



PATIENT

Maryanne Lewis

SPECIES

Canine

BREED

Maltese

SEX

Spayed Female

AGE

12 Years

WEIGHT

7.7 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Rachel Runnells, RVT

HOSPITAL NAME

SVS Imaging KC

REFERRING VET

Dr. Kissinger

INVOICE

15920

DATE

6/6/22

PRESENTING CLINICAL SIGNS

History: Presented on 6/3/22 for not eating the past 2 days, lethargic. (Has previously had episodes likely related to IVDD, most recent episode in mid-April). Started on Buprenorphine and Entyce. Did well over the weekend, but lethargic and not wanting to eat again on Monday/today (owner said she jumped off the couch).

Abnormal PE/Chem/CBC/UA Results: Patient was ataxic primarily on left hindleg and left foreleg, painful in the C7-T1 region. CBC/Chemistry were unremarkable with the exception of a mild increase in ALT 127 U/L (10-125 U/L). Bilaterally medially luxating patellas grade 4/4.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

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. Aortic trifurcation was normal.

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. Pinpoint areas of medullary mineral were present. The left kidney measured 3.8 cm in length. The right kidney measured 3.8 cm in length.

Adrenal Glands

The bilateral adrenal glands were normal in size. Mild parenchyma heterogeneity and mild capsule asymmetry was present without suspicion for overt neoplasia. The left adrenal gland measured 0.49 cm width at the caudal pole and 0.49 cm width at the cranial pole. The right adrenal gland measured 0.46 cm width at the caudal pole and 0.67 cm width at the cranial pole. No evidence of hyperplasia or adrenal tumors.

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.

Liver

The liver was subjectively normal in size, structure, and contour. Overall uniform hepatic parenchyma with evidence of minor remodeling present. A solitary nondisruptive subtle hypoechoic intraparenchymal nodule was present in the mid liver, measuring 0.61 cm in diameter. The hepatic and portal vasculature were normal in appearance without signs of congestion.

The gallbladder was non distended in size with minor nondependent nonmineralized gallbladder debris with primarily anechoic content. No evidence of gallbladder or peripheral gallbladder inflammation. The cystic duct and common bile ducts were normal without evidence of dilation.

Gastrointestinal



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The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach was empty with no signs of ileus, obstruction or foreign material.

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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.

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

Pancreas

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.

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Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

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ULTRASONOGRAPHIC FINDINGS

- Mild age-related kidneys
- Low-grade hepatopathy with solitary nondisruptive mid intraparenchymal nodule- subjectively benign
- Minor gallbladder debris- likely incidental
- Overtly normal gastrointestinal tract and pancreas

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The overall appearance of the liver and solitary hepatic intraparenchymal nodule were nonspecific yet most consistent with benign hepatopathy and solitary nodule. Low grade reactive or inflammatory hepatopathy is possible given the minor elevated ALT. The nodule is likely indicative of solitary area of nodular to regenerative hyperplasia, small lipogranuloma, hematopoiesis or similar. Neoplastic criteria is considered unlikely. Sonographic monitoring of the liver nodule for evidence of progression would be reasonable. Hepatosupportive medications, including Denamarin and ursodiol may prove beneficial.

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No evidence of gastrointestinal or pancreatic pathology. Continued as needed gastrointestinal support recommended.

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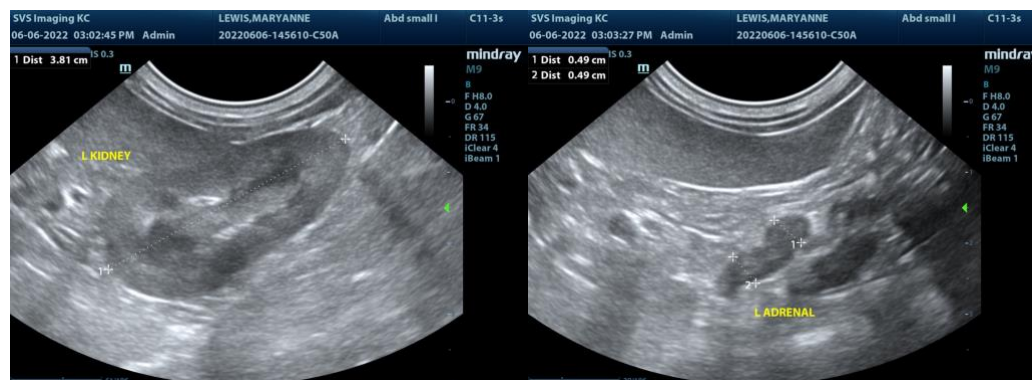
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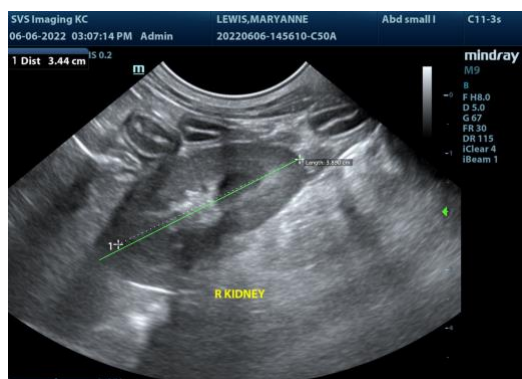
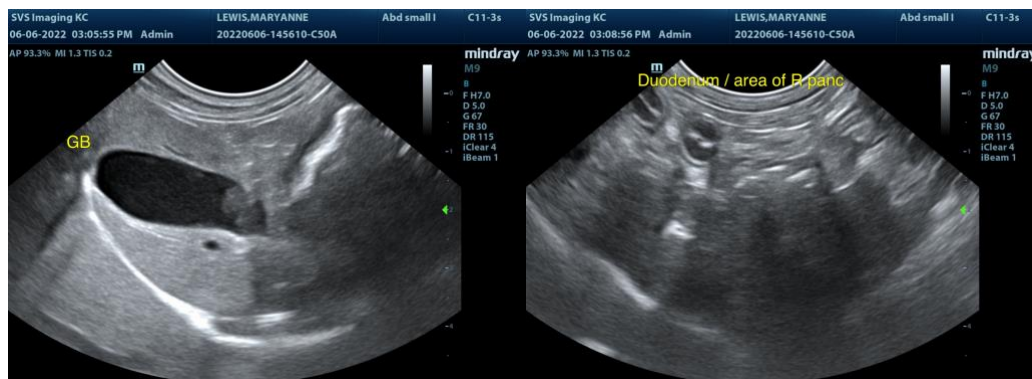
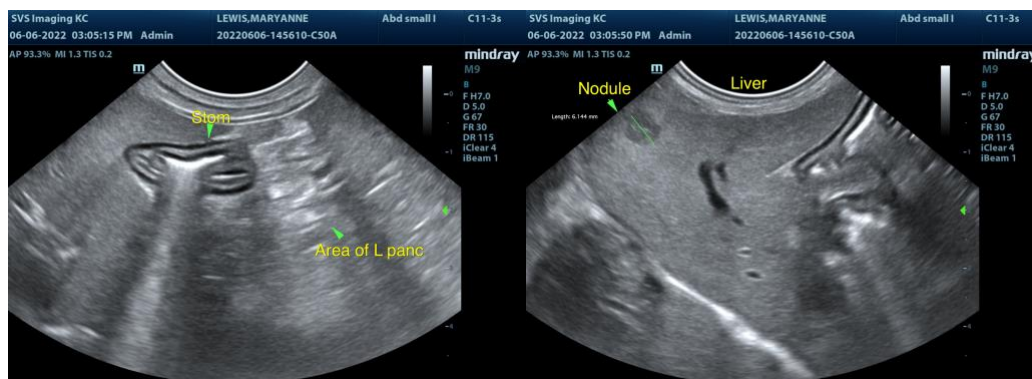
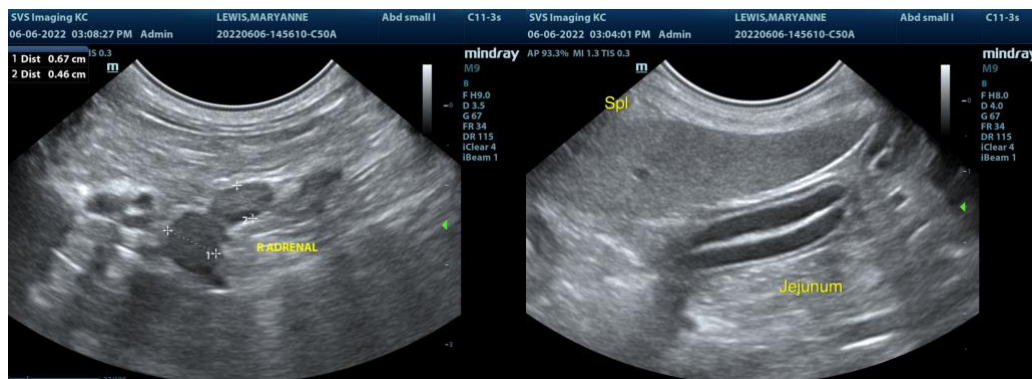
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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.

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info@SonoPath.com

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