



PATIENT PRESENTING CLINICAL SIGNS

Sophie Camp 4/6 left sided heart murmur, decreased appetite Mirtazapine, Vetmedin 1.25 BID

SPECIES ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Canine

BREED *Urinary System*

Shih Tzu Mix The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2 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.

SEX

FS The area of the aortic trifurcation was free of pathology.

AGE

2012 Normal size and margination was 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 4.3 cm in length. The right kidney measured 4.5 cm in length.

WEIGHT

10.3

Adrenal Glands

A well-defined, hyperechoic nodule was present in the left adrenal gland. The nodule did not exhibit signs of mineralization or vascular invasion. The nodule measured 0.7 cm x 0.47 cm. The left adrenal gland measured 0.47 cm width at the caudal pole and 0.57 cm width at the cranial pole. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.32 cm width at the caudal pole and 0.37 cm width at the cranial pole.

INTERPRETED BY

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

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.

IMAGING PERFORMED BY

Rebekah Jakum, CVT
 ARDMS/RVT

Liver/ Gallbladder

HOSPITAL NAME

Pocono Peak VC

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 subtly prominent hypoechoic walls and primarily anechoic luminal content with moderate hyperechoic to pinpoint mineralized luminal debris. The debris was mildly congealed yet nonorganized primarily in the caudal lumen and cystic biliary duct. The cystic and common bile ducts were normal.

REFERRING VET

Dr. Thompson

Gastrointestinal

INVOICE

10466ag

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 gastric body wall measured 0.33 cm in width.

DATE

4/27/22



PATIENT Sophie Camp
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. The duodenum wall measured 0.44 cm in width. The jejunum wall measured 0.31 cm in width.

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

SPECIES *Pancreas*
Canine

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.

BREED Shih Tzu Mix
Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

SEX
FS

ULTRASONOGRAPHIC FINDINGS

- Moderate congealed nonorganized gallbladder debris (non-mucocele).
- Bilateral mild chronic renal changes.
- Overtly normal GI tract, potential for structurally insignificant gastroenteritis.
- Nonspecific left adrenal nodule-suspect adenoma.

WEIGHT
10.3

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Overall, largely a geriatric abdomen without evidence of significant visceral pathology. Assessment for evidence of cranial abdominal or subxiphoid discomfort on palpation is recommended however given lack of reported hepatic enzyme elevation or cholestasis the gallbladder does not appear to be a current clinical issue. Ursodiol therapy is suggested if evidence of cholestasis is noted. Screening BP to assess for evidence of hypertension is suggested. Sonographic monitoring of the left adrenal gland nodule for evidence of progression with initial recheck recommended in 4-6 weeks. Continued as needed GI support and conservative therapy for potential gastroenteritis would be reasonable.

INTERPRETED BY
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Sophie Camp

SPECIES

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Shih Tzu Mix

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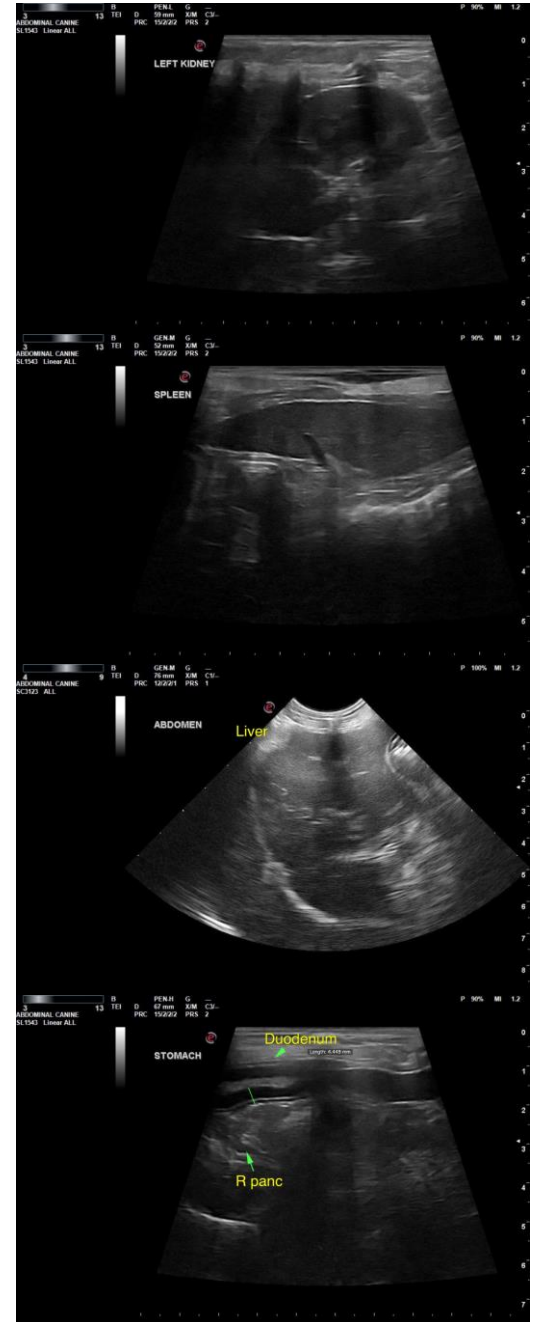
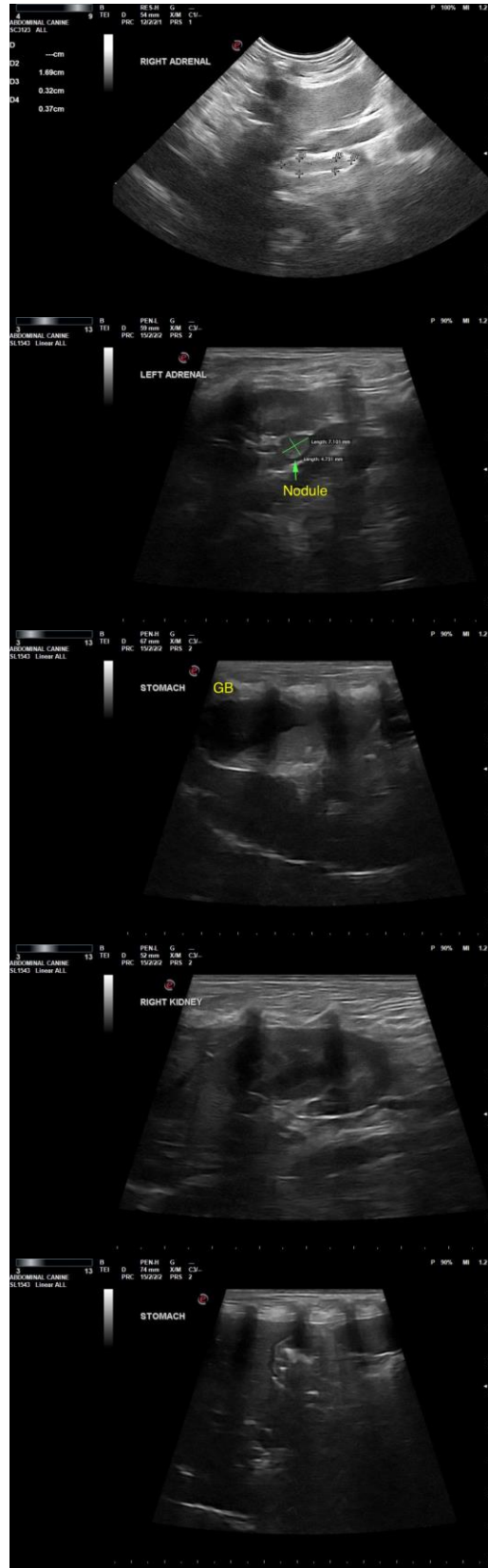
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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