

PATIENT

Inca Reiss

SPECIES

Canine

BREED

Lab mix

SEX

Spayed Female

AGE

13.5-year-old

WEIGHT

96lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Kelly Vazquez

HOSPITAL NAME

Legacy Animal
Hospital

REFERRING VET

Dr. Kristin
Potenzzone

INVOICE

10167

DATE

4/7/2023

PRESENTING CLINICAL SIGNS

History of arrhythmia. Grade II murmur. Chronic cough. Current medications: Benazepril 10mg sid, Gabapentin 100mg bid, Theophylline 100mg bid, recently started on Sotalol. Pertinent echo findings (SP 2/27/23): NSF; minor TR 3m/s early PAH. Arrhythmia noted. Holter monitor (SP 3/29/23) recommendations: "At this time the cause of the arrhythmia is open. Primary conduction issues are suspected, given a lack of significant structural disease on echo. Screening for systemic illness/neoplasia is recommended as a possible contributing factor." The patient presents today for an abdominal ultrasound.

Abnormal PE/Chem/CBC/UA Results: No current blood work.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder was overall normal in size and tone exhibiting moderate variable cystitis pattern noted primarily in the cranial urinary bladder wall with asymmetrical luminal surface contour. The retroapical urinary bladder wall width measured 0.7 cm width. Multiple primarily small dependent calculi were present with an example measuring 0.73 cm in diameter. The urethra exhibited normal structure and tone to a depth of 3.0 cm.

The area of the aortic trifurcation was free of pathology.

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 7.0 cm in length. The right kidney measured 7.0 cm in length.

Adrenal Glands

The bilateral adrenal glands were normal in size. Mild parenchyma heterogeneity and mild capsule asymmetry was present without suspicion for overt neoplasia. The left adrenal gland measured 2.4 cm in length x 0.67 cm caudal pole width. The right adrenal gland measured 2.4 cm in length x 0.83 cm caudal pole width.

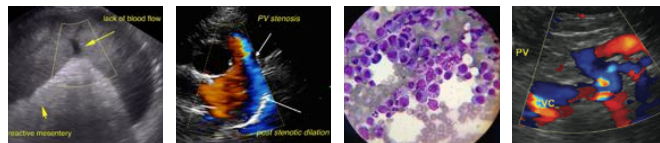
Spleen

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 was subjectively normal in size, structure, and contour. 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 thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.

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 apparent formed feces in lumen.

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 were evident.

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Free Abdomen

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

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ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Cystitis pattern with cystic calculi
- Mild chronic renal changes
- Minor hepatic parenchymal remodeling
- Sonographically unremarkable spleen/gastrointestinal tract

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(Canine and Feline)

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Urine C/S on a sterile urine sample is suggested. Given no reported urinary tract signs and pending C/S urinary diet with sonographic monitoring of the urinary bladder could be considered. Likewise, cystotomy with calculi analysis, +/- urinary bladder mural biopsies, if evidence of infection is warranted. No evidence of intraabdominal neoplastic criteria, largely geriatric abdomen otherwise.

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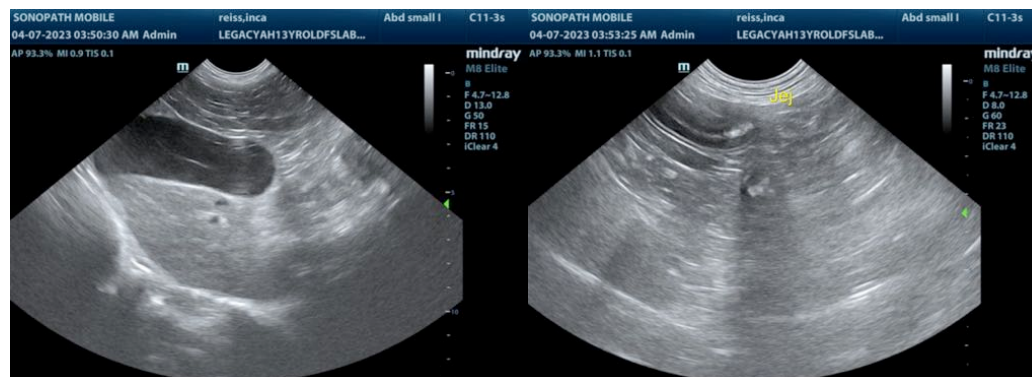
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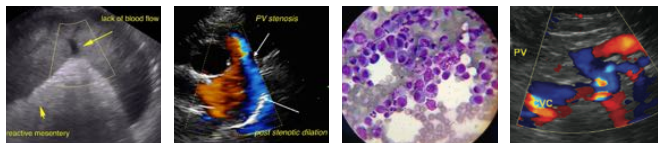
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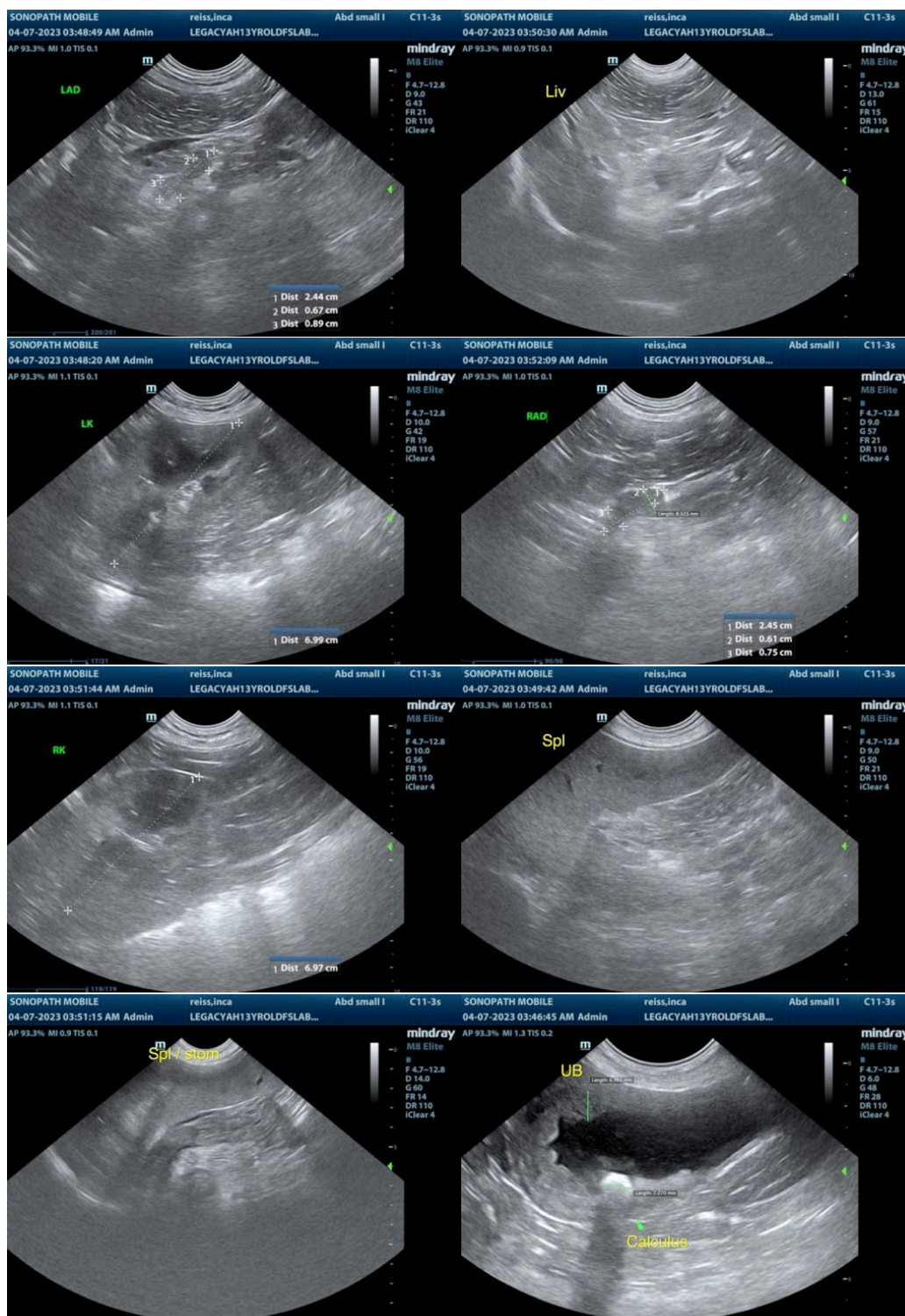
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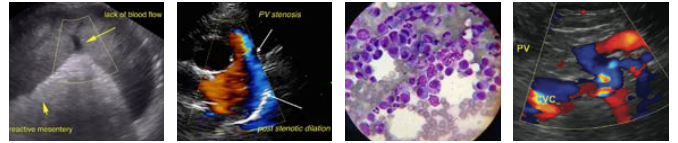
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.



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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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info@SonoPath.com

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