



PATIENT

Lema Bauman

SPECIES

Canine

BREED

Shih Tzu

SEX

FS

AGE

10 years

WEIGHT

N/A

INTERPRETED BY

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

IMAGING PERFORMED BY

Diane McFadden

HOSPITAL NAME

Newton VH

REFERRING VET

N/A

INVOICE

14153

DATE

6/29/22

PRESENTING CLINICAL SIGNS

hospitalized 2 days ago for vomiting and anorexia. Vomiting resolved and eating. On IVF
Abnormal PE/Chem/CBC/UA Results: on admit: tbili 1.4, ALKP 900. Recheck BW: tbil wnl, ALKP 941

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder was normal in size and tone exhibiting mildly prominent apical urinary bladder wall with subtle asymmetrical luminal surface contour. Anechoic urine was present with mild debris or mucus. The urethra was normal in size and tone to a depth of 3.0 cm.

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. No evidence of pyelectasia was present. The left kidney measured 4.5 cm in length. The right kidney measured 5.1 cm in length.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 1.6 cm length x 0.43 cm width at the caudal pole. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 2.5 cm length x 0.37 cm width at the caudal pole.

Spleen

The spleen exhibited primarily finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. Small, echogenic nodules were present throughout the medial parenchyma around the hilus consistent with benign myelolipomas. 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 or neoplastic changes were not noted. The echogenic nodules tend to trend benign and are most consistent with benign hyperplasia or myelolipomas.

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. The cystic and common bile ducts were normal.



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Gastrointestinal

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The stomach exhibited Intact yet mildly prominent wall layering with a solitary pyloric polyp measuring 1.9 cm x 1.3 cm. This polyp appeared to be nonobstructive. The stomach was empty without evidence of retained ingesta, fluid, or foreign material.

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The duodenum presented intact yet mildly prominent wall layering with mild retained duodenal fluid. The jejunum and ileum were normal to the level of the colon.

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

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Pancreas

The pancreas base and right pancreatic limb exhibited mild prominent size with areas of capsule asymmetry. Isoechoic to mildly hypoechoic nonhomogeneous parenchyma was present. Subtle evidence of peripancreatic reactive mesentery was noted. No free fluid was noted.

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Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

WEIGHT

N/A

ULTRASONOGRAPHIC FINDINGS

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- Mild urinary bladder debris / mucus, possible minor cystitis
- Benign splenic nodules
- Mild age-related kidneys
- Vacuolar hepatopathy pattern - benign
- Probable resolving gastroduodenitis with benign pyloric polyp
- Mildly prominent to nonhomogeneous pancreas - potential resolving to persistent low-grade pancreatitis possible

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Urinalysis +/- C/S if evidence of inflammatory cells is recommended.

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N/A

Potential for persistent or resolving pancreatitis may be suspected if evidence of cranial abdominal or subxiphoid discomfort on palpation. Correlation with a Spec cPI could be considered.

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The pyloric polyp is likely incidental and not consistent with neoplastic criteria. Focal pyloric gastritis and minor residual to resolving gastroduodenitis possible.

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Continued gastrointestinal and hepatic supportive care i.e., Denamarin +/- Ursodiol would be reasonable given positive response to supportive therapy. Continued monitoring of hepatic enzymes is recommended yet no overt evidence of hepatobiliary inflammatory or neoplastic criteria.



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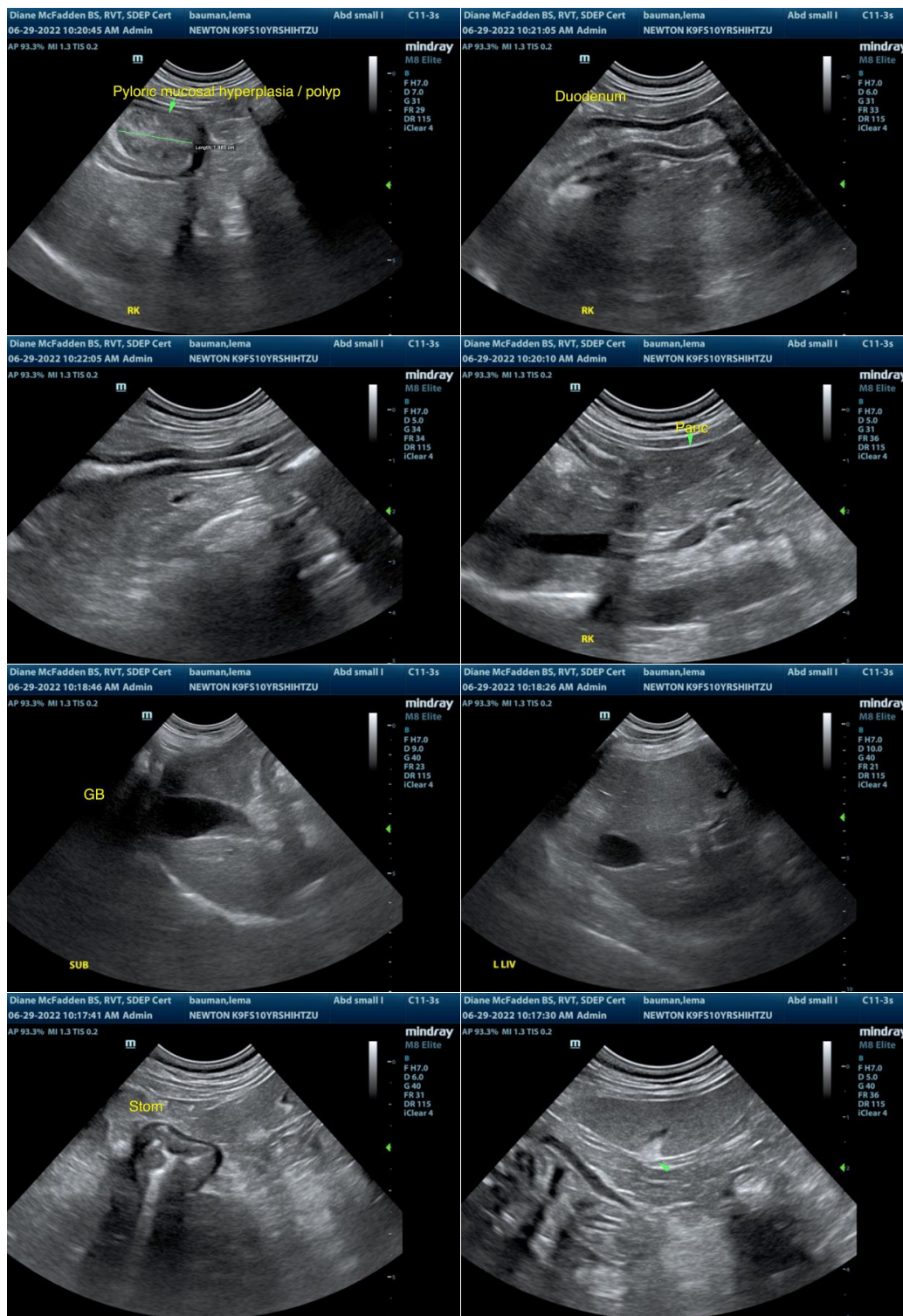
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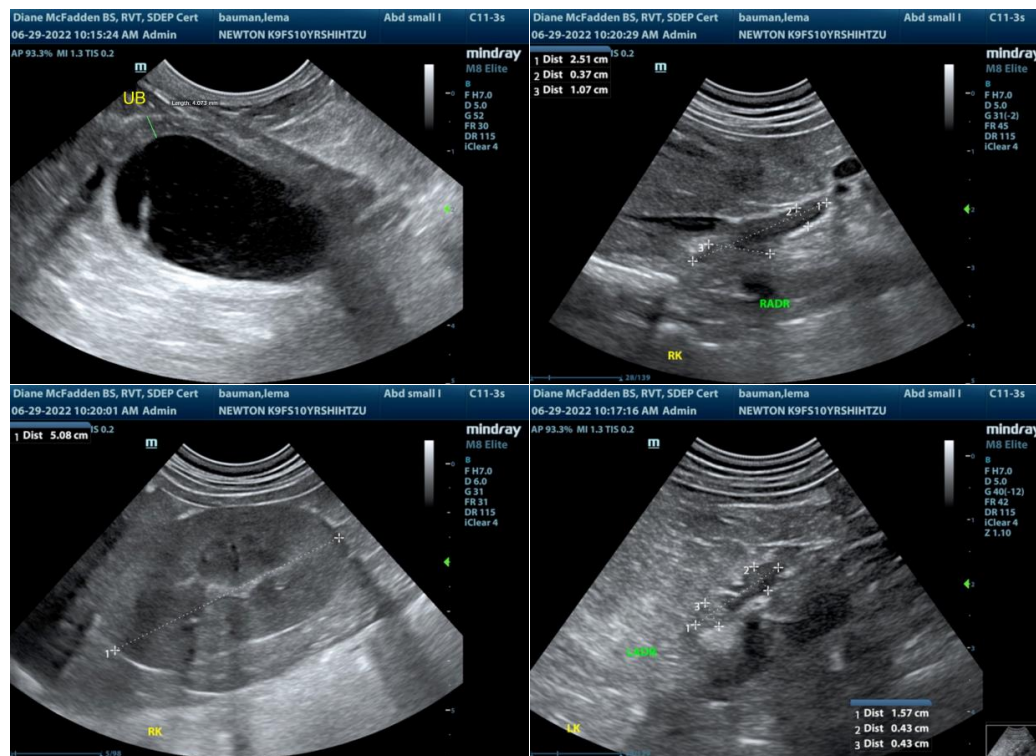
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)
info@SonoPath.com