



PATIENT

Jimmy Miller

PRESENTING CLINICAL SIGNS

History: Recheck spleen subtle diffuse moth eaten appearance, iliac LN mildly enlarged, fogging stomach+SI, stomach wall high end of normal thickness. Current meds: PVD HA diet, Apoquel 16mg SID, Cerenia PRN nausea

SPECIES

Canine

Abnormal PE/Chem/CBC/UA Results: Texas GI panel WNL, Baseline cortisol 2.4

ULTRASONOGRAPHIC RECHECK EXAMINATION OF THE ABDOMEN

BREED

Mix

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 4 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.

SEX

MN

Normal size and margination was 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 previously noted left kidney cyst which appeared to be static on presentation measured 0.74 cm in diameter. The left kidney measured 7.7 cm in length. The right kidney measured 7.4 cm in length.

AGE

11yr

WEIGHT

69.3lb

The area of the aortic trifurcation was free of pathology.

The residual prostate exhibited mild prominent size yet maintained symmetrical capsule contour with mild nonhomogeneous residual prostatic parenchyma exhibiting previously noted nonshadowing hyperechoic nodules. The residual prostate measured approximately 1.6 cm in diameter. No evidence of parenchymal mineralization was noted.

INTERPRETED BY

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

Adrenal Glands

The left adrenal gland was uniform in size with minor asymmetrical contour. A subtle ill-defined nonhomogeneous nonmineralized nodule in the mid adrenal gland was present measuring 0.70 cm in diameter. The left adrenal gland measured 0.76 cm width at the caudal pole and 3.3 cm width at the cranial pole.

IMAGING PERFORMED BY

Jessica Miller

The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.57 cm width at the caudal pole and 3.0 cm width at the cranial pole.

HOSPITAL NAME

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Hospital

Spleen

The spleen exhibited normal size and contour with subtle generalized parenchyma heterogeneity. 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.

REFERRING VET

Dr. Stockmal

Liver

The liver presented mildly 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 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 primarily anechoic luminal content and mild luminal debris. The cystic and common bile ducts were normal.

INVOICE

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Gastrointestinal

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The stomach presented intact wall layering in the fundus and gastric body. Mildly thickened wall layering with indistinct wall layer detail was present in the area in the area of the antrum and pylorus with mild retained nonshadowing pyloric chyme. The pylorus wall measured 0.9 cm in width. The ventral gastric body wall measured 0.5 cm width.

SPECIES

Canine

The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. The duodenum exhibited subjective propensity for subtly prominent mucosa along with very subtle mucosal speckling. The duodenum wall measured 0.50 cm in width. The jejunum wall measured 0.32 cm in width.

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Mix

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

Pancreas

SEX

MN

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.

AGE

11yr

Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

WEIGHT

69.3lb

ULTRASONOGRAPHIC FINDINGS

- Mildly prominent nonhomogeneous to subtly nodular residual prostate-subjectively benign
- Mild chronic renal changes with static left kidney cortical cyst
- Subtle left adrenal nodule-possible emerging adenoma, no overt evidence of neoplastic criteria
- Normal splenic size exhibiting parenchyma heterogeneity-subjectively benign
- Mildly thickened pylorus/antrum with suspect mild duodenitis

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No overt evidence of splenic neoplastic criteria was observed, the splenic presentation has the potential for patient variant, hematopoiesis, hyperplasia or incidental splenitis. Continued sonographic monitoring could be considered.

The mildly thickened gastric antrum and pylorus and concurrent suspected mild duodenitis are nonspecific if continued to recurrent GI signs are present. Gastroprotectant protocol and hydrolyzed diet trial if not currently instituted may prove beneficial. Neoplastic criteria for the stomach is considered less likely at his stage yet cannot be definitively excluded. Continued sonographic monitoring of the stomach and duodenum +/- endoscopic biopsies could be considered if evidence of progressive decreased appetite or upper GI signs are noted.

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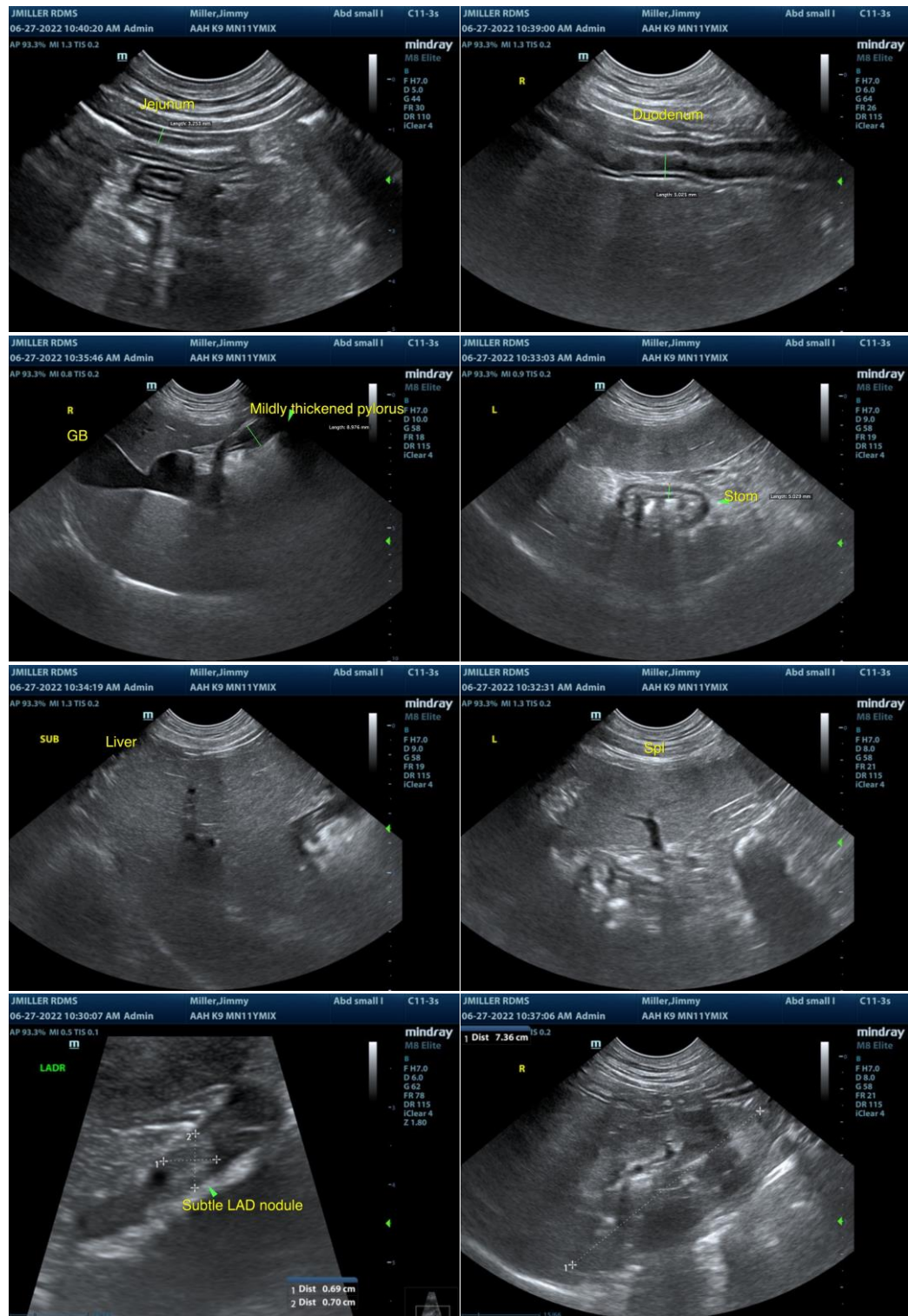
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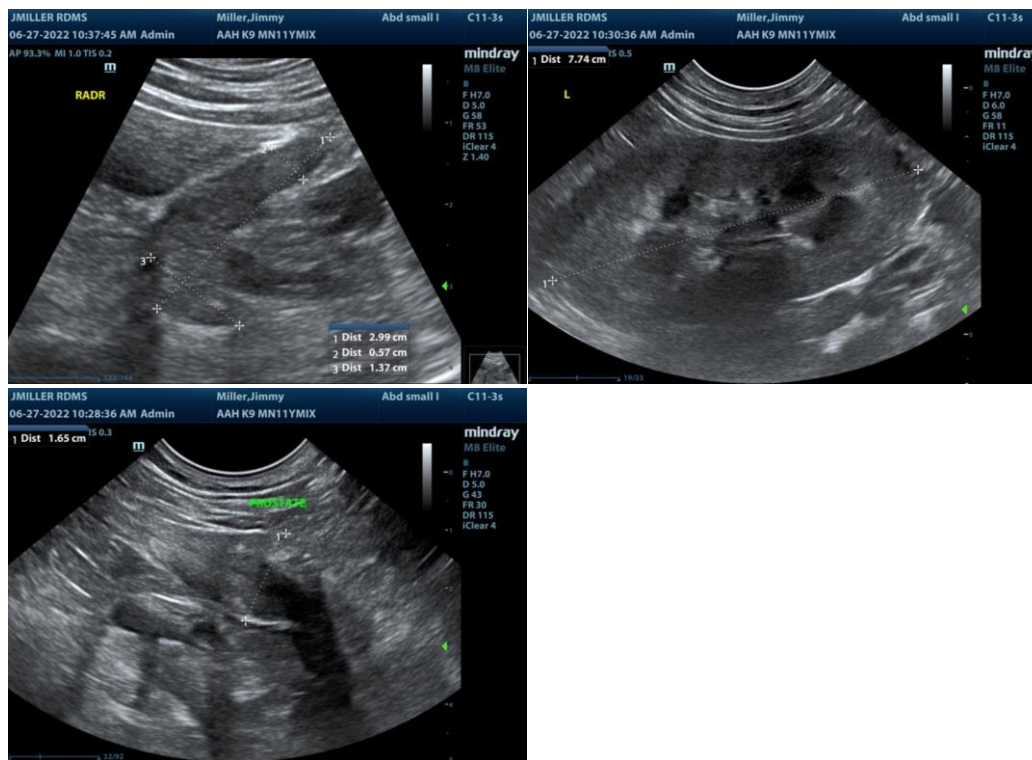
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)

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