



PATIENT

Bella Conn

SPECIES

Canine

BREED

Shih Tzu

SEX

FS

AGE

12.5 yrs

WEIGHT

6.7 kg

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

Dr. Alastair Westcott

HOSPITAL NAME

Dr. Alastair Westcott,
DVM

REFERRING VET

Dr. Alastair Westcott

INVOICE

16694

DATE

4/25/23

PRESENTING CLINICAL SIGNS

Presented 4 days ago with a history of vomiting [acute] and anorexia. She was also quite weak. Abnormal PE/Chem/CBC/UA Results: Mild dehydration, QAR, heart murmur Inflammatory leukogram Mild thrombocytosis Marked elevation ALT Mild to moderate elevation ALP Moderate elevation GGT Abnormal CPL Bilirubinemia Low TT4 - likely sick euthyroid Urinalysis was unremarkable

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 3.0 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 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 mild loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation or pyelectasia was present. The left kidney measured 4.1 cm in length. The right kidney measured 4.4 cm in length. Pinpoint to discrete areas of medullary mineralization were noted.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 1.8 cm length x 0.34 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 2.0 cm length x 0.55 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 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. A solitary, multichambered intraparenchymal cyst was present in the mid to right liver dorsal to the gallbladder measuring 1.0 cm in diameter. 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 nonorganized mild hyperechoic gallbladder debris. No evidence of peripheral gallbladder inflammatory criteria was noted. The cystic and common bile ducts were normal.



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Gastrointestinal

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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 semi-formed fecal matter in lumen.

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Pancreas

The left pancreatic limb extending into the area of the pancreas base and suspect proximal right pancreatic limb exhibited mild to variable enlargement with asymmetrical variably swollen pancreatic contour and hypoechoic nonhomogeneous pancreatic parenchyma with surrounding mild hyperechoic omentum.

AGE

12.5 yrs

Free Abdomen

No overt lymphadenopathy was present. No overt evidence of peripancreatic or peritoneal free fluid was noted.

WEIGHT

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ULTRASONOGRAPHIC FINDINGS

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- Active pancreatitis with surrounding regional subjective mild staitis / peritonitis
- Hepatopathy - subjectively benign, primary or secondary reactive / inflammatory hepatopathy, vacuolar hepatopathy, cholestasis, less likely infiltrative neoplasia
- Mild gallbladder debris (non-mucocele)
- Mild age-related kidneys
- Mild gastritis / gastroduodeitis pattern

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Hospitalization with aggressive empirical therapy for active pancreatitis is recommended. Close monitoring for evidence of increasing cholestasis, which may allude to emerging posthepatic obstruction secondary to pancreatitis, with potential sonographic monitoring of the pancreas and/or gallbladder / common bile duct, if clinically indicated is recommended.

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Minor potential for emerging pancreatic or occult infiltrative hepatic neoplasia cannot be definitively excluded yet are considered less likely.

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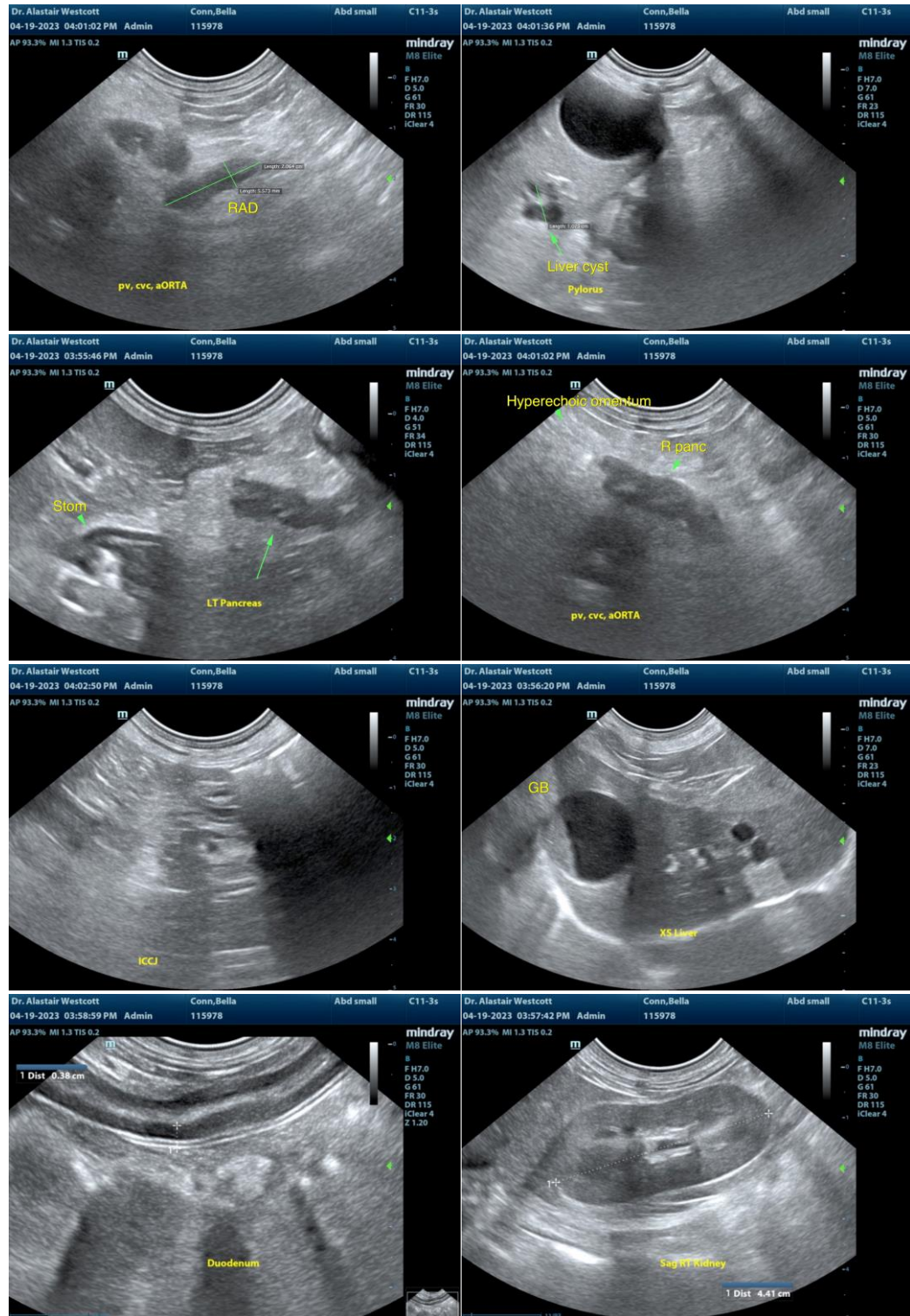
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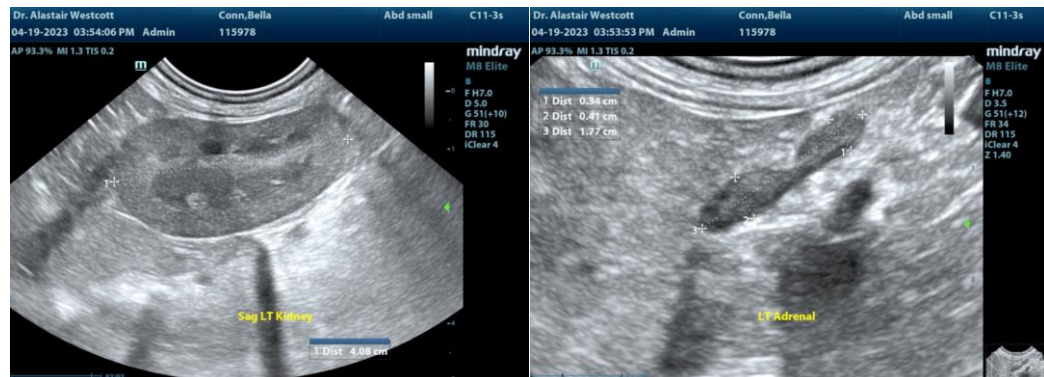
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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