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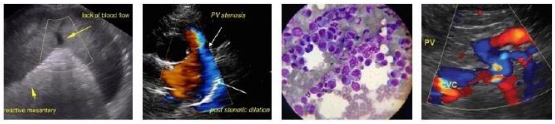


THE FOCAL ZONE
IMAGING PERFORMED BY
289-808-2608 info@thefocalzone.com

PATIENT

Stella England

SPECIES

Canine

BREED

Doodle

SEX

FS

AGE

13 yrs

WEIGHT

33.6 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Kelly Reschny

HOSPITAL NAME

Bronte Village Animal Hospital

REFERRING VET

Dr. McGrath

INVOICE

10641ag

DATE

05/16/2022

PRESENTING CLINICAL SIGNS

History: worsening non-regenerative anemia, diagnosed and treated for Lyme one month ago (was treated with doxy), 1-2 weeks ago started to be PUPD

Abnormal PE/Chem/CBC/UA Results: please see attached BW

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 3 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.

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 6.0 cm in length. The right kidney measured 6.5 cm in length.

The area of the aortic trifurcation was free of pathology.

Adrenal Glands

The left adrenal gland was normal in size. Mild parenchyma heterogeneity and mild capsule asymmetry was present without suspicion for overt neoplasia. The left adrenal gland measured 0.56 cm width at the caudal pole and 2.5 cm length.

The right adrenal gland was indistinctly visualized yet without overt pathology exhibiting subtle heterogeneous parenchyma without evidence of enlargement or neoplastic criteria subjectively measuring 0.85 cm width at the caudal pole and 2.7 cm length.

Spleen

The spleen exhibited subjective mild enlargement with maintained symmetrical capsule contour and overall a finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. 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.

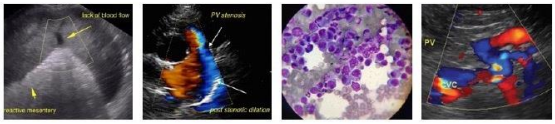
Liver

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

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.

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 was evident.

Free Abdomen

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

ULTRASONOGRAPHIC FINDINGS

- Mild chronic renal changes
- Nonspecific yet subjectively benign splenomegaly
- Mild hepatic parenchymal remodeling
- Overtly normal GI tract

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Largely a geriatric abdomen without evidence of significant abdominal visceral pathology. The splenomegaly may be responsive to the anemia i.e. hematopoiesis, hyperplasia etc. Splenic neoplastic criteria was not sonographically evident and is considered unlikely. Assuming normal clotting status an ultrasound guided splenic FNA using a 25g needle could be considered for screening cytology primarily to ensure only benign changes are present. Overall an obvious cause of the nonregenerative anemia was not evident. Further renal staging to include urine C/S and protein: creatinine ratio on sterile urine sample may be considered.

For an additional charge, internal medicine consult can be utilized through Sonopath.com. You can select the internal medicine drop down at http://spa.sonopath.com/.

One of the world's top internists & SonoPath associate Dr. Remo Lobetti BVSc, MMedVet, PhD, DECVIM can evaluate your case through SonoPath. https://sonopath.com/resources/sonopath-services/internal-medicine-teleconsultation-services

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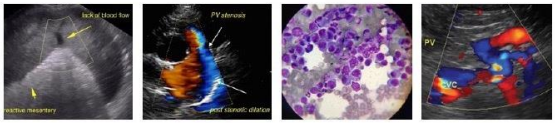

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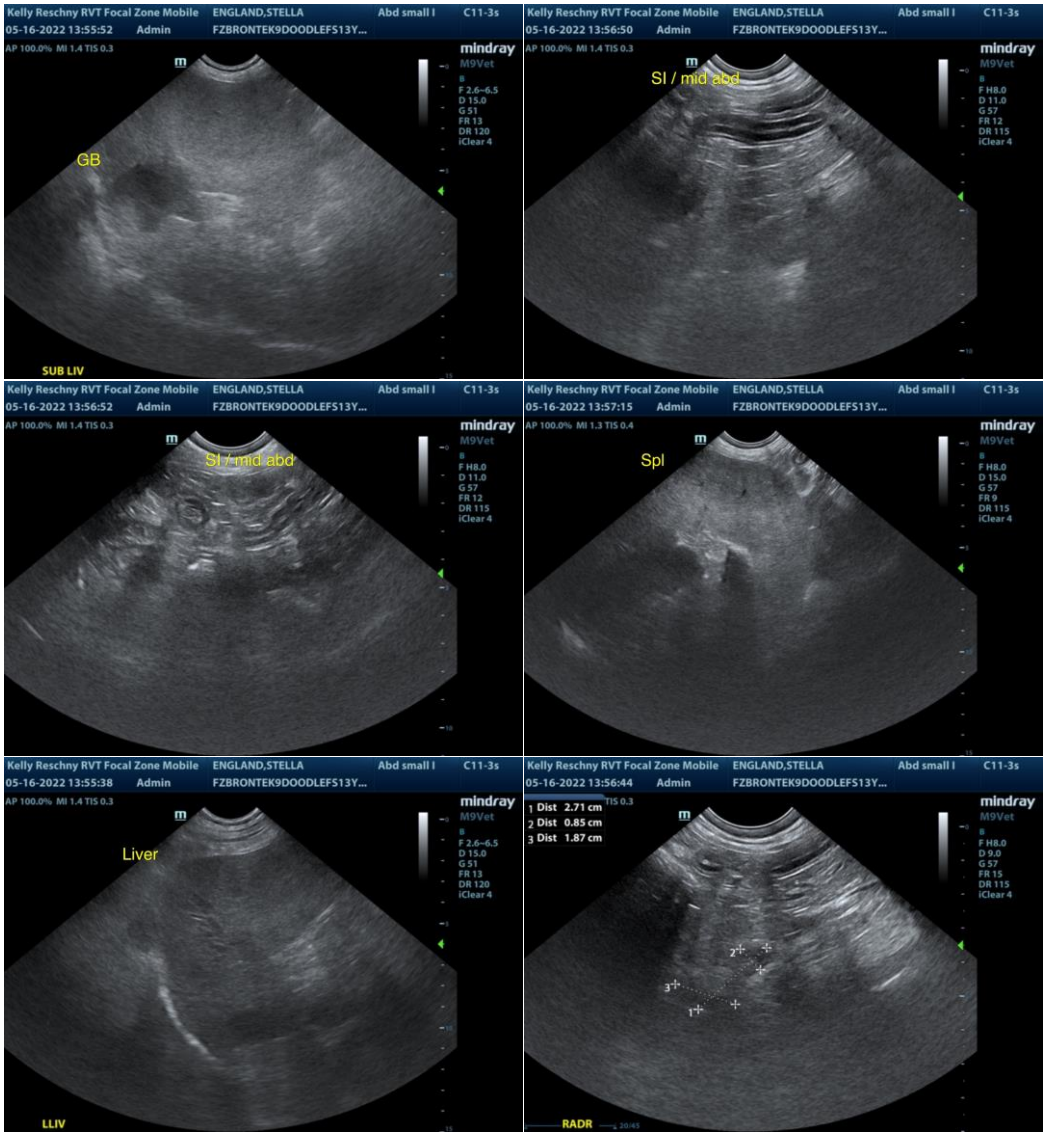

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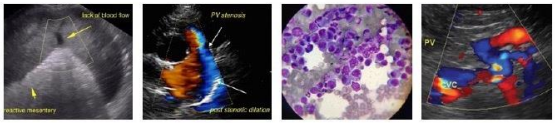

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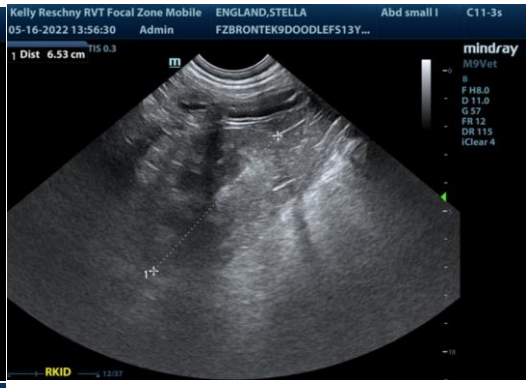

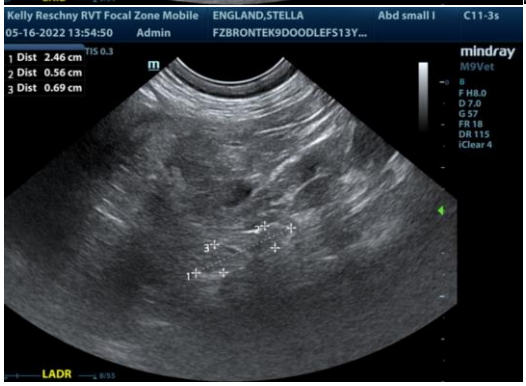

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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