



PATIENT

Stjarna VanderBrink

SPECIES

Canine

BREED

Icelandic Sheepdog

SEX

FS

AGE

14 years

WEIGHT

25.8

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Brita Kiffney

HOSPITAL NAME

Northshore VH

REFERRING VET

Dr. Brita Kiffney

INVOICE

13979

DATE

6/1/22

PRESENTING CLINICAL SIGNS

P presented one week ago for acute onset vomiting, lethargy, inappetence. No known exposure to toxins, no known ingestion of items other than usual food. P started pimobendan for radiographic cardiomegaly last week; p started enrofloxacin for UTI last week as well
Abnormal PE/Chem/CBC/UA Results: Thoracic auscultation: 2/6 left apical systolic murmur with normal rhythm, normal lung sounds, no coughing during exam. Abd palpation: soft, no effusion or deep masses palpated, soft ovoid SC mass palpated right cranioventral abdomen. Stiff gait with no ataxia, slight pain reaction with palpation of TL and lumbar spine. Oral exam: marked dental disease with halitosis. Labs show abnormal cPL, progressive mild increased renal and hepatic values.

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. Intermittent non-dependent hyperechoic foci suggestive of crystalline debris or mild non-dependent mineral were present.

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 loss of corticomedullary symmetry and definition expected for the age of the patient. Pinpoint to focal areas of mild medullary mineral were present. No evidence of pelvic dilation was present. The left kidney measured 4.8 cm in length. The right kidney measured 4.7 cm in length.

Adrenal Glands

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 0.51 cm width at the caudal pole and 0.47 cm width at the cranial pole. The right adrenal gland measured 0.46 cm width at the caudal pole. No evidence of adrenal hyperplasia or tumors was noted.

Spleen

The spleen exhibited 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.

Liver/ Gallbladder

The liver presented 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



PATIENT	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. The gallbladder was non-distended in size with mild gallbladder debris. The gallbladder was otherwise normal. The cystic and common bile ducts were normal.
Stjarna VanderBrink	
SPECIES	Gastrointestinal
Canine	
BREED	The stomach presented intact and sonographically unremarkable walls. A mild amount of retained hyperechoic ingesta exhibiting distal acoustic shadowing was present along with luminal gas. The ventral gastric body wall width measured 0.41 cm.
Icelandic Sheepdog	
SEX	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 duodenum wall width measured 0.31 cm. The jejunum wall width measured 0.28 cm.
FS	
AGE	Normal visible colon wall layers were present with apparent formed feces in lumen.
14 years	Pancreas
WEIGHT	The pancreas was mildly prominent in size and contour with isoechoic to heterogeneous parenchyma compared to adjacent omentum. No signs of active inflammation or neoplasia.
25.8	Free Abdomen
INTERPRETED BY	No overt lymphadenopathy or peritoneal effusion was present.
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	ULTRASONOGRAPHIC FINDINGS
IMAGING PERFORMED BY	<ul style="list-style-type: none"> • Chronic renal changes with pinpoint to focal mild medullary mineral • Minor nondependent urinary bladder sediment / mineral • Benign hepatopathy • Mild gallbladder debris (non-mucocele) • Heterogeneous to prominent pancreas - patient / age-related variant, parenchymal remodeling owing to previous inflammation, or low-grade to chronic pancreatitis possible • Overtly normal gastrointestinal tract with mild yet shadowing gastric ingesta and gas
Dr. Brita Kiffney	INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS
HOSPITAL NAME	This patient may be passing small amounts of mineral from the kidneys into the urinary bladder. Full urinary work up, if not done, to include urine culture and sensitivity and baseline UPC level is warranted. Since the patient is currently on antibiotics, urine culture and sensitivity 7 days post completion of current antibiotic protocol would also be reasonable.
Northshore VH	
REFERRING VET	Low-grade to chronic pancreatitis may be suspected if evidence of cranial abdominal or subxiphoid discomfort on palpation in conjunction with abnormal cPL.
Dr. Brita Kiffney	No overt evidence of significant structural gastrointestinal mural pathology was noted. The mildly shadowing gastric ingesta may indicate recent meal ingestion. Technically the possibility of gastric
INVOICE	
13979	
DATE	
6/1/22	



PATIENT

Stjarna VanderBrink

SPECIES

Canine

BREED

Icelandic Sheepdog

SEX

FS

AGE

14 years

WEIGHT

25.8

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Brita Kiffney

HOSPITAL NAME

Northshore VH

REFERRING VET

Dr. Brita Kiffney

INVOICE

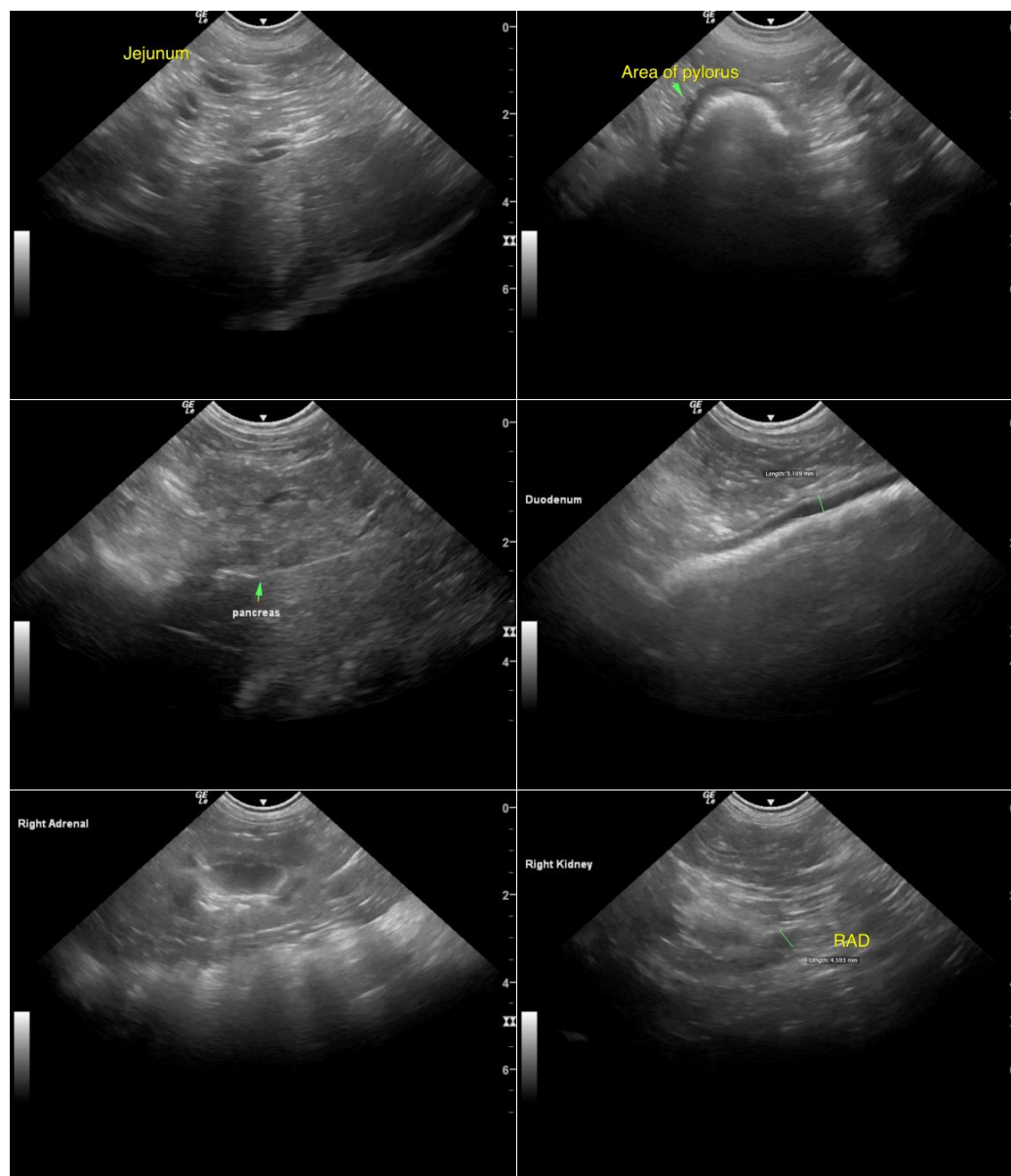
13979

DATE

6/1/22

foreign material cannot be definitively excluded. Correlation with clinical and radiographic assessment if recommended. If persistent or progressive gastrointestinal signs, low-grade to chronic pancreatitis, dysbiosis, dietary intolerance / food hypersensitivity, occult parasitism, IBD, or less likely intestinal neoplasia could be considered.

A GI panel to include PLI/TLI/Cobalamin/Folate may be considered if clinically indicated or concurrent diarrhea is noted. Continued as-needed supportive care for gastroenteritis would be reasonable.





PATIENT

Stjarna VanderBrink

SPECIES

Canine

BREED

Icelandic Sheepdog

SEX

FS

AGE

14 years

WEIGHT

25.8

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Brita Kiffney

HOSPITAL NAME

Northshore VH

REFERRING VET

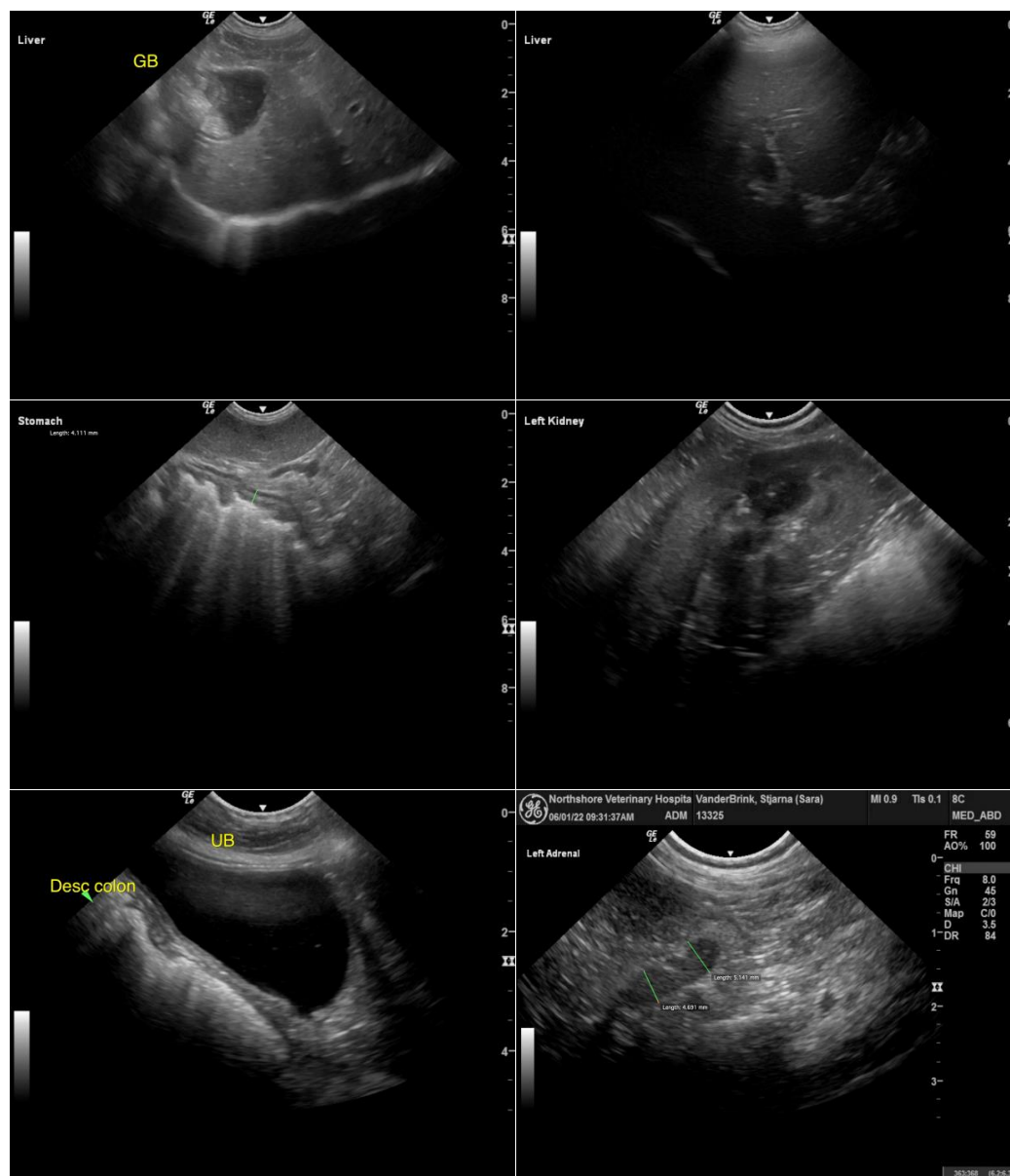
Dr. Brita Kiffney

INVOICE

13979

DATE

6/1/22



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)
info@SonoPath.com