



PATIENT	PRESENTING CLINICAL SIGNS
Lolita Ostojic	History: Chronic Rhinitis- having rhinoscopy Thursday. Heart murmur, cardiomegaly, Pulmonary Arterial Hypertension, Tricuspid Reg-mild. Current meds: Dexamethasone EOD, doesn't tolerate Sildenafil
SPECIES	
Canine	Abnormal PE/Chem/CBC/UA Results: WNL
BREED	ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN
Westie	Urinary System
SEX	The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2.0 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.
Spayed Female	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 pyelectasia was present. The left kidney measured 4.7 cm in length. The right kidney measured 5.3 cm in length.
AGE	
13.5 Years	Adrenal Glands
WEIGHT	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 2.0 cm x 0.43 cm. The right adrenal gland measured 1.6 cm x 0.34 cm.
20 Pounds	
INTERPRETED BY	Spleen
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	The spleen was normal in size and contour. Mild splenic parenchyma heterogeneity with intermittent, very subtle hypoechoic nondisruptive nodules noted. An example of nodule measured 0.53 cm in diameter.
IMAGING PERFORMED BY	Liver
Jessica Miller	The liver exhibited potential for mild enlargement with. maintained symmetrical capsule contour and normal hepatic parenchyma echogenicity, exhibiting mild to moderate coarse echotexture. Subjective evidence of hepatic congestion, exhibited by mildly prominent hepatic veins, most notable at the hepatic vein/caudal vena cava junction.
HOSPITAL NAME	The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal. No evidence of gallbladder wall edema.
Marsh AH	
REFERRING VET	Gastrointestinal
Dr. Milwicki	The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained mild variably echogenic ingesta. The stomach was otherwise normal.
INVOICE	
15730	The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. The lumen of the small intestine contained mild segmental non-shadowing ingesta/chyme.
DATE	Normal visible colon wall layers were present with apparent formed feces in lumen.
5/24/22	



PATIENT

Pancreas

Lolita Ostojic

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.

SPECIES

Canine

Free Abdomen

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

BREED

Westie

ULTRASONOGRAPHIC FINDINGS

SEX

Spayed Female

- Mild chronic renal changes
- Subtle intermittent splenic nodules- subjectively benign, subtle to discreet areas of lymphoid hyperplasia, hematopoiesis, granulomas, small hematomas or similar likely. No overt evidence of splenic neoplastic criteria, which is considered unlikely.
- Subjective mild hepatic venous congestion, no evidence of ascites
- Mild gastrointestinal ingesta- probable recent meal ingestion

AGE

13.5 Years

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

WEIGHT

20 Pounds

Overall, largely geriatric abdomen without evidence of significant visceral pathology. Pending echocardiographic interpretation, the mild hepatic venous congestive pattern may correlate with previous diagnosis of pulmonary hypertension. However, no evidence of ascites was present. Correlation with echocardiographic assessment suggested.

INTERPRETED BY

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

The gastric and segmental small intestinal ingesta/chyme is suggestive of recent meal ingestion, however, some degree of gastric hypomotility could be considered, if documented NPO. No overt evidence of structural gastrointestinal pathology. No overt intraabdominal anesthetic contraindications.

IMAGING PERFORMED BY

Jessica Miller

HOSPITAL NAME

Marsh AH

REFERRING VET

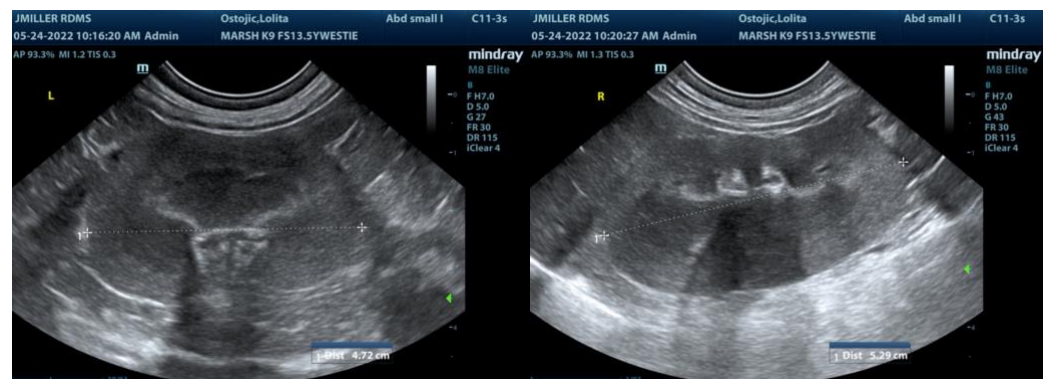
Dr. Milwicki

INVOICE

15730

DATE

5/24/22





PATIENT

Lolita Ostojic

SPECIES

Canine

BREED

Westie

SEX

Spayed Female

AGE

13.5 Years

WEIGHT

20 Pounds

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HOSPITAL NAME

Marsh AH

REFERRING VET

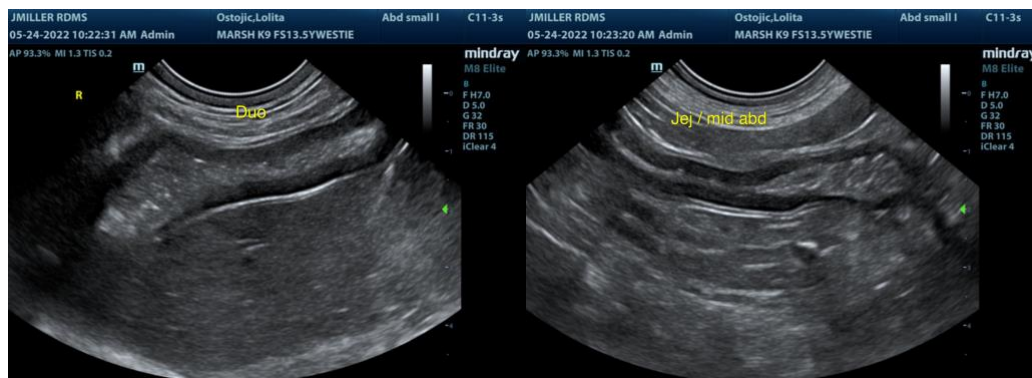
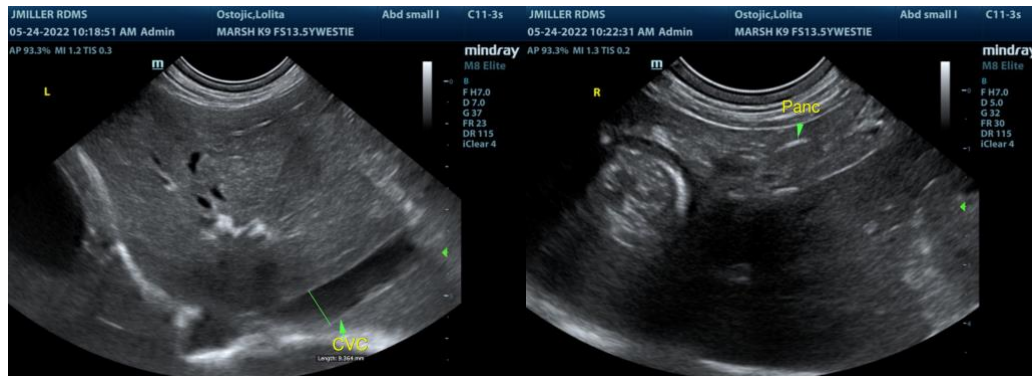
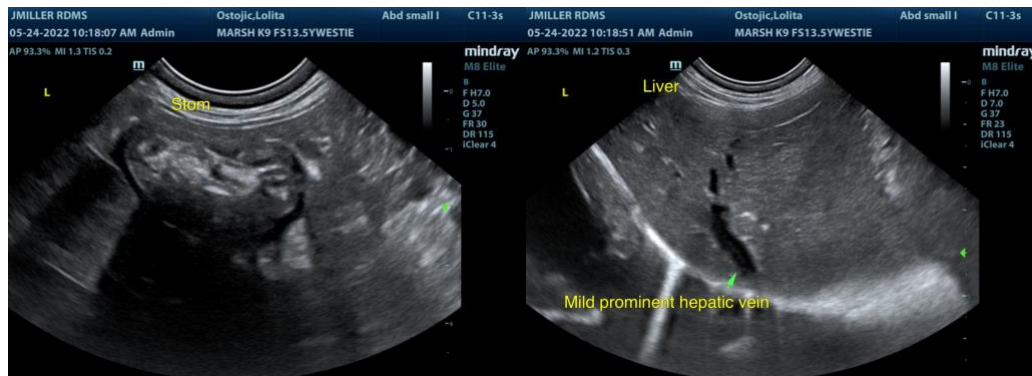
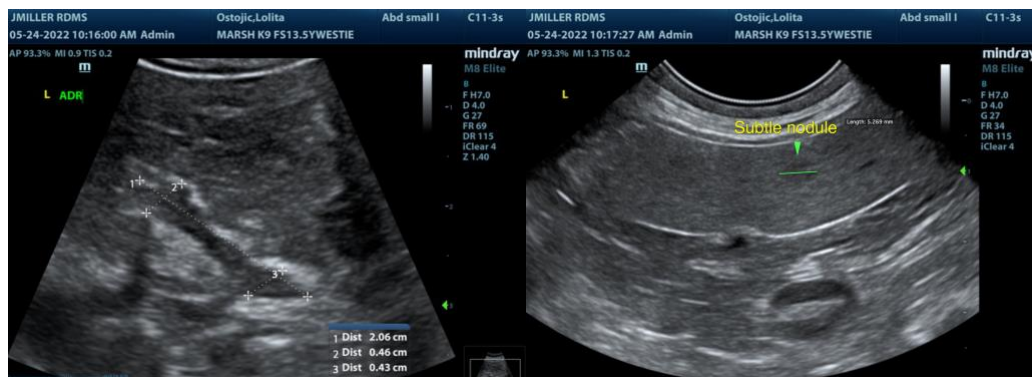
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PATIENT

Lolita Ostojic

SPECIES

Canine

BREED

Westie

SEX

Spayed Female

AGE

13.5 Years

WEIGHT

20 Pounds

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HOSPITAL NAME

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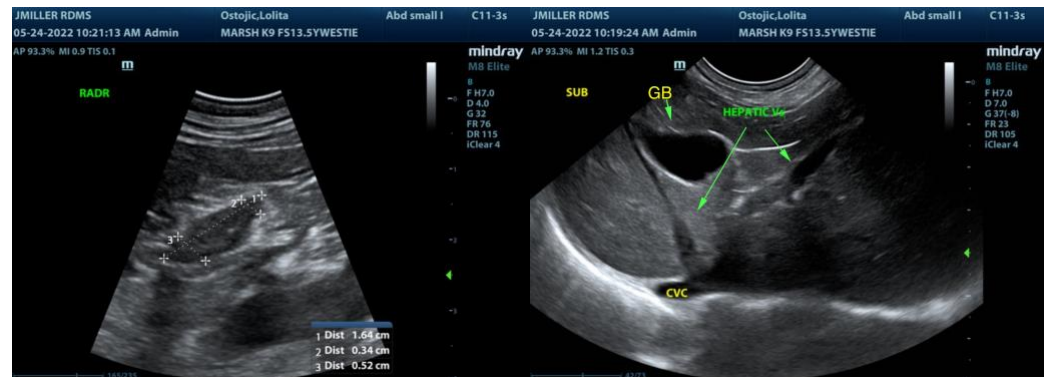
Dr. Milwicki

INVOICE

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DATE

5/24/22



The information and recommendations provided are based on the images presented by the referring veterinarian. 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