

INTERPRETED BY

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

IMAGING PERFORMED BY

Jasmine Palacios

HOSPITAL NAME

Rivers Edge Pet
Medical Center

REFERRING VET

Dr. Gray

INVOICE

13479ag

DATE

04/14/2023

PRESENTING CLINICAL SIGNS

P has aspiration pneumonia. Has not been interested in eating, but started to drink this AM.

P currently on Baytril, cerenia, hydrocodone, unasyn, fluids, thyrosyn, famotidine, and on nasal O2

Abnormal PE/Chem/CBC/UA Results: See attached rads: consolidated lungs, DJD spine See attached labs: increased WBC

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 5 cm exhibited normal thickness and tone. Mild asymmetrical luminal surface to micropolyploid changes were present likely associated with age related mural changes. 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 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 8.3 cm in length. The right kidney measured 7.9 cm in length.

The area of the aortic trifurcation was free of pathology.

The area of the uterine remnant appeared normal and free of pathology.

Adrenal Glands

Left adrenomegaly secondary to nodular mass lesion was present. Subjective maintained irregular left adrenal capsule was present. The left adrenal gland measured 4.3 cm x 3.1 cm. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.77 cm width at the caudal pole.

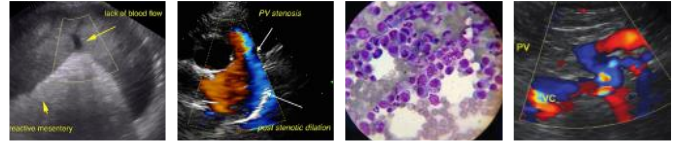
Spleen

The spleen exhibited primarily finely textured parenchyma which was hyperechoic to the liver and renal cortical parenchyma. Mild generalized parenchyma heterogeneity was present without evidence of nodular changes. 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. The parenchymal heterogeneity is likely consistent with benign changes such as extramedullary hematopoiesis or age related remodeling with minor potential for inflammatory or neoplastic disease.

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. The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content with mild non-organized echogenic debris. No evidence of gallbladder or peripheral gallbladder inflammation was present. The cystic and common bile ducts were normal.

Gastrointestinal



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The stomach presented intact regional to generalized mild prominent wall layering. The lumen of the stomach contained moderate retained anechoic to mildly echogenic fluid and several to multiple variably sized irregular shadowing pyloric ingesta/echoes, an example measuring 1.4 cm in diameter. No overt obstructive pathology. The gastric body wall measured 0.63 cm in width.

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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.

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 was evident.

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Free Abdomen

No omental masses, overt lymphadenopathy or peritoneal effusion was present.

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ULTRASONOGRAPHIC FINDINGS

- Hypomotile gastritis pattern with moderate retained gastric fluid and mild non-specific shadowing pyloric ingesta/echoes.
- Sonographically unremarkable small bowel-no evidence of mechanical/metabolic ileus.
- Non-homogenous/nodular left adrenal mass.
- Age related renal changes.
- Mild gallbladder debris.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

In conjunction with the submitted radiograph, concern for potential non-to possible partially obstructive gastric foreign material in the area of the pylorus. Sonographically the appearance of the stomach is suggestive of mild inflammatory criteria. Potential for early infiltrative gastric mural neoplasia is considered less likely yet cannot be definitively excluded.

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The left adrenal mass may indicate benign vs malignant etiologies. A screening BP is advised to assess for evidence of hypertension which may allude to emerging adrenal neoplastic criteria i.e., left adrenal pheochromocytoma.

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Recheck abdominal radiograph to assess for persistent evidence of pyloric opacity/echoes with potential for endoscopy if available is recommended. Sonographic monitoring of the left adrenal gland pending additional diagnostics for evidence of progressive nodular mass with initial recheck in 4 weeks would be reasonable.

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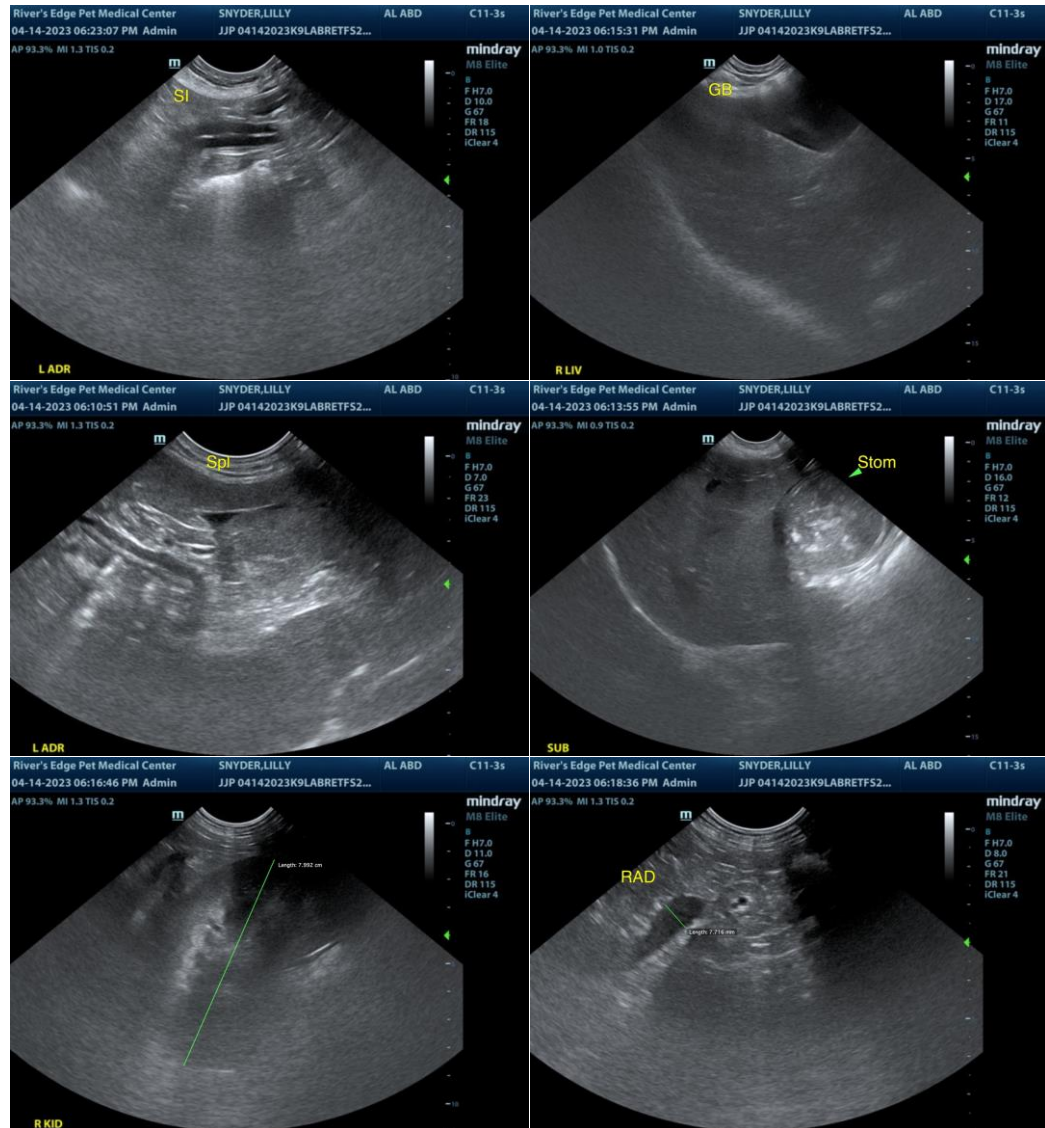
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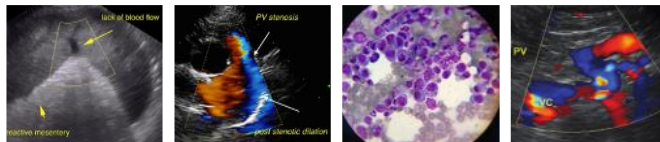
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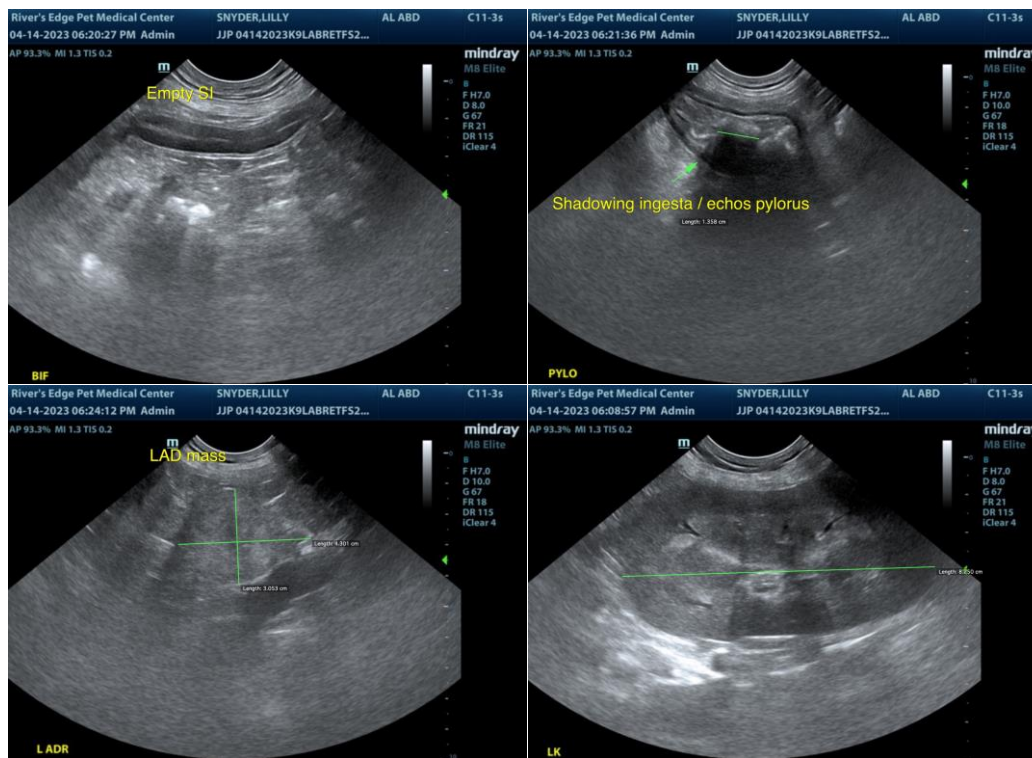
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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mac.daniel@sonopath.com