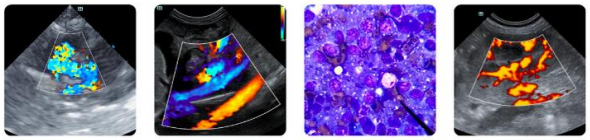


PATIENT

Ginger Testerman

SPECIES

Canine

BREED

Mixed Breed

SEX

Spayed Female

AGE

15Y, 10M

WEIGHT

42lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Brittney Beigel, DVM

HOSPITAL NAME

Bayside Animal Medical Center

REFERRING VET

Brittney Beigel, DVM

INVOICE

75300

DATE

6-3-26

PRESENTING CLINICAL SIGNS

Presented to erDVM for vomiting, then seeming wobbly and inc
rr/re; She vomited grass tonight, then 10 mins later tail tucked, licking lips, would not lay down and didn't seem steady on her feet. O also noted significantly inc rr/HR - about 160-170/min at home. FF noted on AFAST, at erDVM
Presented to Bayside BAR, arthritic, tense on abdominal palpation; performed US to screen for abdominal tumors/cause of FF
Elevated liver values
Fasted for US scan
No sedation needed
Abnormal PE/Chem/CBC/UA Results: Attached

ALP>993, ALT 449

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 3.0 cm exhibited normal thickness and tone. Anechoic urine was present in the lumen with no uroliths or sediment. No mineral or calculi was present. The ureteral papillae were normal. The ureters were not visible, which is normal. No evidence of inflammatory or neoplastic changes was noted.

No evidence of pathology in the area of the aortic trifurcation.

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 left kidney measured 5.9 cm in length. The right kidney measured 6.7 cm in length.

Adrenal Glands

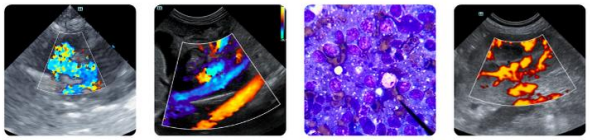
The left adrenal gland exhibited enlarged caudal pole with symmetrical contour and maintained homogeneous nonmineralized parenchyma. The left adrenal gland measured 1.45 cm width at the caudal pole.

The right adrenal gland was subjectively borderline increased in size with the caudal pole subjectively measuring approximately 0.75 cm.

Spleen

The spleen exhibited primarily finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. Intermittent, small, hyperechoic nodules were present. 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



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The liver was subjectively mildly enlarged in size with mild nonhomogeneous hepatic parenchyma exhibiting mild to variable coarse echotexture. Intermittent discrete hyperechoic intraparenchymal nodules were present without evidence of capsule distortion. A primarily fluid filled cystic lesion was present dorsal to the gallbladder measuring approximately 4.5 cm in diameter. Potential for concurrent indistinct soft tissue component to the cystic lesion possible. Normal 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 non-edematous gallbladder walls. No evidence of pericholecystic inflammation. The gallbladder lumen was occupied by congealed yet nonorganized nonmineralized debris with suspect areas of entrapped peripheral lumen mucus. The common bile duct was not visualized.

Gastrointestinal

The stomach presented overtly normal intact visible wall. The stomach exhibited moderate distension with retained fluid and lumen gas including potential for gas artifact in the area of the pylorus lumen with potential shadowing.

The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. The lumen of the small intestine was primarily empty with minor segmental nonshadowing chyme without an obstructive pattern to the level of the colon.

Normal visible colon wall layers were present with formed to shadowing fecal matter in lumen.

Pancreas

The area of the pancreas was normal.

Free Abdomen

Mild volume primarily lateral abdomen effusion.

No obvious visualized significant omental lymphadenopathy or visible omental masses.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Moderate fluid/gas distended stomach with possible indistinct shadowing pyloric content vs gas artifact.
- Generalized empty small intestine with minor segmental nonshadowing chyme.
- Formed to shadowing fecal matter in colon.
- Hepatopathy exhibiting discrete hyperechoic intraparenchymal nodules and cystic intraparenchymal lesion with possible soft tissue lesion component – benign hyperplasia, lipogranulomas, hepatic cyst vs cystic mass.
- Noninflamed gallbladder mucocele.
- Caudal left adrenomegaly with borderline right adrenomegaly.

Secondary Findings

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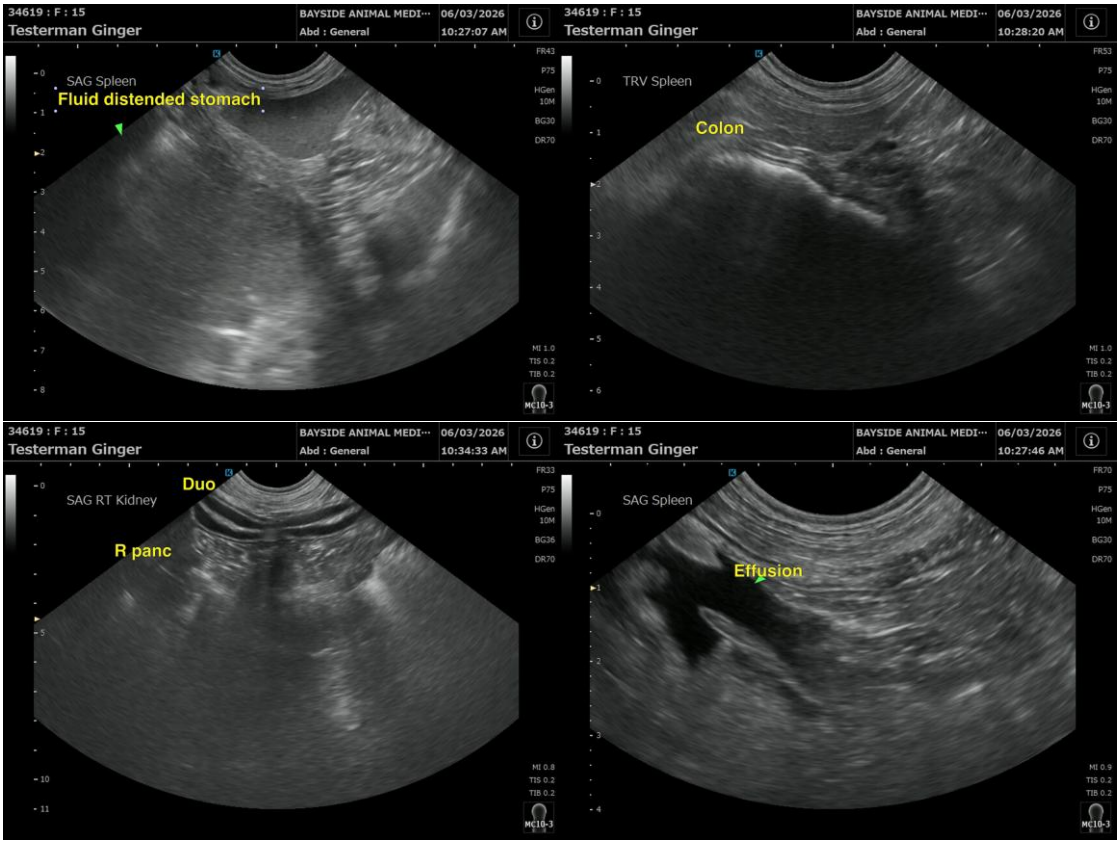
- Mild chronic renal changes.
- Small hyperechoic splenic nodules – suggestive of benign criteria i.e. small myelolipomas.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Metabolic gastric ileus secondary to dietary indiscretion or low grade gastritis/gastroenteritis is possible. Concern for a small amount of persistent retained pyloric foreign material given the patient's history with potential partial pyloric outflow obstruction in conjunction with a degree of gastric fluid and gas distension is of concern with concurrent potential for passed foreign material in the colon.

Given the timeframe between the ultrasound study and interpretation, correlation with current clinical signs as well as sonographic reassessment of the upper gastrointestinal tract is indicated. If persistent gastrointestinal signs or gastric ileus, laparotomy with gross inspection of the upper gastrointestinal tract, liver, and gallbladder with potential for hepatic biopsies, assuming normal clotting status, may be indicated. Gastric evacuation with continued gastrointestinal support and close clinical monitoring would be more conservative.

Adrenal screening or workup warranted if clinical signs consistent with Cushing's syndrome.



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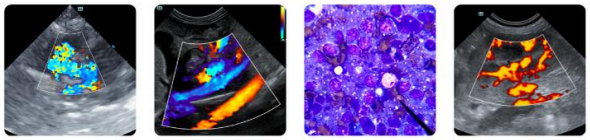

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Educational Teleconsultation Services™

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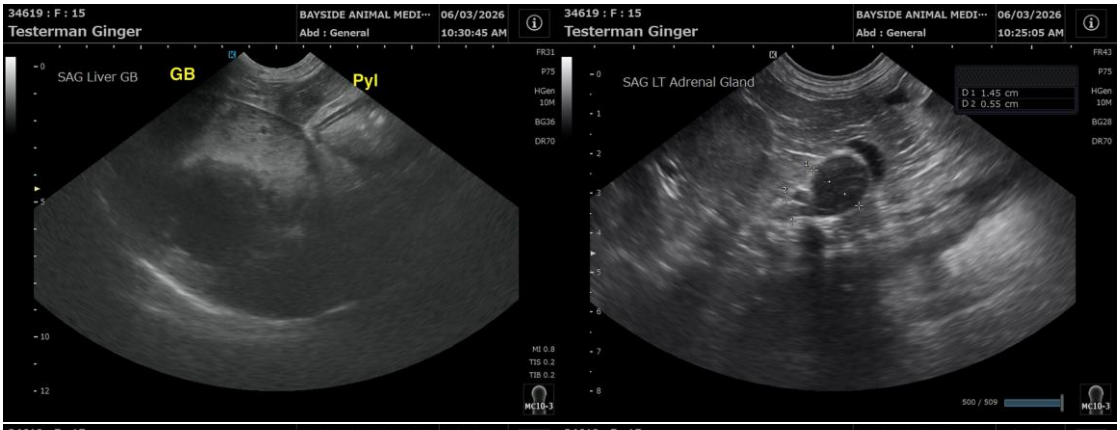

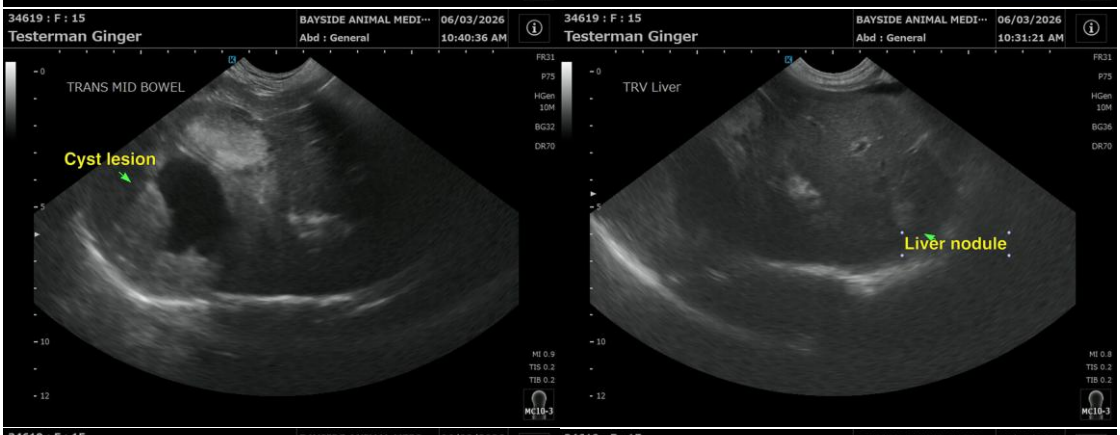

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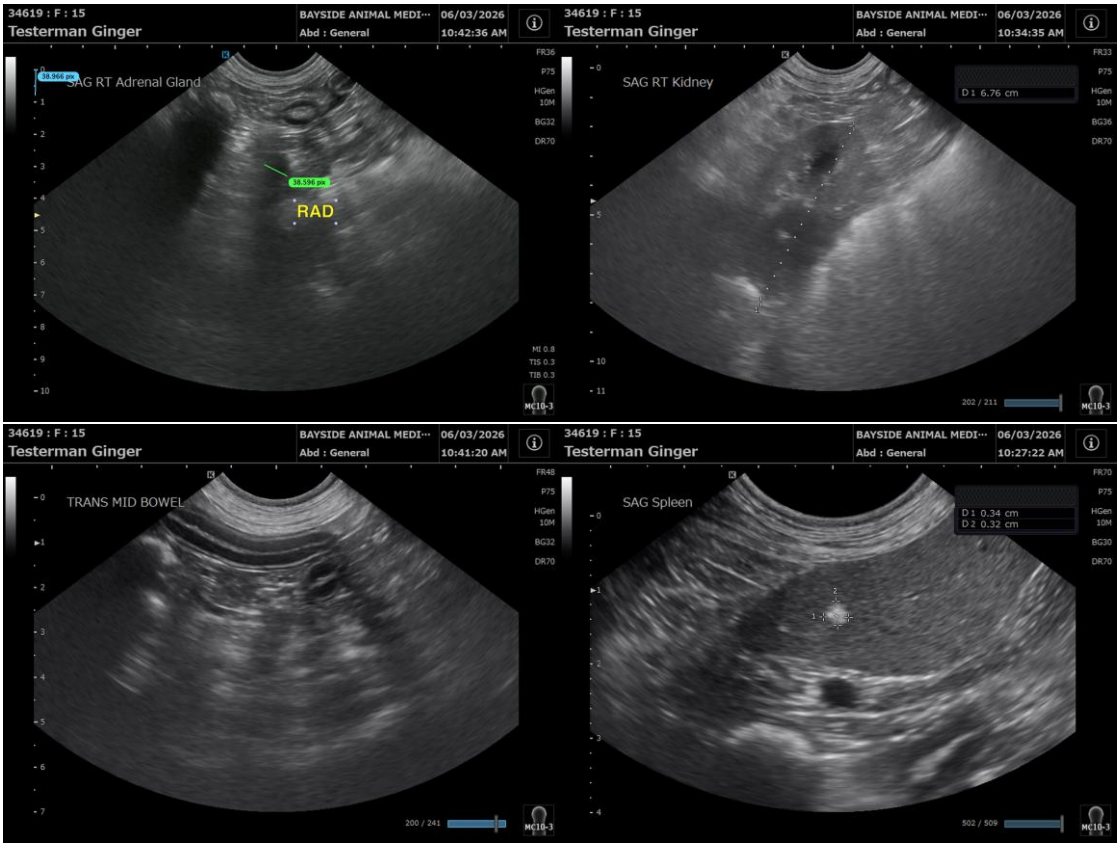

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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