



PATIENT PRESENTING CLINICAL SIGNS

Emmy Dewitte
Decreased appetite.
Abnormal PE/Chem/CBC/UA Results: BUN 27, creat. 2.1, K+ 6.0, PCV 39.

SPECIES ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Canine

Urinary System

BREED

Mixed

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2.0 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

Spayed Female

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 loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The left kidney measured 4.9 cm. The right kidney measured 5.2 cm.

AGE

10 Years

Adrenal Glands

The adrenal glands were uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 1.7 cm length x 0.39 cm at the caudal pole. The right adrenal gland measured 2.0 cm length x 0.66 cm at the caudal pole.

WEIGHT

54 Pounds

Spleen

The spleen was not definitively visualized in the normal intraabdominal location. This could be due to splenic displacement or volume contraction. The spleen potentially exhibited generalized hyperechoic parenchyma, although this could also potentially be the left lateral liver lobes. Overt pathology in the area of the spleen was not definitively evident.

INTERPRETED BY

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

Liver

The liver was normal in size. Minor areas of asymmetrical hepatic contour noted. Generalized increased hepatic parenchyma echogenicity noted, exhibiting moderate coarse echotexture with intermittent non-disruptive hypoechoic intraparenchymal nodules. Example of liver nodule measured 1.4 cm diameter. The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content. Non-dependent to organize sludge was present, exhibiting mild stellate pattern without evidence of mineralization, occupying the majority of the gallbladder lumen. No overt evidence of peripheral gallbladder inflammation. The cystic and common bile ducts were normal.

IMAGING PERFORMED BY

Kelly Vazquez

HOSPITAL NAME

Glen Rock VH

Gastrointestinal

REFERRING VET

Dr. Scott Stekler

The stomach presented intact wall layering with a normal wall layer ratio. Minor retained echogenic non-shadowing ingesta/chyme. Gastric body wall measured 0.63 cm.

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. Small intestinal wall measured 0.46 cm.

INVOICE

38361

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

DATE

6/3/22



PATIENT

Pancreas

Emmy Dewitte

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.

SPECIES

Canine

Free Abdomen

No overt pathology in the area of the uterine remnant.

BREED

Mixed

Several prominent to enlarged, isoechoic to non-homogeneous medial iliac lymph nodes adjacent to the iliac trifurcation were present. Example measured 2.7 cm x 2.3 cm. No evidence of perilymphatic reactive mesentery.

SEX

Spayed Female

- Generalized hyperechoic liver exhibiting intermittent hypoechoic intraparenchymal nodules
- Gallbladder mucocele – subjectively non-inflamed
- Overtly normal gastrointestinal tract with mild gastric ingesta/chyme
- Mild to moderate chronic renal changes
- Non-specific medial iliac lymphadenopathy

AGE

10 Years

ULTRASONOGRAPHIC FINDINGS

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

WEIGHT

54 Pounds

Further renal staging to include urine C/S and protein: creatinine ratio on sterile urine sample may be considered.

INTERPRETED BY

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(Canine and Feline)

The appearance of the liver was non-specific with considerations including vacuolar hepatitis, inflammatory/immune mediated disease with areas of nodular to regenerative hyperplasia, hematopoiesis, lipogranulomas, or other hepatopathy. Potential for neoplastic criteria cannot be definitively excluded, yet thought less likely. It is interesting that no reported hepatic enzyme elevations in this patient despite the hepatic parenchymal changes and presence of gallbladder mucocele. Reassessment of hepatic enzyme levels or for evidence of cholestasis suggested, if not recently done.

IMAGING PERFORMED BY

Kelly Vazquez

The gallbladder mucocele appears to be stable at this time, yet serial monitoring for evidence of cholestasis or cranial abdominal/subxiphoid discomfort on palpation suggested. Ultrasound guided hepatic FNA (assuming normal clotting status and using 25-gauge needle) could be considered for screening cytology, pending reassessment of hepatic enzyme levels. Assessment of T4 levels suggested if not yet done, as gallbladder mucoceles have been associated with hypothyroidism.

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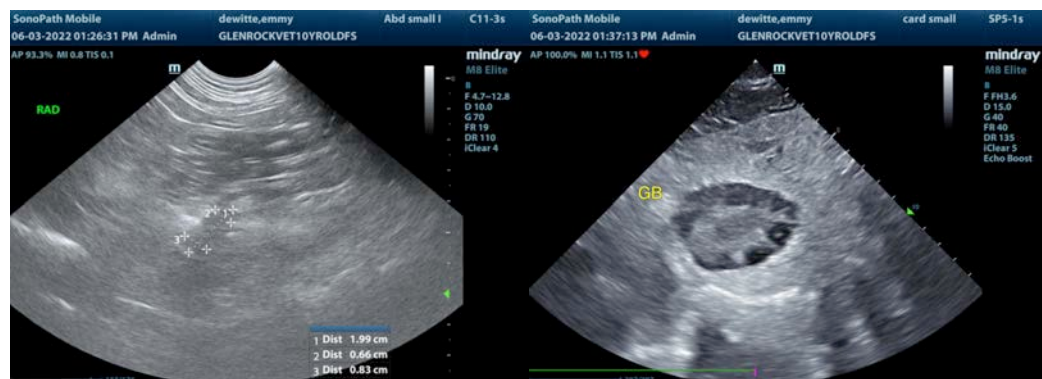
Dr. Scott Stekler

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PATIENT

Emmy Dewitte

SPECIES

Canine

BREED

Mixed

SEX

Spayed Female

AGE

10 Years

WEIGHT

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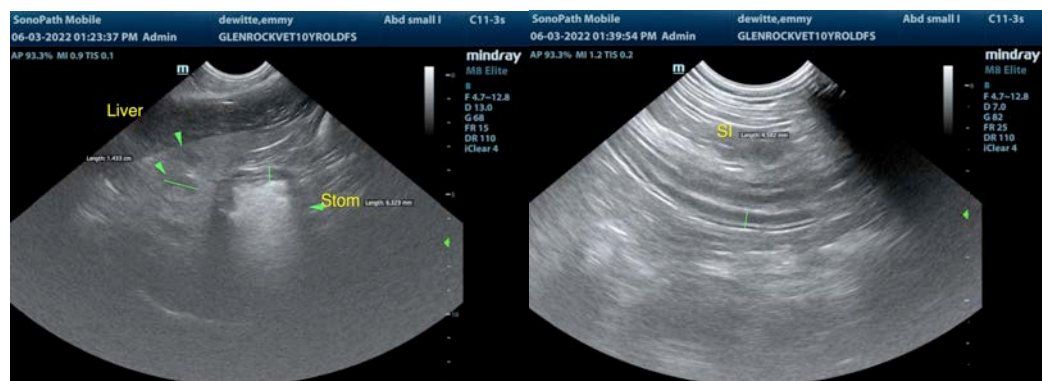
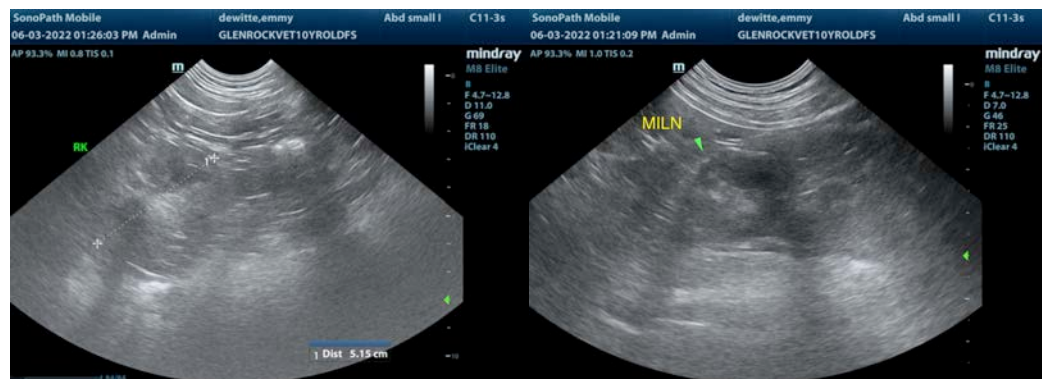
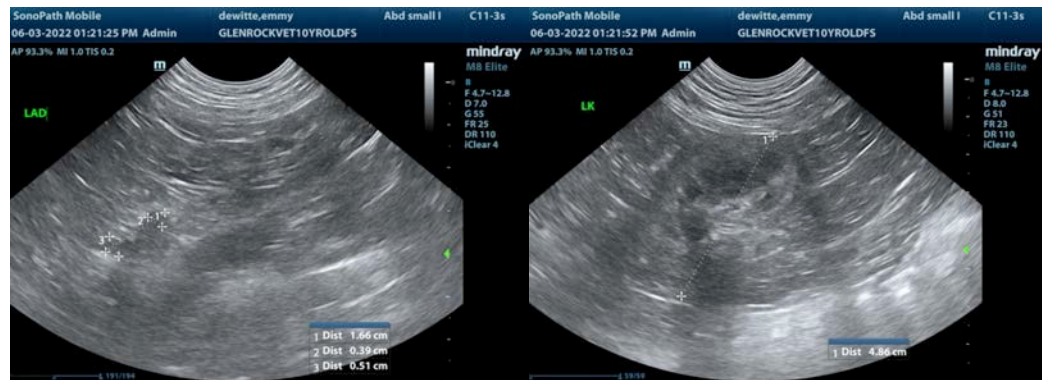
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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