



PATIENT PRESENTING CLINICAL SIGNS

PATIENT Bailey Chung
HISTORY: Patient presented to ER on 6/11/22 for 2 days duration of lethargy, anorexia. No CSVD noted. No travel history. No meds. Current on vaccines. 6/11/2022 Treatments: SQ LRS 600ml Maropitant 19mg IV Denamarin 425mg PO q24h x 10 days 6/12/2022 Treatments SQ LRS oral Maropitant and Entyce

SPECIES

Canine

BREED

Collie Mix

Abnormal PE/Chem/CBC/UA Results: PE: ~5-7% dehydration, no significant findings. No palpable abdominal masses. 6/11/2022 CHEM: -- ALP: 587 U/L (23-212) -- ALT: 840 U/L (10-125) -- SDMA: 19 (0-14) CBC: wnl 6/12/2022 Re-check CHEM-10 -- SDMA: 17 -- ALT: 800 U/L -- AST: 204 U/L (0-50) - - ALP: 571 U/L Clients declined radiographs, but allow AUS.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

SEX Urinary System

FS The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra 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.

AGE

9 years

Normal size and margination were present in the kidneys. A normal 1:3 cortex / medulla ratio with minor loss of corticomedullary definition was present. A possible though indistinct nondisruptive cranial medullary nodule was noted in the left kidney measuring 1.6 cm in diameter. The echogenicity of the cortex was similar to or slightly less than normal liver parenchyma while the medulla echogenicity was hypoechoic to the cortex with no evidence of pelvic dilation. The left kidney measured 5.4 cm in length. The right kidney measured 5.9 cm in length.

WEIGHT

18.7 kg

INTERPRETED BY The area of the aortic trifurcation was free of pathology.

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

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.50 cm width at the caudal pole and 0.45 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 0.59 cm width at the caudal pole.

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Patti Mayfield DVM

Spleen

The spleen exhibited subjective mild enlargement with generalized nonhomogeneous parenchyma. Intermittent subtle isoechoic to mildly hypoechoic to nonhomogeneous nodules were present an example measuring 3.0 cm in diameter. The caudal spleen appeared to be mildly enlarged with rounded contour measuring 2.3 cm in diameter. Intermittent hyperechoic parenchymal nodules suggestive of probable myelolipomas were also noted. The capsule primarily maintained smooth and regular contour with areas of lateral and medial capsule asymmetry. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis.

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REFERRING VET

Dr. Naomi Kitagaki

Liver

The liver was subjectively 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.

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The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content with moderate mildly shadowing congealed sludge. The cystic and common bile ducts were normal.



PATIENT

Gastrointestinal

Bailey Chung

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained minor retained nonshadowing chyme with no signs of ileus, obstruction or foreign material.

SPECIES

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.

Canine

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

BREED

Pancreas

Collie Mix

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.

SEX

Free Abdomen

FS

No overt lymphadenopathy or peritoneal effusion was present.

AGE

9 years

ULTRASONOGRAPHIC FINDINGS

WEIGHT

18.7 kg

- Possible cranial left kidney medullary nodule
- Splenomegaly exhibiting nonhomogeneous to indistinctly nodular parenchyma-hyperplasia, hematopoiesis, small hematomas, infection/splenitis, infarction or infiltrative neoplasia possible
- Hepatopathy-subjectively benign, nonspecific hepatitis suspected (viral, bacterial, leptospirosis, toxin etc.), metabolic reactive or vacuolar hepatopathy or other hepatopathy possible. No overt evidence of neoplastic criteria
- Moderate congealed gallbladder sludge- non mucocele
- Sonographically unremarkable GI tract

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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Further assessment of both the liver and spleen may include assuming normal clotting status, hepatosplenic FNA using 25g needle for screening cytology. Leptospirosis titers/PCR suggested if potential exposure or endemic to the area. Empirical therapy for nonspecific hepatitis with as needed GI support and correction of dehydration would reasonable pending additional diagnostics. Given the indistinct presentation of the possible cranial left kidney nodule, sonographic monitoring is recommended for further assessment.

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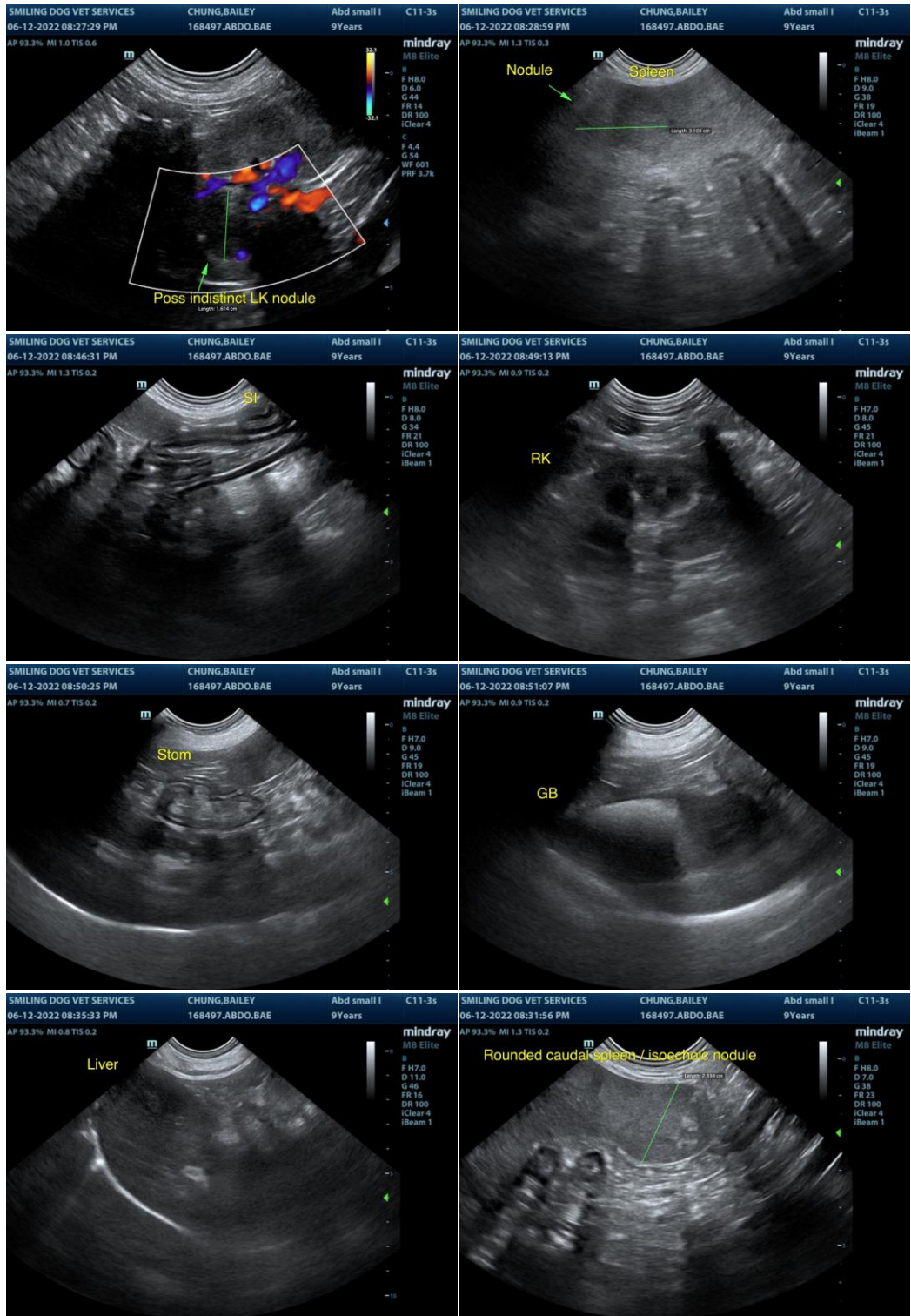
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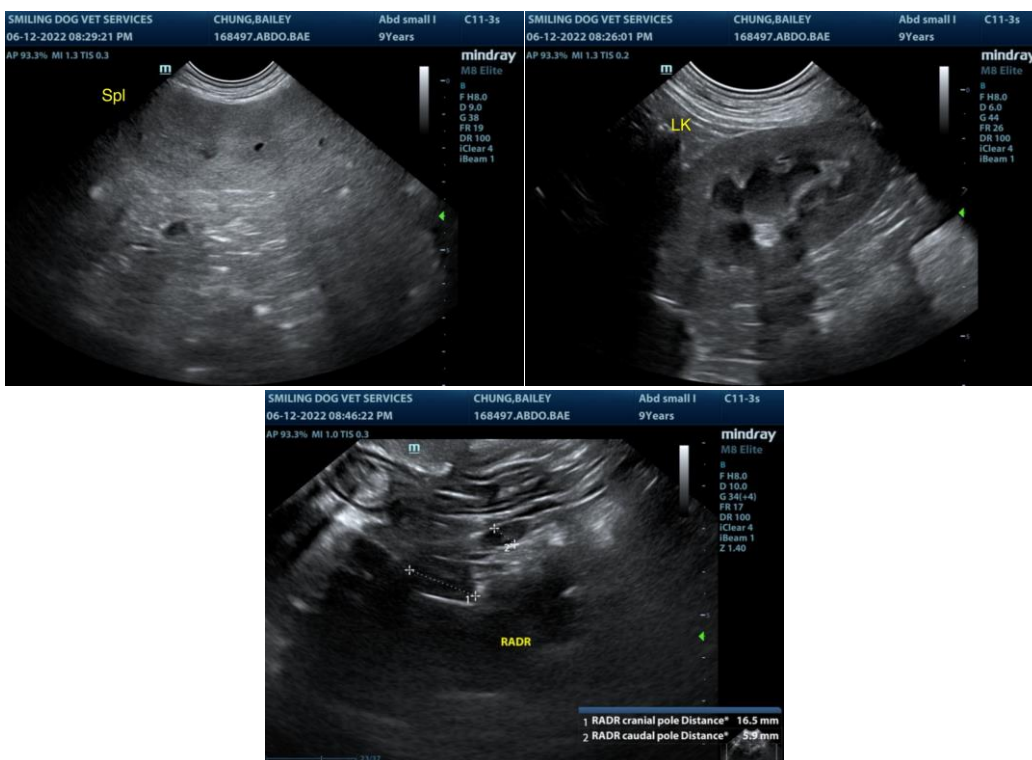
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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Patti Mayfield DVM

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.

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