



PATIENT

McKeltie Smith

PRESENTING CLINICAL SIGNS

Acute onset of owner believing that the belly was getting bigger. Pseudocyesis.

SPECIES

Canine

Abnormal PE/Chem/CBC/UA Results: RDVM reports mild liver enzyme elevations, mild neutrophilic leukocytosis. Plain radiographs mild hepatic enlargement. Mammary development.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

BREED

West Highland White Terrier

Urinary System

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.

SEX

FI

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. Bilateral pinpoint medullary mineral was present. The left kidney measured 4.7 cm in length. The right kidney measured 5.3 cm in length.

AGE

11yr

The area of the aortic trifurcation was free of pathology.

WEIGHT

24lb

The uterus exhibited overtly normal wall layering. A minor amount of anechoic luminal fluid was noted in the uterus. No overt evidence of significant uterine distention with echogenic fluid or inflammatory criteria. No evidence of neoplastic criteria.

Adrenal Glands

INTERPRETED BY

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

A well-defined, hyperechoic nodule was present in the cranial left adrenal gland with mild associated symmetrical capsule expansion. The nodule did not exhibit signs of mineralization or vascular invasion. The nodule measured 0.9 cm x 0.9 cm. The left adrenal gland measured 0.61 cm width at the caudal pole and 1.0 cm width at the cranial pole.

IMAGING PERFORMED BY

Harold Mike Beard

The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.45 cm width at the caudal pole and 0.6 cm width at the cranial pole.

HOSPITAL NAME

Animal Care
Veterinary Center

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.

REFERRING VET

Dr. Wadley

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 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 echogenic non-organized debris. The cystic and common bile ducts were normal.

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Gastrointestinal



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The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained mild variably echogenic ingesta suggestive of food with no signs of ileus, obstruction or foreign material.

SPECIES

Canine

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.

BREED

West Highland White Terrier

Pancreas

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

SEX

FI

Free Abdomen

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

AGE

11yr

ULTRASONOGRAPHIC FINDINGS

- Sonographically unremarkable minor fluid dilated uterus.
- Mild chronic renal changes.
- Cranial left adrenal nodule with secondary mild left adrenomegaly- suspect adenoma.
- Non-specific hepatopathy- subjectively benign.
- Gallbladder debris (non-mucocele).
- Minor pancreatic remodeling.

WEIGHT

24lb

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

INTERPRETED BY

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

The degree of uterine fluid did not overtly meet pyometra criteria yet the possibility of emerging pyometra cannot be definitively excluded. Empirical therapy for pseudopregnancy with close monitoring for clinical signs consistent with pyometra and/or sonographic monitoring of the uterus for evidence of progressive fluid accumulation if OVH is not a potential in this case would be reasonable.

IMAGING PERFORMED BY

Harold Mike Beard

A screening BP is advised to assess for evidence of hypertension which may allude to emerging left adrenal neoplastic criteria i.e., pheochromocytoma. A full adrenal work up if clinical signs consistent with Cushing's syndrome are present is recommended. Sonographic monitoring of the left adrenal nodule for evidence of progression is recommended. Hepatosupportive medications such as Denamarin and Ursodiol may prove beneficial.

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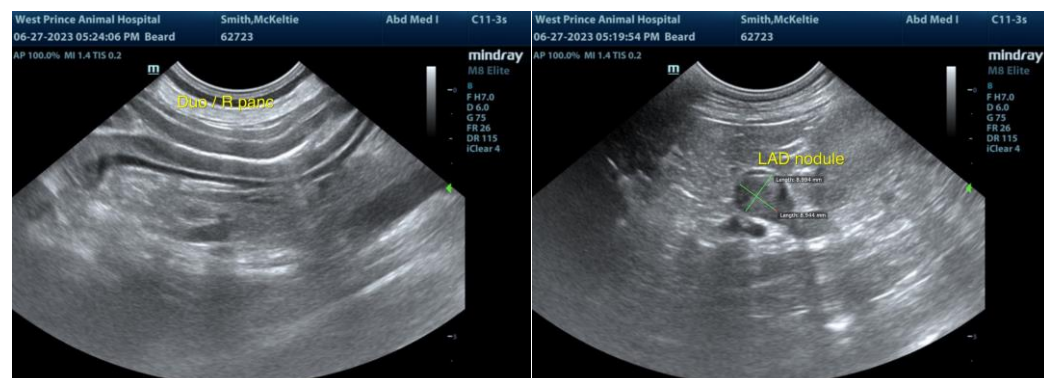
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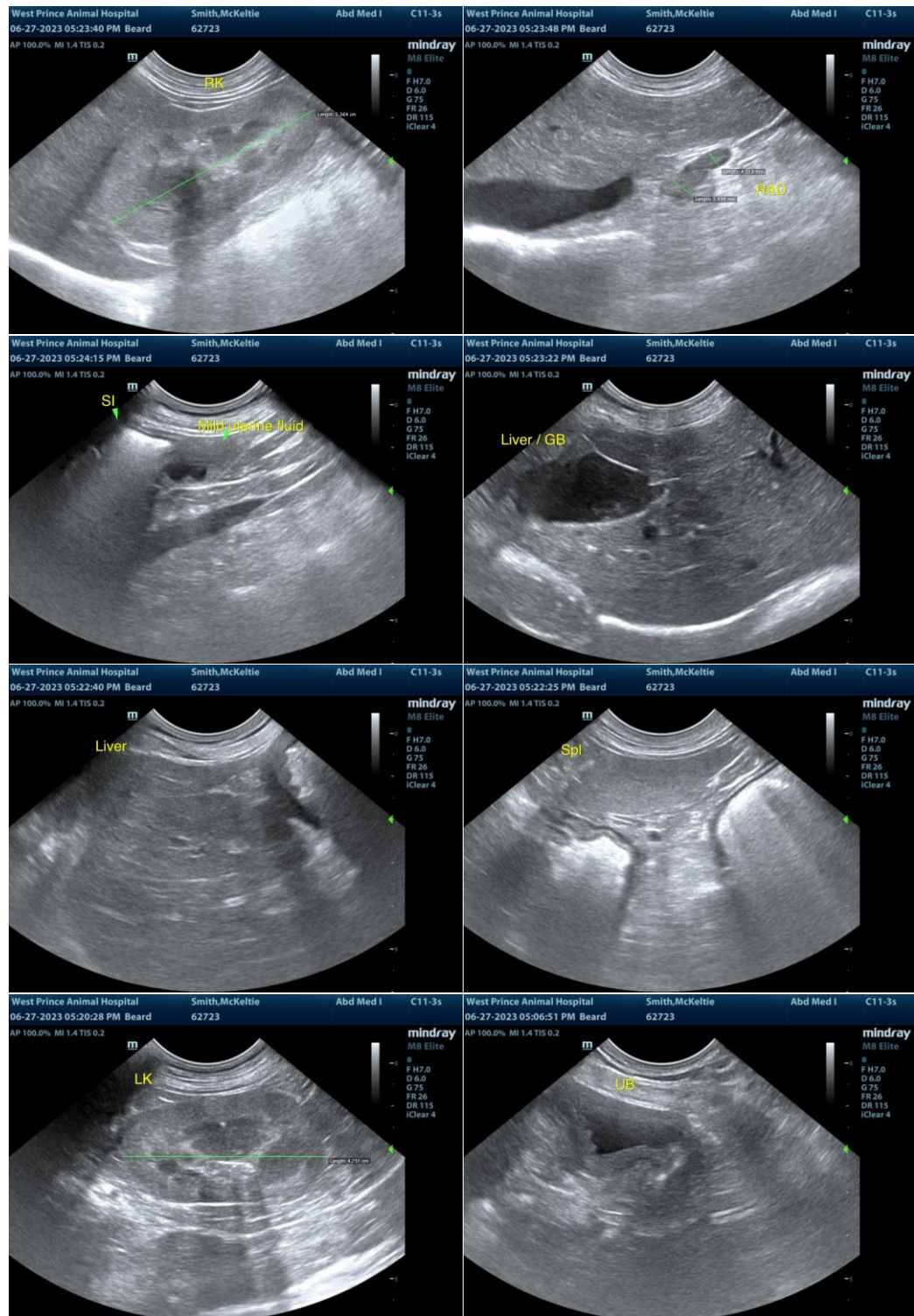
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.



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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.

SPECIES

Canine

R. McKenzie Daniel, DVM, DABVP (Canine/Feline Practice)
info@sonopath.com

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West Highland White
Terrier

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