

PATIENT

Mitzi Coller

PRESENTING CLINICAL SIGNS

Inappetence. Abd pain. Vomiting. Diarrhea.

SPECIES

Canine

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

BREED

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

The area of the aortic trifurcation was free of pathology.

FS

AGE

14 years

The bilateral kidneys presented borderline to subnormal in size with mild asymmetrical contour. Subtle cortical hypertrophy with moderate loss of corticomedullary border demarcation was present in both kidneys. The left kidney measured 2.85 cm in length. The right kidney measured 2.6 cm in length.

Adrenal Glands

WEIGHT

4.2 years

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.44 cm width at the caudal pole and 0.47 cm width at the cranial pole. The right adrenal gland was indistinctly visualized without overt pathology subjectively measuring 0.33 cm at the caudal pole.

INTERPRETED BY

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

Spleen

The spleen exhibited primarily finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. Several multifocal, well-defined, symmetrical, echogenic nodules were present throughout the medial parenchyma with probable areas of adjacent medial capsule hyperechoic asymmetry consistent with medial capsule fibrosis. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis. Acute to chronic inflammatory or neoplastic changes were not noted. The echogenic nodules tend to trend benign and are most consistent with benign hyperplasia or myelolipomas.

IMAGING PERFORMED BY

Dave Stasiuk RDMS,
RDCS

Liver/ Gallbladder

HOSPITAL NAME

Resolution Vet
Ultrasound LTD

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 exhibited an intermittent discrete echogenic hepatic nodule consistent with probable lipogranuloma was present. 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 with primarily anechoic luminal content with mild nondependent particulate debris primarily in the caudal lumen and gallbladder neck. The cystic and common bile ducts were normal.

REFERRING VET

Dr. Wendy James

INVOICE

10301ag

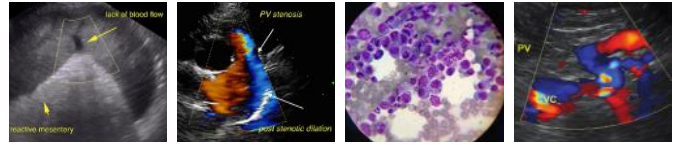
Gastrointestinal

DATE

4/5/22

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. Mild segmental to generalized duodenojejunal mucosal speckling was observed. The lumen of the small intestine was empty with no signs of ileus, obstruction, or foreign material. The duodenum wall measured 0.34 cm in width. The jejunum wall measured 0.30 cm in width.



PATIENT

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

Mitzi Coller

Pancreas

SPECIES

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.

Canine

BREED

Free Abdomen

Shih Tzu Mix

No overt lymphadenopathy or peritoneal effusion was present.

SEX

ULTRASONOGRAPHIC FINDINGS

FS

- Moderate chronic degenerative renal changes.
- Benign splenic nodules and probable medial capsule fibrosis-consistent with benign myelolipomas.
- Subjective vacuolar hepatopathy pattern with focal probable lipogranuloma.
- Mild gallbladder debris (non-mucocele)
- Mild gastroenteritis pattern exhibiting nonspecific duodenojejunal mucosal speckling-potential inflammatory bowel.

AGE

14 years

WEIGHT

4.2 years

INTERPRETED BY

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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

The GI tract was nonspecific with considerations including acute gastroenteritis if no previous history of GI signs, dietary indiscretion/food hypersensitivity, occult parasitism, IBD or other gastroenteropathy.

Further assessment may include a fresh fecal analysis to rule out parasitic ova/giardia as well as a GI panel to include PLI/TLI/Cobalamin/Folate. Overt sonographic evidence of active pancreatitis was not present yet low grade to chronic pancreatitis could be possible.

IMAGING PERFORMED BY

Dave Stasiuk RDMS,
RDCS

Empirically, a limited antigen or hydrolyzed diet trial with potential long term dietary therapy, prophylactic deworming (Panacur 50 mg/kg SID x 5 consecutive days with repeat protocol in 3 weeks even if fecal testing is negative), high colony count probiotic (Provable or Visbiome), antibiotic trial and as needed gastrointestinal support with assessment of clinical response may prove beneficial. Intestinal biopsies may be indicated if GI signs continue despite empirical therapy.

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Correlation with full lab work up including CBC, Chemistry and U/A is suggested.

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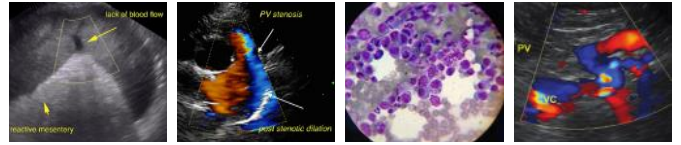
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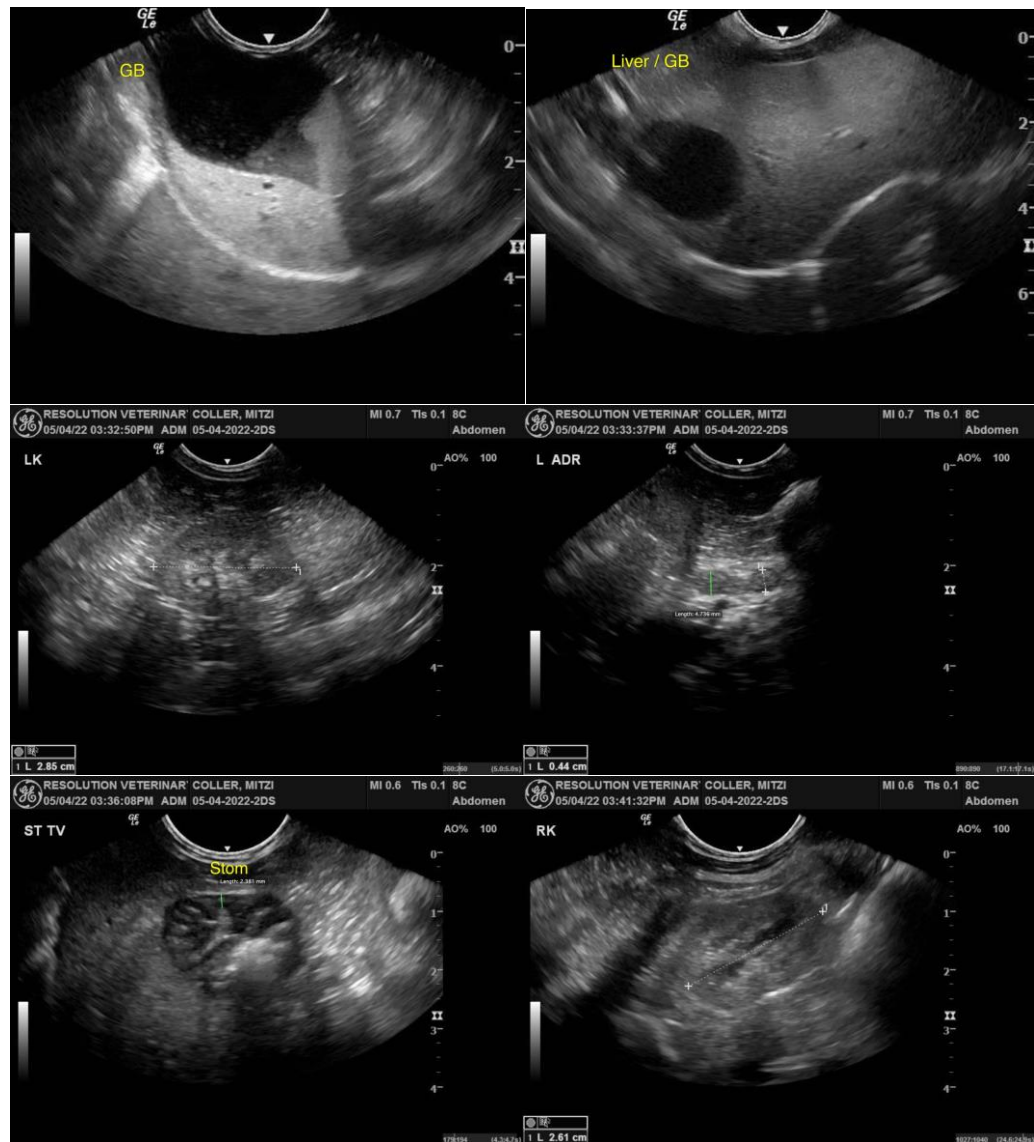
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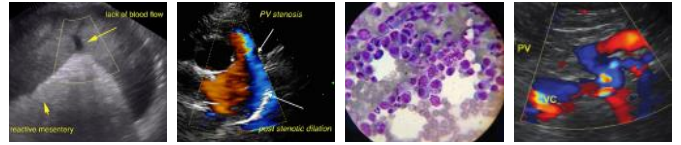
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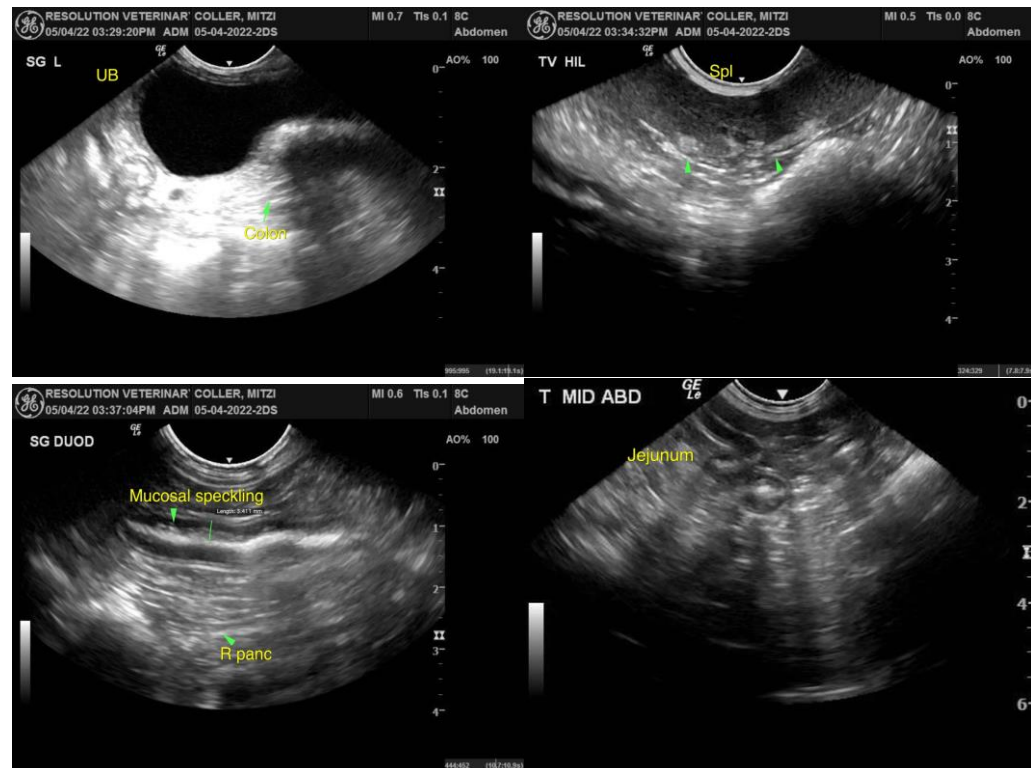
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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