



PATIENT PRESENTING CLINICAL SIGNS

Izzy Eisentraut Patient presented with poor appetite, gas and weight loss.

SPECIES ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Canine **Urinary System**

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 4.0 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.

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

Spayed Female 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 5.7 cm. The right kidney measured 5.8 cm.

AGE

14 Years

Adrenal Glands

The adrenal glands were mildly prominent/enlarged in size based on caudal pole width measurement in light of body weight. Mild asymmetrical adrenal capsule contour with non-homogeneous, discretely nodular parenchyma. No evidence of adrenal mineralization. The left adrenal gland measured 3.3 cm length x 1.4 cm at the cranial pole and 0.90 cm at the caudal pole. The right adrenal gland measured 3.3 cm length x 1.0 cm at the caudal pole.

WEIGHT

44.2 Pounds

INTERPRETED BY

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

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.

IMAGING PERFORMED BY

Jenna Walsh, CVT

Liver

The liver exhibited subjective mild enlargement. The liver parenchyma was mildly nonuniform and hypoechoic to the spleen with a moderate coarse echotexture and subjective mild to benign parenchymal remodeling. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended in size with mild, non-organized hyperechoic debris. No evidence of gallbladder inflammatory criteria. The cystic duct and common bile ducts were normal without evidence of dilation.

HOSPITAL NAME

Corvallis Vet Hospital

REFERRING VET

Dr. Gross

INVOICE Gastrointestinal

47000

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained moderate variably echogenic yet nonshadowing ingesta with mild retained gastric fluid. No evidence of mechanical pyloric outflow obstruction.

DATE

4/27/23



PATIENT

Izzy Eisentraut

The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. Mild segmental hyperechoic duodenojejunal mucosal speckling noted. No obstructive pattern.

Normal visible colon wall layers were present with semiformal to soft fecal matter and gas.

SPECIES

Canine

Pancreas

BREED

Border Collie X

The pancreas was normal in size and contour with isoechoic to heterogeneous parenchyma compared to adjacent omentum. No signs of active inflammation or neoplasia.

SEX

Spayed Female

Free Abdomen

No omental masses, overt or significant lymphadenopathy. No evidence of peritoneal effusion.

AGE

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ULTRASONOGRAPHIC FINDINGS

- Mild chronic renal changes.
- Prominent to non-homogeneous/nodular bilateral adrenal glands, non-specific – adenomatous, benign hyperplasia, neoplastic criteria thought less likely.
- Mild hepatomegaly exhibiting parenchymal remodeling.
- Gallbladder debris (non-mucocele).
- Moderate variably echogenic, non-shadowing gastric ingesta with fluid.
- Intact small bowel walls exhibiting non-specific mild duodenojejunal mucosal speckling, semiformal to soft fecal matter and gas in colon.
- Heterogeneous pancreas – age related pancreatic changes, minor benign remodeling, potential for low-grade/chronic pancreatitis.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No overt sonographic evidence of intraabdominal neoplastic criteria. The hepatic presentation was non-specific, given lack of hepatic enzyme elevations. Sonographically, the appearance of the gastric ingesta is consistent with food. Some degree of gastric functional or metabolic hypomotility or non-obstructive delayed gastric emptying may be suspected if documented NPO. At times, although non-specific, intestinal mucosal speckling may be associated with inflammatory enteropathy/enteritis. A GI panel to include PLI/TLI/Cobalamin/Folate is recommended. Screening blood pressure is suggested to assess for evidence of hypertension, which may allude to emerging, specifically left adrenal pathology (i.e., pheochromocytoma). Empirically, hydrolyzed diet trial with possible long-term dietary therapy, as-needed gastroprotectants, +/- broad-spectrum deworming could be considered.

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SEX

Spayed Female

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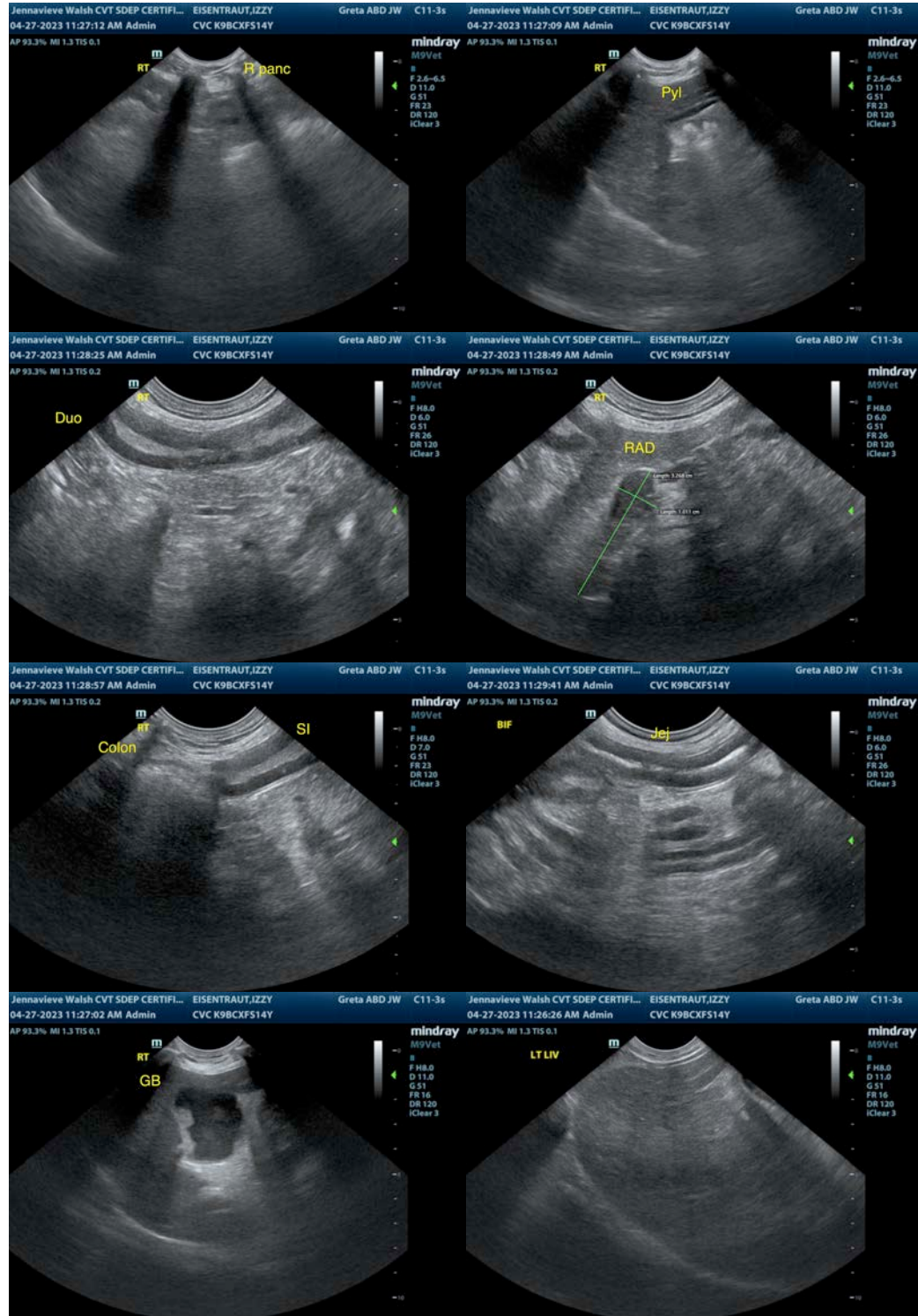
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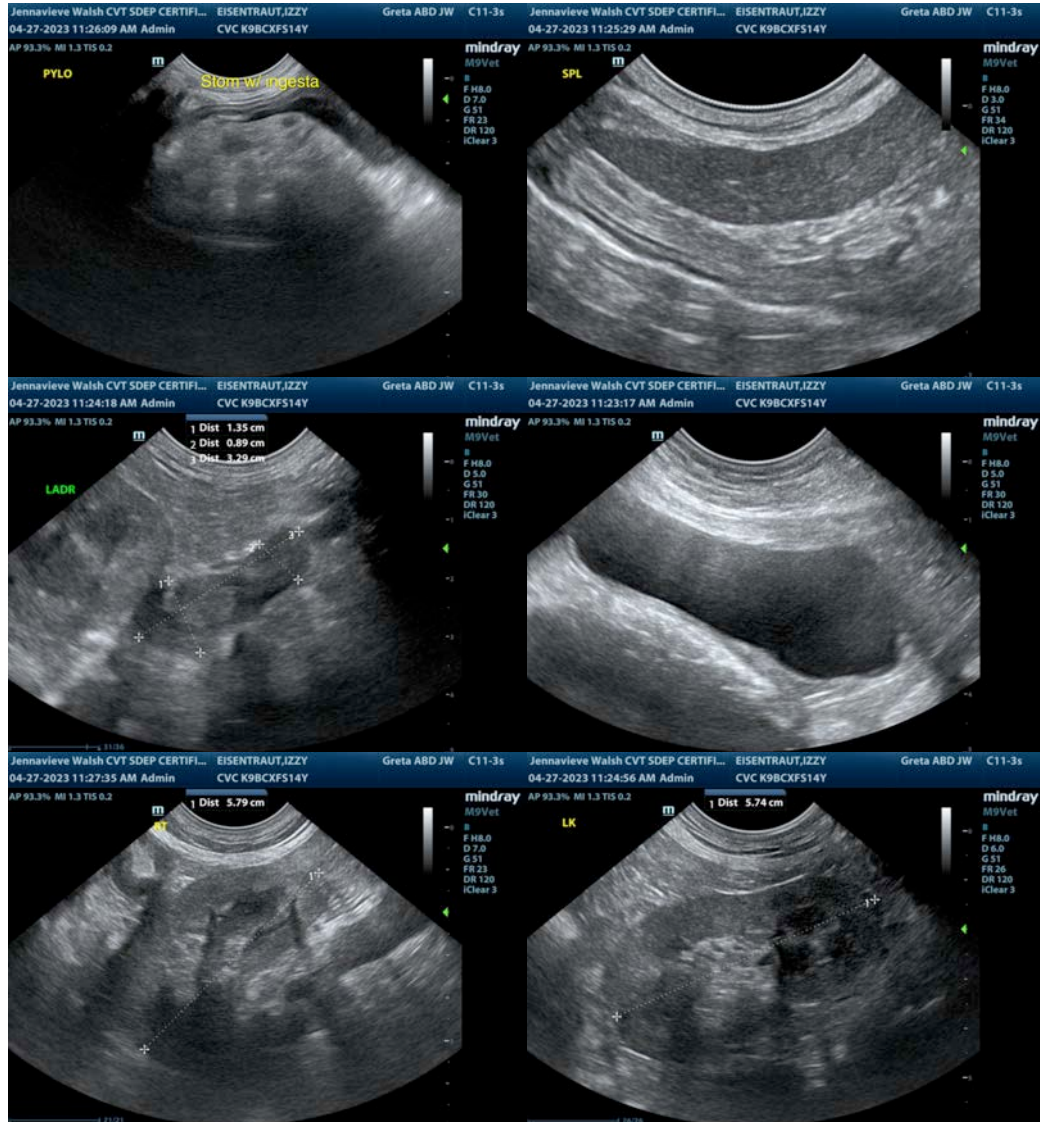
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)

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