



PATIENT PRESENTING CLINICAL SIGNS

Mindy Levin Weight loss, intermittent diarrhea, alopecia, pot-bellied, history of GB removal.
 Medication: Cerenia, B12

SPECIES
 Canine
 Mild increased cPL

BREED ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System
 Maltese mix The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 3.0 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 was noted.

SEX
 FS The area of the aortic trifurcation was free of pathology.

AGE
 2010 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. The left kidney measured 2.9 cm in length. The right kidney measured 3.0 cm in length.

WEIGHT
 4.8

Adrenal Glands

INTERPRETED BY
 R. McKenzie Daniel, DVM, DABVP (Canine and Feline)
 The adrenal glands were overtly normal in size, position, and shape. The left adrenal gland measured 0.46 cm width at the caudal pole and 0.33 cm width at the cranial pole. The right adrenal gland measured 0.44 cm width at the caudal pole and 0.49 cm width at the cranial pole.

Spleen

IMAGING PERFORMED BY
 Rebekah Jakum, CVT ARDMS/RVT
 The spleen exhibited primarily finely textured parenchyma which was hyperechoic to the liver and renal cortical parenchyma. Mild generalized parenchyma heterogeneity was present with discrete, benign myelolipomas adjacent to the splenic hilus. No evidence of neoplastic criteria. 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.

HOSPITAL NAME
 Lehigh Valley AH (Bath)

REFERRING VET Liver/ Gallbladder

Dr. Tan The liver was mildly 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. Intermittent discrete nondisruptive hepatic intraparenchymal nodules were present with an example measuring 1.0 cm in diameter. The nodules are suggestive of benign etiologies such as discrete areas of hyperplasia, hematopoiesis, or similar. The hepatic and portal vasculature was normal in appearance without signs of congestion.

INVOICE
 16756
DATE
 5/4/23



PATIENT

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The gallbladder was not visualized owing to a previous cholecystectomy. No evidence of pathology was noted in the area of the previous gallbladder. The common bile duct was overtly normal.

Gastrointestinal

SPECIES

Canine

The stomach presented intact variably prominent wall layering extending into the area of the antrum and pylorus with mildly prominent rugal folds. The lumen of the stomach was empty. Intact wall layering was maintained and distinct.

BREED

Maltese mix

The small intestine presented primarily intact variably prominent wall layering owing to segmental propensity for variably prominent mucosa. Intermittent, nonspecific, mild hyperechoic intestinal mucosal speckling was present. Focal to segmental intestinal mural lesion exhibiting mild mural hypertrophy, decreased mural echogenicity and loss of discernable wall layering was present consistent with a jejunal location. The lesion measured approximately 1.6 cm x 1.1 cm with a wall width of up to 0.52 cm.

SEX

FS

Normal visible colon wall layers were present with semi-formed to soft fecal matter, consistent with patient history.

AGE

2010

Pancreas

The pancreas was normal in size and contour with isoechoic to heterogeneous parenchyma compared to adjacent omentum. No signs of active inflammation or neoplasia.

WEIGHT

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Free Abdomen

No overtly visualized significant omental lymphadenopathy was noted. Generalized mildly increased omental echogenicity was present with no evidence of peritoneal free fluid.

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 DVM, DABVP
 (Canine and Feline)

ULTRASONOGRAPHIC FINDINGS

- Empty stomach with variably thickened gastric wall
- Enteropathy exhibiting intermittent segmental hyperechoic mucosal speckling
- Ill-defined jejunal mural lesion
- Mild hepatomegaly exhibiting parenchymal remodeling and discrete intraparenchymal nodules
- Moderate chronic renal changes
- Mild heterogeneous pancreas

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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Considerations for the gastrointestinal presentation may include inflammatory or infiltrative neoplastic etiologies. A GI panel to include PLI/TLI/Cobalamin/Folate is recommended. Intestinal biopsies would be required for a definitive diagnosis.

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Empirical IBD protocol, which may include novel protein or hydrolyzed diet trial with long-term dietary therapy, high colony count probiotic (Proviale), empirical deworming (even if fecal testing is negative), antibiotic trial and as needed gastrointestinal support pending recommended GI Panel may

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prove beneficial. Sonographic reassessment of the gastrointestinal tract is recommended if biopsies are not elected pending conservative therapy or if progressive gastrointestinal signs/weight loss are noted.

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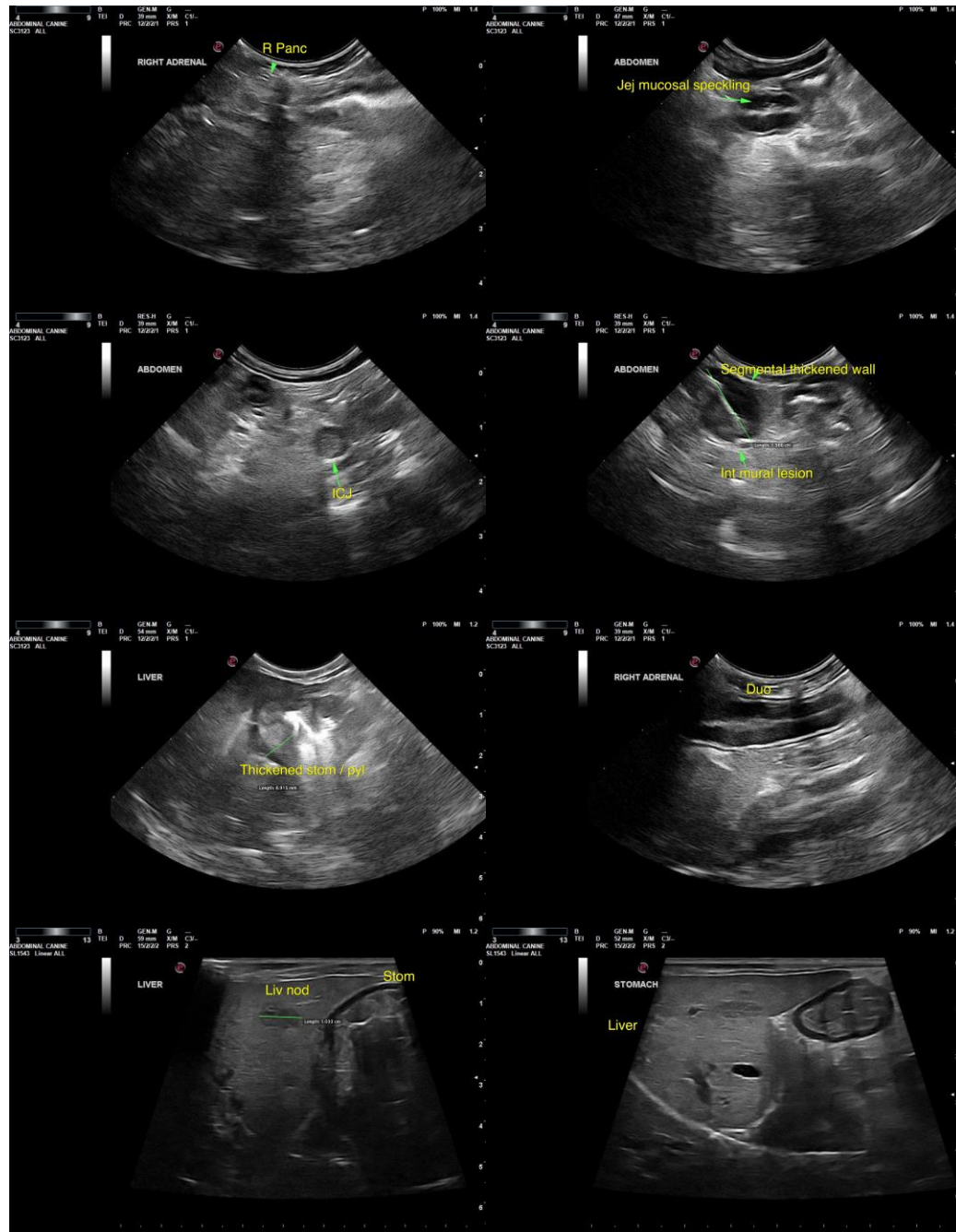
Dr. Tan

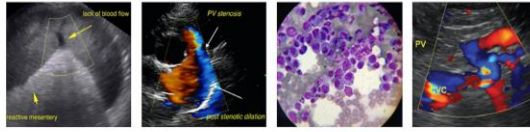
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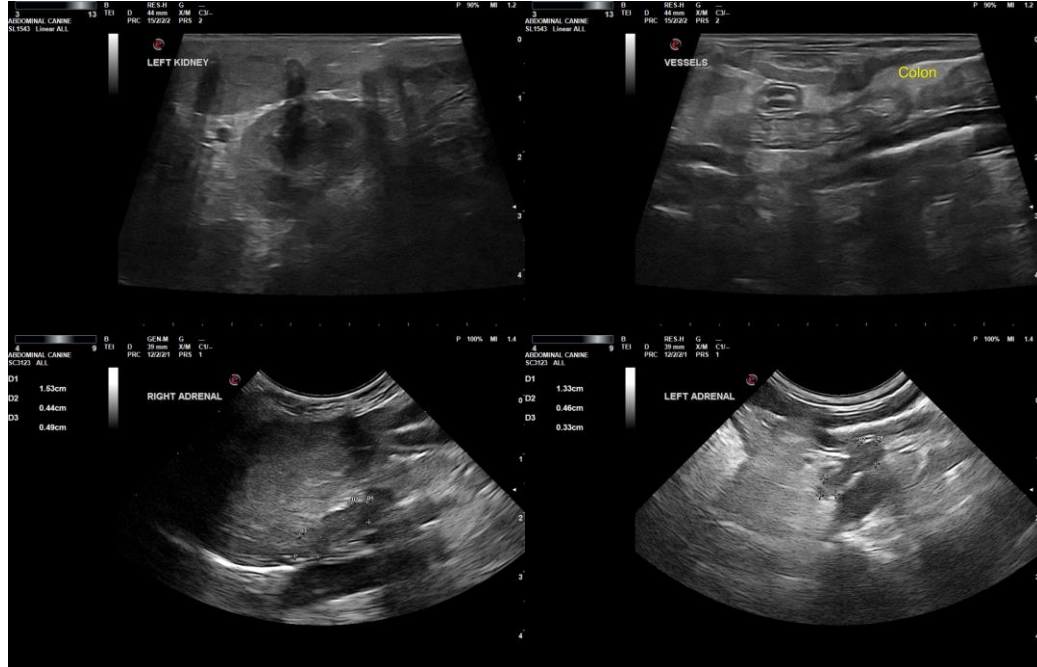
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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