



PATIENT	PRESENTING CLINICAL SIGNS
Madie Hoover	decreased appetite, vomiting, increased GI sounds
	Labs: Unremarkable CBC, platelet 514, Chemistry panel SDMA 22, BUN 7.5, Creat 101, ALT 352
SPECIES	
Canine	
BREED	
Westie	
SEX	
FS	
AGE	
14 years	
WEIGHT	
7.5 kg	
INTERPRETED BY	
R. McKenzie Daniel, DVM, DABVP	
IMAGING PERFORMED BY	
Kelly Reschny	
HOSPITAL NAME	
Wellington VS	
REFERRING VET	
Dr. Kamaitis	
INVOICE	
15046	
DATE	
5/5/22	

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

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.

The area of the aortic trifurcation was free of pathology.

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 to moderate loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. Minor medullary mineral was noted. The left kidney measured 3.6 cm in length. The right kidney measured 3.9 cm in length.

Adrenal Glands

The left adrenal gland exhibited potential subnormal size. The left adrenal gland measured 0.25 cm width at the caudal pole and 0.27 cm width at the cranial pole.

The right adrenal gland was normal in size. Mild parenchyma heterogeneity and mild capsule asymmetry was present without suspicion for overt neoplasia. The right adrenal gland measured 0.51 cm width at the caudal pole.

Spleen

The spleen exhibited a finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. 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. Acute to chronic inflammatory, neoplastic, or benign parenchyma changes were not noted.

Liver/ Gallbladder

The liver was 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 stomach exhibited mild gas distention. The gastric walls were sonographically normal. The gastric body wall measured 0.37 cm.



PATIENT

Madie Hoover

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 intestinal wall measured 0.36 cm.

SPECIES

Canine

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

BREED

Westie

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.

SEX

FS

Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

AGE

14 years

ULTRASONOGRAPHIC FINDINGS

- Chronic hepatopathy, sonographically unremarkable gallbladder
- Overtly normal gastrointestinal tract
- Bilateral moderate chronic renal changes. Further renal staging to include urine C/S and protein: creatinine ratio on sterile urine sample may be considered.

WEIGHT

7.5 kg

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Overall, primarily geriatric abdominal changes without evidence of significant visceral pathology. The chronic hepatopathy is nonspecific yet may indicate chronic inflammatory hepatopathy given the ALT elevation. Dietary intolerance/food hypersensitivity, structurally insignificant inflammatory gastroenteropathy or low grade to chronic pancreatitis, which may present sonographically normal is possible. A GI panel to include PLI/TLI/Cobalamin/Folate could be considered for further assessment, especially if recurrent or persistent gastrointestinal signs or evidence of weight loss.

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Although considered unlikely, adrenal screening with resting cortisol to rule out occult Addisons disease could be considered.

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Empirically, hepatic and gastrointestinal support with assessment of clinical response would be reasonable. Recheck sonogram recommended if persistent/progressive gastrointestinal signs or hepatic enzyme elevations.

REFERRING VET

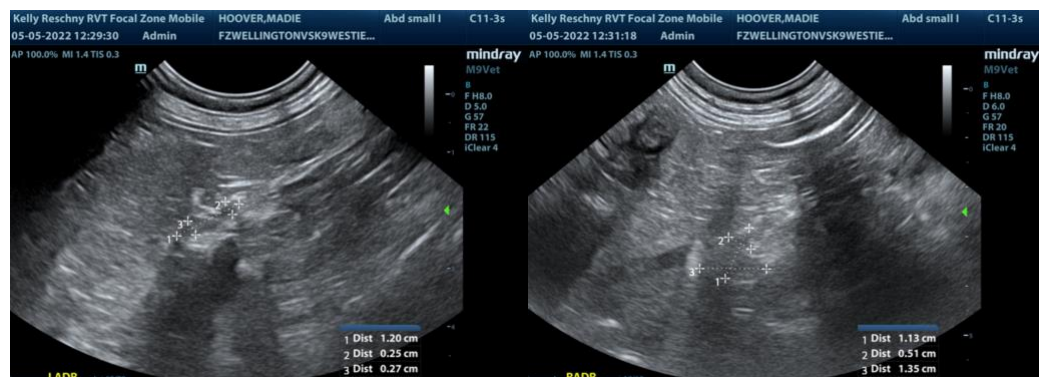
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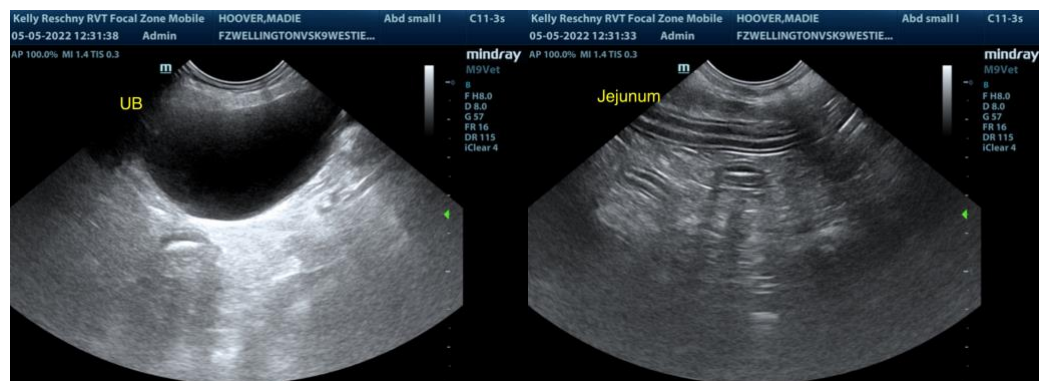
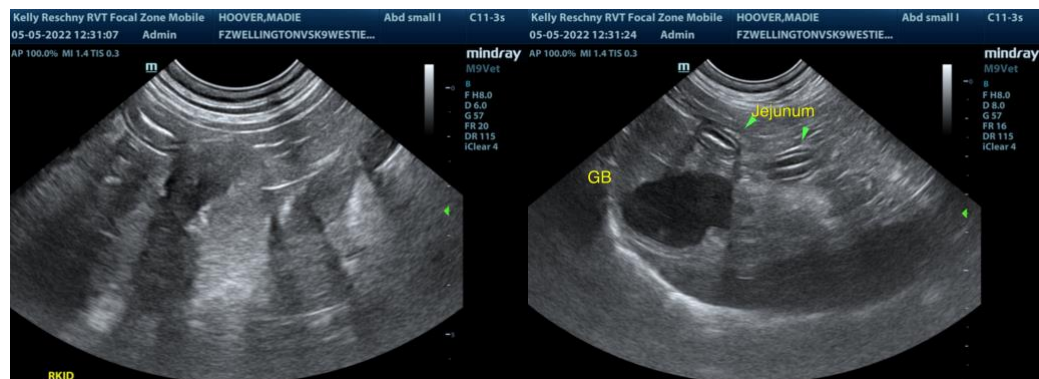
Dr. Kamaitis

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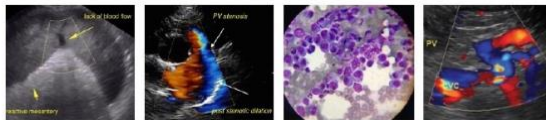
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.



PATIENT

Madie Hoover

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.

SPECIES

Canine

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info@SonoPath.com

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Westie

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