



PATIENT

Willy Somampong

SPECIES

Canine

BREED

Miniature Schnauzer

SEX

FS

AGE

10yr

WEIGHT

10.4

INTERPRETED BY

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

IMAGING PERFORMED BY

Ashley Douglass,
DVM

HOSPITAL NAME

Mt Yonah Animal
Hospital

REFERRING VET

Ashley Douglass,
DVM

INVOICE

14130ag

DATE

06/13/2023

PRESENTING CLINICAL SIGNS

Presented ADR, chronic decreased appetite, lethargic. Painful on cranial abdominal palpation.

Abnormal PE/Chem/CBC/UA Results: WBC -- mild leukopenia, normal cPL, NSF on chemistry

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2 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.

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. Mild areas of medullary mineral to nephrolithiasis were present.

The area of the aortic trifurcation was free of pathology.

The area of the uterine remnant appeared normal and free of pathology.

Adrenal Glands

The left and right adrenal glands were not definitively visualized. No obvious pathology was present in the area of the bilateral adrenal glands.

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 exhibited potential borderline enlargement with symmetrical capsule contour and generalized mild to moderate non-homogenous parenchyma. Discreet hypoechoic hepatic nodular changes were present. Normal to adequate hepatic vascular volume was present. 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 with moderate non-dependent congealed hyperechoic luminal debris. The cystic and common bile ducts were normal.

Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained mild non-shadowing hyperechoic ingesta with no signs of ileus, obstruction or foreign material.

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.

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



PATIENT

Pancreas

Willy Somampong

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

SPECIES

Free Abdomen

Canine

No omental masses, overt lymphadenopathy or peritoneal effusion was present.

BREED

Miniature Schnauzer

ULTRASONOGRAPHIC FINDINGS

- Mild chronic renal changes with mild non-obstructive medullary mineral/nephrolithiasis.
- Non-homogenous/nodular liver-vacuolar hepatopathy, inflammatory/immune mediated disease, hematopoiesis, hyperplasia, fibrosis, cholestasis or infiltrative neoplasia all potentials.
- Partial/immature gallbladder mucocele.
- Heterogenous pancreas-no sonographic evidence of significant or active pancreatitis.
- Overtly normal GI tract with mild gastric ingesta.

SEX

FS

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

AGE

10yr

The hepatobiliary presentation is of unclear clinical significance as a contributing factor to the patient's clinical signs given lack of reported hepatic enzyme elevation or cholestasis. Sonographically the appearance of the gallbladder is consistent with partial to emerging mucocele.

WEIGHT

10.4

Assuming normal clotting status, a hepatic FNA for screening cytology is warranted for further assessment. Ursodiol therapy is recommended even though there is no current evidence of cholestasis with sonographic monitoring of the gallbladder if evidence of cranial abdominal/subxiphoid discomfort on palpation or cholestasis going forward. Aside from non-specific hepatic parenchymal changes, there is no evidence of definitive intra-abdominal neoplastic criteria.

INTERPRETED BY

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

As needed GI support is recommended. Assessment of T4 levels is suggested if not already done as gallbladder mucoceles may be associated with hypothyroidism.

IMAGING PERFORMED BY

Ashley Douglass,
DVM

HOSPITAL NAME

Mt Yonah Animal
Hospital

REFERRING VET

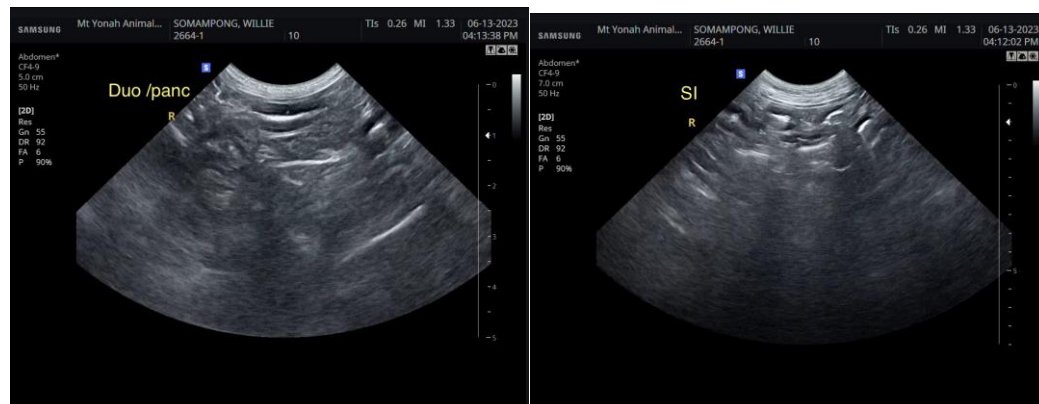
Ashley Douglass,
DVM

INVOICE

14130ag

DATE

06/13/2023





PATIENT

Willy Somampong

SPECIES

Canine

BREED

Miniature Schnauzer

SEX

FS

AGE

10yr

WEIGHT

10.4

INTERPRETED BY

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

IMAGING PERFORMED BY

Ashley Douglass,
DVM

HOSPITAL NAME

Mt Yonah Animal
Hospital

REFERRING VET

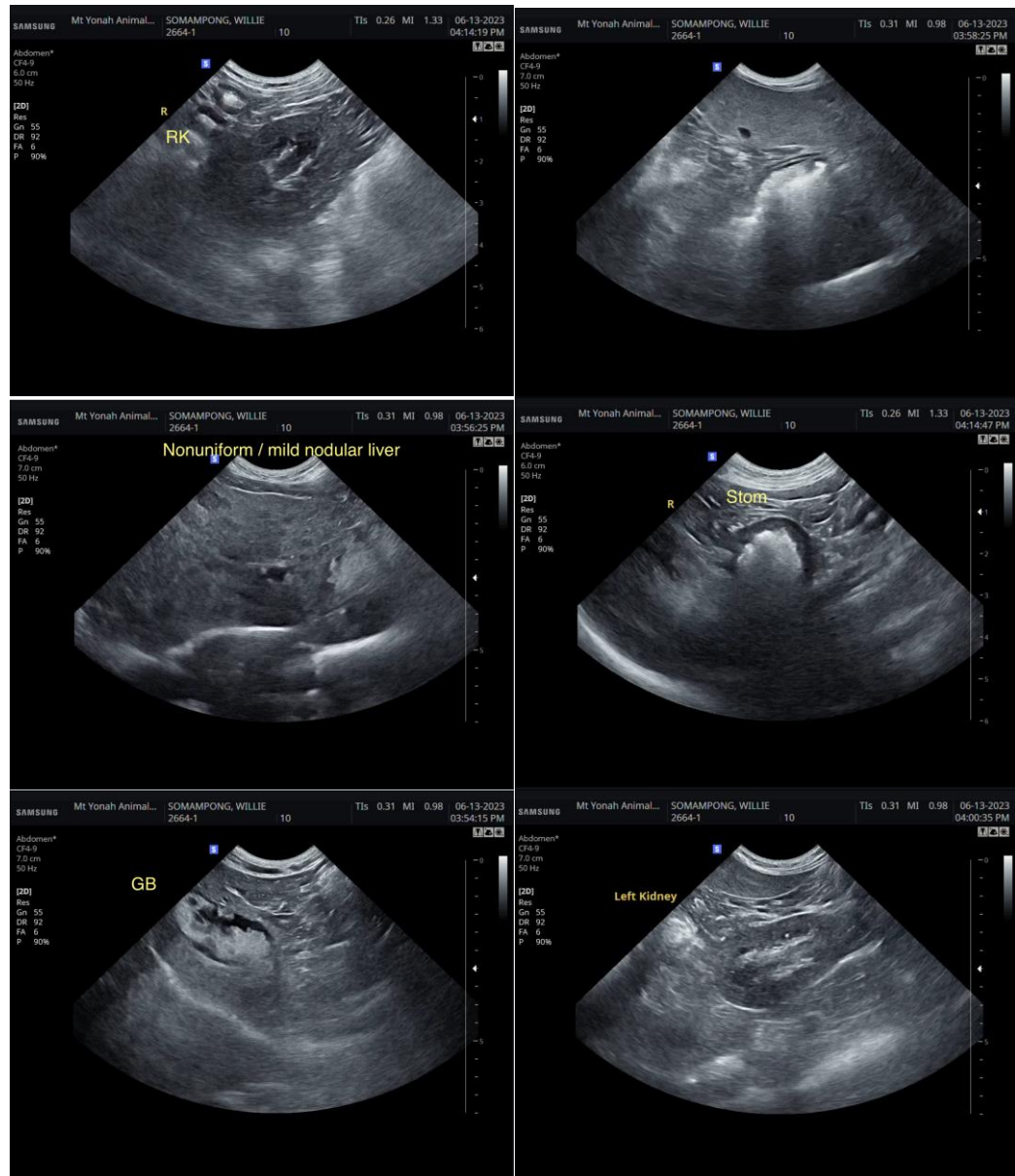
Ashley Douglass,
DVM

INVOICE

14130ag

DATE

06/13/2023



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