

**PATIENT**

Maggie San Nichols

**SPECIES**

Canine

**BREED**

N/A

**SEX**

Spayed Female

**AGE**

11 Years

**WEIGHT**

8.46 Pounds

**PRESENTING CLINICAL SIGNS**

History: 4/28: Patient presents for recheck due to persistent lethargy/poor appetite and painful abdomen. She has a raspy bark with some gurgle sounds when she is breathing starting last few days. Initially patients sign of lethargy started 3 weeks prior. Chronic history of right luxating patella/arthritis. No ongoing vomiting, no ongoing diarrhea. Eating but less than usual and owner has to hand feed. No reported trauma. Has been at rDVM and had b12 injection, cerenia, convenia and labwork (basic panel) all which did very little to resolve the signs. No known gi indiscretions. No other major medical concerns/issues. Grade 2/6 left apical systolic murmur discovered. 5/4: No improvement since last visit with pet only eating out of owners hand. Pet does have significant collapsing trachea. Sensitivity to cervicoventral flexion, lumbar palpation, bilateral luxating patellas, and tense abdomen (very reactive). Mild elevated bronchovesicular wheeze in the right middle quadrant.

Abnormal PE/Chem/CBC/UA Results: 4/28 CBC: NSF Chem: NSF, mild hyperglobulinemia (4.8g/dL) Current Medications: Started 4/28 Pimobendan 1.25mg PO q 12 hrs Clavamox 62.5mg PO q 12 hrs x 7 days Gabapentin 100mg- 0.5ml PO q 12hrs Started 5/4 Meloxicam 0.5mg- Give to the 8# dosing q 24 hrs Blood Pressure 5/5: Doppler 128,134, 130 Cuff 3 LR Radiographs (See attached) 4/28 Diagnostic imaging- Moderate cardiomegaly with heart occupying 3.5 intercostal spaces. No evidence of heart failure, mild right caudal interstitial changes but otherwise no evidence of significant respiratory pathology. No bony lytic lesion noted. No obvious tracheal or esophageal foreign body or dilation. The visible abdomen is unremarkable with generalized fluid throughout small bowel but no plication or obstructive pattern and no radiodense foreign body. Liver has generalized enlargement, but otherwise no significant disease is noted See attached ECG from today (5/5) - A ventricular arrhythmia is noted.

**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 were noted. Aortic trifurcation was normal.

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 pelvic dilation was present. The left kidney measured 3.8 cm in length. The right kidney measured 4.1 cm in length.

**Adrenal Glands**

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.44 cm width at the caudal pole and 0.43 cm width at the cranial pole.

The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.41 cm width at the caudal pole and 0.56 cm width at the cranial 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.

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Amanda Lacey-Crook-  
SDEP Certified  
Sonographer

**HOSPITAL NAME**

Rivers Edge Pet  
Medical Center

**REFERRING VET**

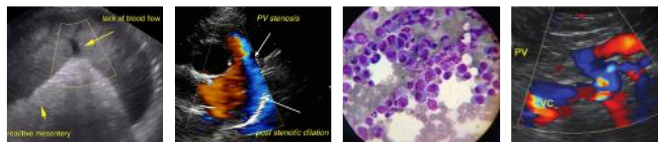
Dr. Travis Gibson

**INVOICE**

15040

**DATE**

5/5/22



**PATIENT**

**Liver**

Maggie San Nichols

The liver exhibited subjective mild enlargement. 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. The hepatic and portal vasculature were normal in appearance without signs of congestion.

**SPECIES**

Canine

The transdiaphragmatic view revealed subtle to focal comet tail artifact, which is focal to echogenic sound wave interface potentially indicative of microconsolidations within the caudal lung field. The lung field should not be overtly visualized by sonogram unless potential pathology is present. Consideration for possible primary alveolar/lung disease, neoplasia, thromboembolic disease, chronic inflammatory disease with potential subtle microconsolidations possible. No overt evidence of caudal thoracic free fluid.

**BREED**

N/A

**SEX**

Spayed Female

The gallbladder was normal in size. The gallbladder walls were sonographically normal without evidence of inflammatory criteria. Anechoic content with minor particulate debris noted. No evidence of peripheral gallbladder inflammation. The cystic and common bile ducts were normal.

**AGE**

**Gastrointestinal**

11 Years

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. The gastric body wall measured 0.36 cm.

**WEIGHT**

8.46 Pounds

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 intestine wall measured 0.30 cm.

**INTERPRETED BY**

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

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

**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.

**IMAGING PERFORMED BY**

**Free Abdomen**

Amanda Lacey-Crook-  
SDEP Certified  
Sonographer

No intraabdominal masses, omental lymphadenopathy or peritoneal free fluid was present.

**HOSPITAL NAME**

**ULTRASONOGRAPHIC FINDINGS**

Rivers Edge Pet  
Medical Center

- Benign mild hepatomegaly
- Minor gallbladder debris (non-mucocele)
- Age-related kidneys
- Overtly normal gastrointestinal tract/pancreas
- Subtle nonspecific transdiaphragmatic comet tail artifact

**REFERRING VET**

Dr. Travis Gibson

**INVOICE**

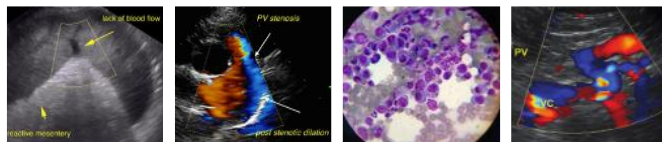
**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

15040

Overall, largely geriatric abdomen without evidence of significant visceral pathology. Hepatic enzymes were not reported yet the overall mild hepatomegaly is consistent with benign mild enlargement with

**DATE**

5/5/22



**PATIENT**

Maggie San Nichols

considerations, including vacuolar hepatopathy, cholangiohepatitis given the presence of minor gallbladder debris or other without evidence of neoplastic criteria. Correlation with hepatic enzyme assessment suggested. If elevated hepatic enzymes, ultrasound guided FNA of the liver could be considered, assuming normal clotting status and using 25-gauge needle for screening cytology. Otherwise, an obvious source of intraabdominal pain or an obvious intraabdominal cause of the patients clinical signs was not readily apparent. Correlation with echocardiographic assessment suggested.

**SPECIES**

Canine

**BREED**

N/A

**SEX**

Spayed Female

**AGE**

11 Years

**WEIGHT**

8.46 Pounds

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Amanda Lacey-Crook  
SDEP Certified  
Sonographer

**HOSPITAL NAME**

Rivers Edge Pet  
Medical Center

**REFERRING VET**

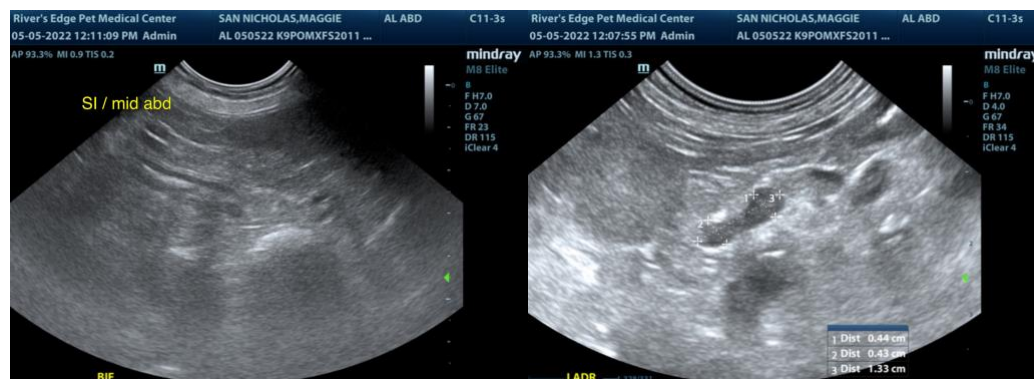
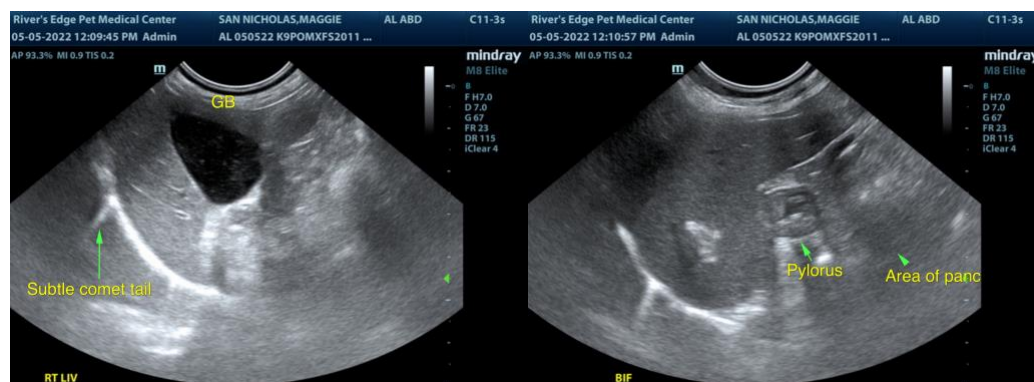
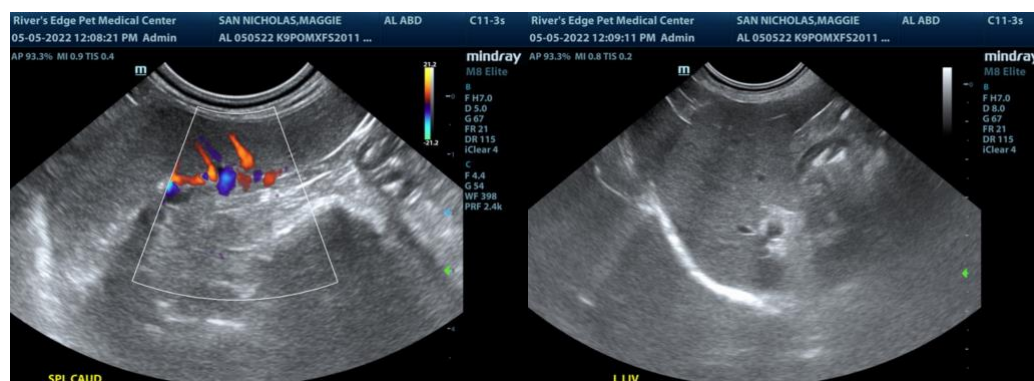
Dr. Travis Gibson

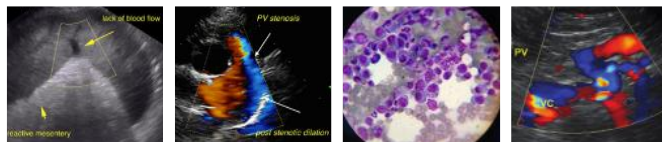
**INVOICE**

15040

**DATE**

5/5/22





**PATIENT**

Maggie San Nichols

**SPECIES**

Canine

**BREED**

N/A

**SEX**

Spayed Female

**AGE**

11 Years

**WEIGHT**

8.46 Pounds

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Amanda Lacey-Crook-  
SDEP Certified  
Sonographer

**HOSPITAL NAME**

Rivers Edge Pet  
Medical Center

**REFERRING VET**

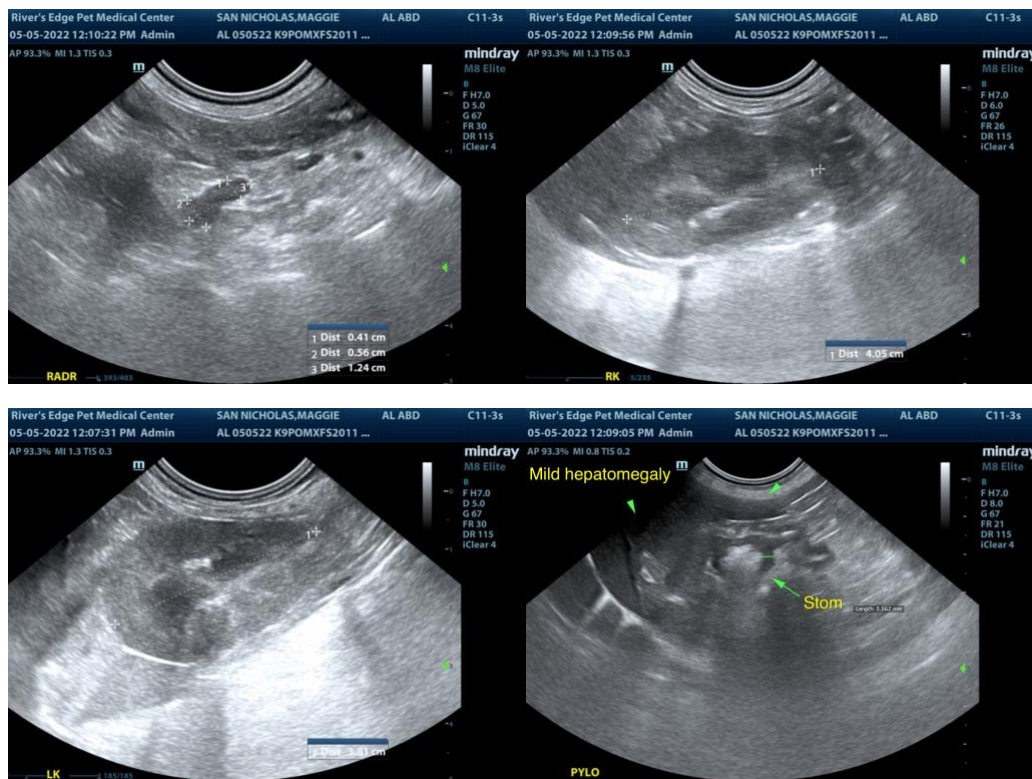
Dr. Travis Gibson

**INVOICE**

15040

**DATE**

5/5/22



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