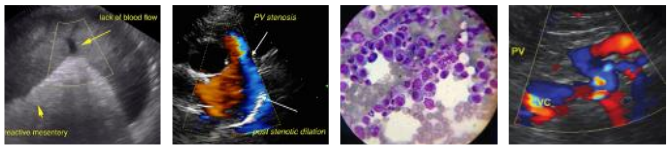
SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™



SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Fionna McIntosh

SPECIES

Canine

BREED

Miniature Schnauzer

SEX

FS

AGE

12

WEIGHT

11.3kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Belan

HOSPITAL NAME

Chaparral Vet Clinic

REFERRING VET

Dr. Gradzhev

INVOICE

13702ag

DATE

05/03/2023

PRESENTING CLINICAL SIGNS

Lethargic. Small intestine all pushed to the right side of the Ab on x ray. Suspect mass effect on left side

Abnormal PE/Chem/CBC/UA Results: Non diagnostic

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 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 moderate loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. Focal areas of medullary mineral to small nephroliths were present. The left kidney measured 5.0 cm in length. The right kidney measured 5.6 cm in length.

The area of the iliac trifurcation was free of pathology including no evidence of medial, iliac or sublumbar lymphadenopathy or masses.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.39 cm width at the caudal pole. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.51 cm width at the caudal pole.

Spleen

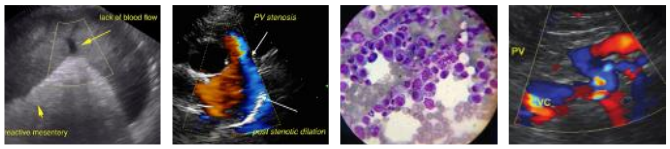
The spleen exhibited normal size and primarily finely textured parenchyma which was hyperechoic to the liver and renal cortical parenchyma. Mild generalized parenchyma heterogeneity was present without evidence of nodular changes. The capsule was smooth and regular without apparent expansion. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis. The parenchymal heterogeneity is likely consistent with benign changes such as extramedullary hematopoiesis or age related remodeling with minor potential for inflammatory or neoplastic disease. No masses or nodules present.

Liver/Gallbladder

The liver exhibited subjective mild enlargement with symmetrical capsule contour. Non-homogenous mildly mixed echogenic parenchyma was present with mild parenchymal remodeling was present. 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 with mild non-organized echogenic debris. No evidence of gallbladder or peripheral gallbladder inflammation was present. 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 segmental mildly prominent mucosal layer along with segmental non-specific mildly hyperechoic duodenojejunal speckling. No loss of intestinal wall layering or intestinal masses. 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 pancreas was normal in size and contour with isoechoic to heterogeneous parenchyma compared to adjacent omentum, likely consistent with age related changes and considered incidental. No signs of active inflammation or neoplasia.

Free Abdomen

No omental masses or peritoneal effusion was present.

Intermittent mildly prominent to enlarged mesenteric lymph nodes were present. The lymph nodes were essentially isoechoic to adjacent omentum without evidence of peripheral inflammation and maintaining a normal width: length ratio (<0.5). An example of a lymph node measured 1.6 cm x 0.53 cm.

ULTRASONOGRAPHIC FINDINGS

- Mildly enlarged non-homogenous liver.
- Mild gallbladder debris (non-mucocele).
- Segmental non-specific small intestinal hyperechoic mucosal speckling/mild fogging.
- Chronic renal changes with non-obstructive medullary mineral/nephroliths.
- Minor pancreatic remodeling.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No evidence of an intra-abdominal mass or overt neoplastic criteria.

Although no reported GI signs, the intestinal mucosal speckling to mild fogging at times has been associated with underlying inflammatory enteropathy/enteritis or less likely PLE given no reported subnormal ALB.

The liver presentation was non-specific with considerations including vacuolar hepatic changes, inflammatory disease i.e., cholangiohepatitis given presence of gallbladder debris, hematopoiesis, hyperplasia, fibrosis or other hepatopathy. Neoplastic criteria considered less likely. Correlation with clinical signs and potential monitoring of lab work is advised.

Further renal staging to include urine C/S and protein: creatinine ratio on sterile urine sample may be considered.

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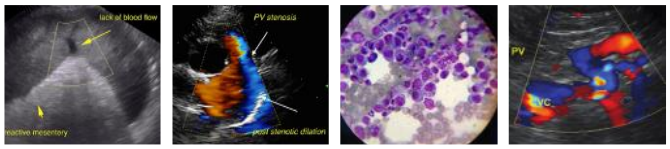

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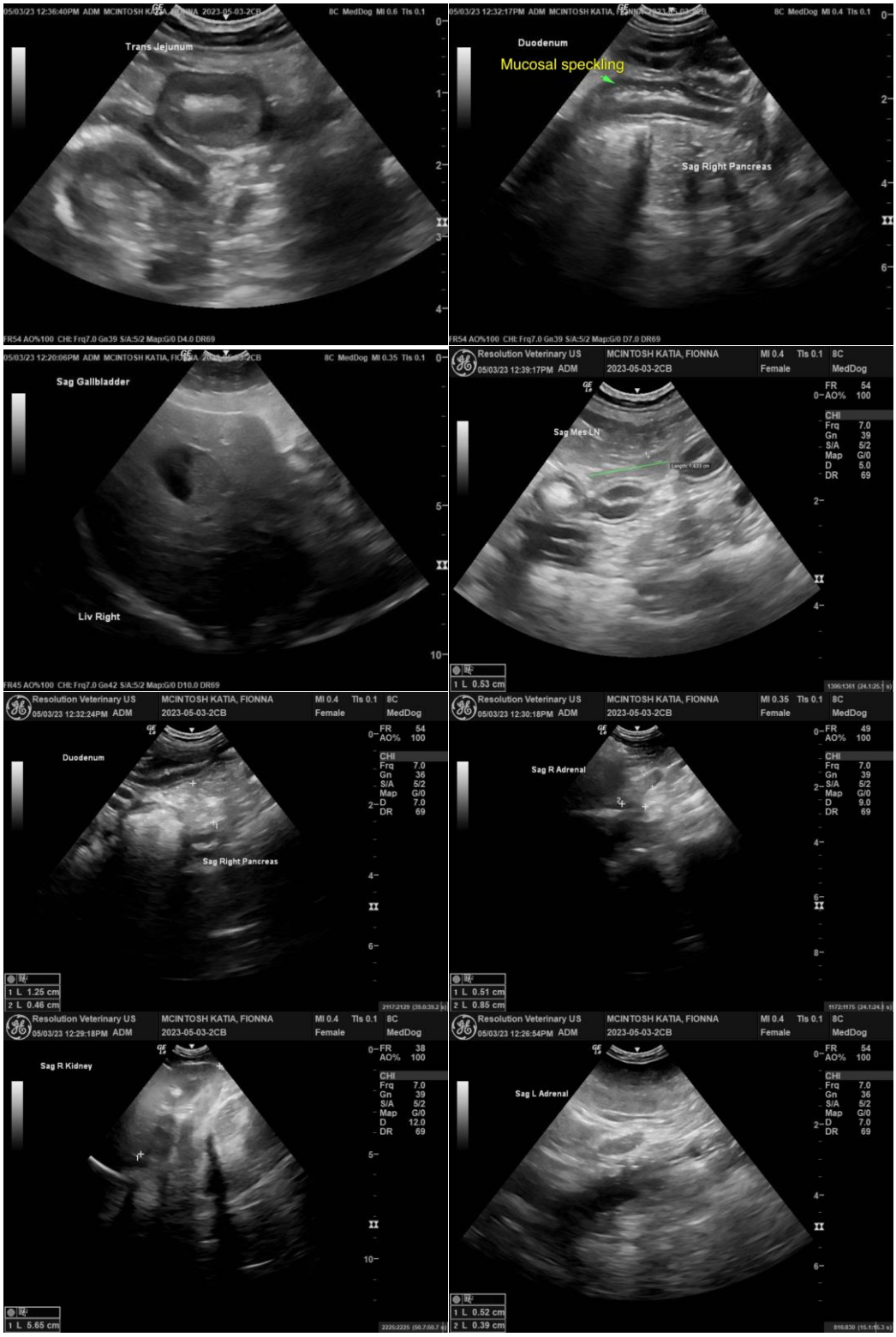

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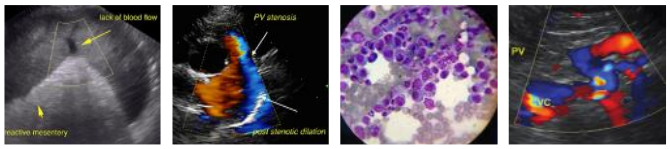

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)
mac.daniel@sonopath.com