



PATIENT

Trudy Blackletter

SPECIES

Canine

BREED

Miniature Schnauzer

SEX

FS

AGE

13 years

WEIGHT

10.4

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Brita Kiffney

HOSPITAL NAME

Northshore Vet
Hospital

REFERRING VET

Dr. Brita Kiffney

INVOICE

15125

DATE

5/11/22

PRESENTING CLINICAL SIGNS

Trudy is PU/PD, she has experienced weight loss and bizarre behavior like staring off into space, wandering intermittently in the mornings, will wake up 6 hours after going to bed, drink a lot of water, run around frantically, trembling. Owner holds her for 30 minutes and she settles down and they go back to bed. this happens every day. Stopped soloxine as this behavior started around the same time as this was started, after 3 weeks off soloxine, there is no change in behavior, still PU/PD. owners stopped cbd oil (have been on for months and was doing well on it) and they think the behavior is improved. It still sounds exactly the same to me. They think she may be gaining weight back since stopping the cbd oil but I also stopped the soloxine.

Abnormal PE/Chem/CBC/UA Results: nervous, no heart murmur, BCS 5/10. CBC: nl except mild lymphopenia CHEM: mild increase ALP, UA USG 1.006 TT4: 1.1 low dose dex suppression: completely normal , not supportive of cushings

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2.0 cm exhibited normal thickness and tone. Mild asymmetrical luminal surface to micropolypoid changes were present likely associated with age related mural changes. 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.

No evidence of medial iliac or sublumbar lymphadenopathy in the area of the iliac 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 was present. Pinpoint medullary mineral was present. The left kidney measured 4.4 cm in length. The right kidney measured 4.6 cm in length.

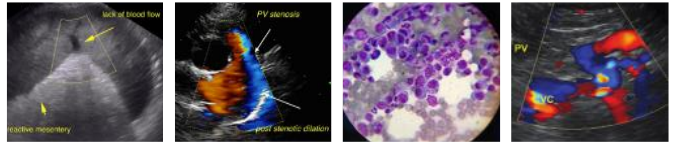
Adrenal Glands

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 1.4 cm in length x 0.5 cm at the caudal pole in width. The right adrenal gland measured 1.8 cm in length x 0.56 cm in width at the caudal pole. No evidence of adrenal hyperplasia.

Spleen

The spleen was normal in size and contour with subtle splenic parenchyma heterogeneity exhibiting intermittent pinpoint hyperechoic foci to small well-demarcated hyperechoic nodules. The pinpoint hyperechoic splenic foci may indicate pinpoint area of microfibrosis, infarction or mineralization, while the hyperechoic nodules are consistent with benign myelolipomas. No evidence of neoplastic criteria. Splenic vascularity was normal.

Liver/ Gallbladder



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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. 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.

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The gallbladder was non distended in size with primarily anechoic content with nondependent yet nonorganized, nonmineralized gallbladder debris. No evidence of gallbladder or peripheral gallbladder inflammatory criteria. The cystic duct and common bile ducts were normal without evidence of dilation.

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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. The gastric body wall measured 0.40 cm.

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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. The small intestine wall measured 0.36 cm.

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

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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 effusion was present.

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ULTRASONOGRAPHIC FINDINGS

- Mild chronic renal changes with pinpoint medullary mineral
- Normal bilateral adrenal glands
- Pinpoint to focal benign splenic changes/nodules
- Vacuolar hepatopathy pattern- subjectively benign
- Mild gallbladder debris (non-mucocele)

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Overall, largely mild geriatric abdomen without evidence of significant visceral pathology. Further renal staging to include urine C/S and protein: creatinine ratio on sterile urine sample may be considered.

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No evidence of significant hepatic disease or hepatic dysfunction as a contributing factor to the patients PU/PD and assuming normal albumin, glucose, cholesterol and BUN levels. Hepatosupportive medications, including Denamarin and ursodiol maybe considered.

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A GI panel to include PLI/TLI/Cobalamin/Folate as well as three view chest radiographs and neurological /musculoskeletal examination are recommended to assess for or rule out occult disease which may cause weight loss.



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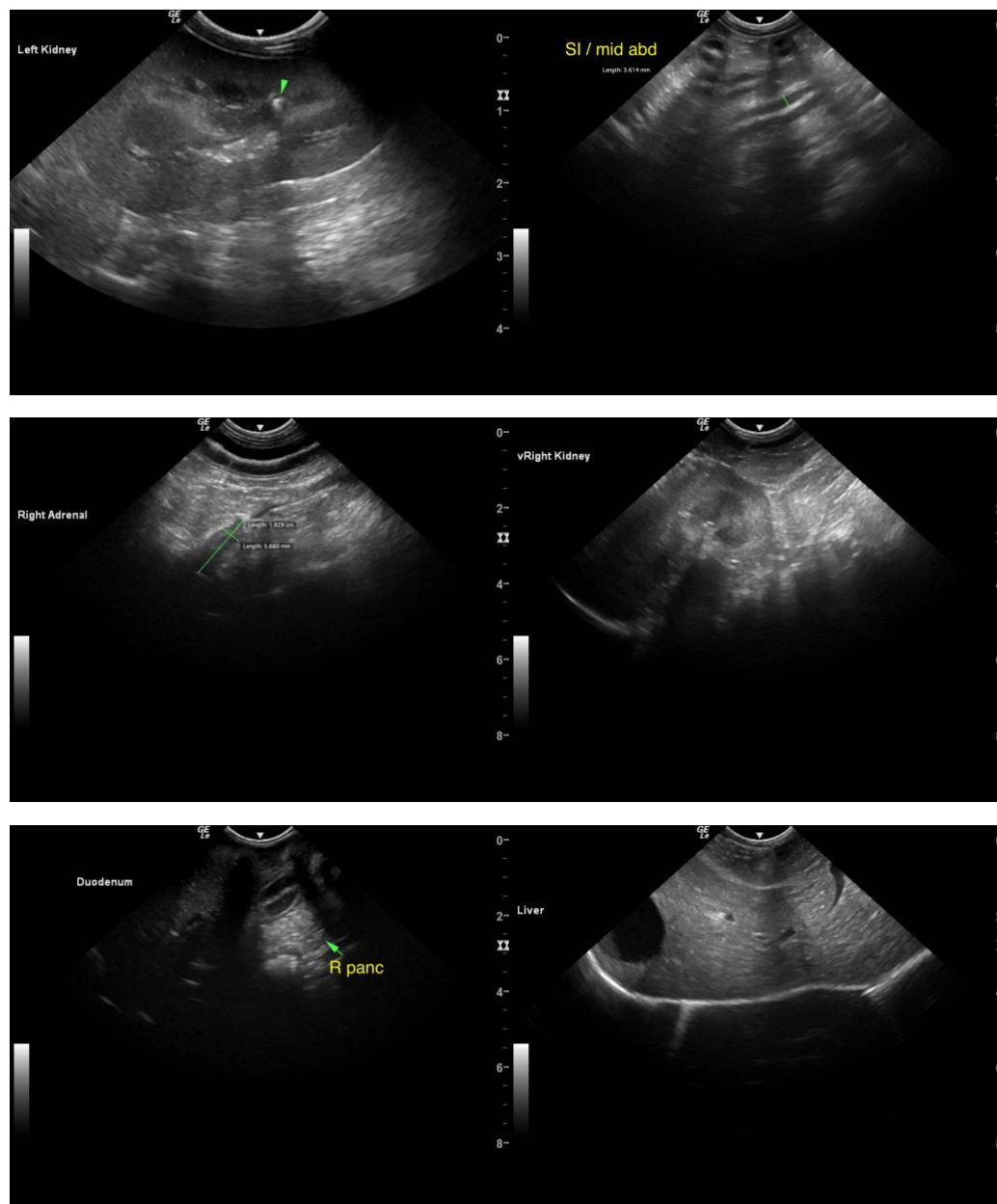
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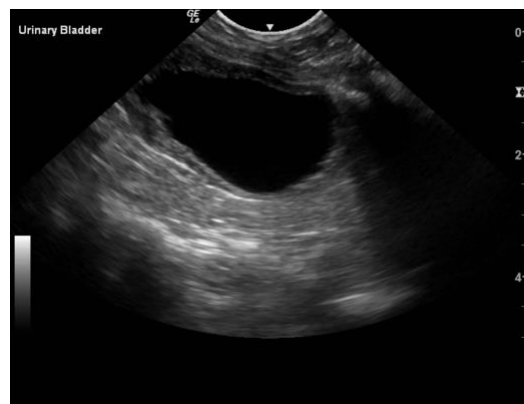
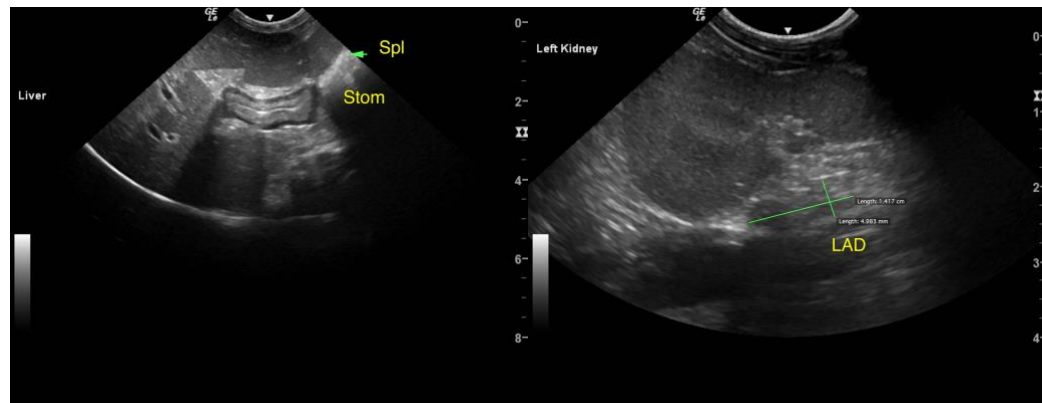
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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