

PATIENT PRESENTING CLINICAL SIGNS

PATIENT Stella Cancilla
SPECIES Canine
BREED Hungarian Puli
SEX FS
AGE 11yr
WEIGHT 25.7lb
INTERPRETED BY R. McKenzie Daniel, DVM, DABVP (Canine and Feline)
IMAGING PERFORMED BY Crystal Hill
HOSPITAL NAME Southside Pet Hospital
REFERRING VET Dr. Honda
INVOICE 11111ag
DATE 07/12/2022

History: Upon shaving, noted petechiae on belly. Presented 3 weeks ago for RF lameness - nsf on exam. Treated with Metacam. Seemed to resolve but back for GPE 4 days ago due to vomiting and diarrhea. Noted to have 6x8cm mass on cranial R shoulder area. FNA pending. Treated symptomatically but progressive lethargy, vomiting and cranial abd pain suspected so bw done yesterday - BW shows mild anemia with slight response. WBC normal but higher than her normal, Plt count read as low but clumped platelets noted. Total protein slightly low but Alb (27) and Glob (26) in normal range. TBili elevated at 8.3. Serum not noted to be icteric. Metronidazole Finished course of Cerenia, not a lot of improvement.

Abnormal PE/Chem/CBC/UA Results: TP 53, ALB 27, AST 66, ALT 19, TBIL 8.3, HCT 0.35, Retics 158.1, WBC wnl 14.7 Please see attached lab values.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 3 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.

Normal size and margination were present in the kidneys. A normal 1:3 cortex / medulla ratio and normal corticomedullary definition were maintained. The echogenicity of the cortex was similar to or slightly less than normal liver parenchyma while the medulla echogenicity was hypoechoic to the cortex with no evidence of pelvic dilation. The left kidney measured 4.3 cm in length. The right kidney measured 4.5 cm in length.

The area of the aortic trifurcation was free of pathology.

No overt pathology in the area of the uterine remnant.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.50 cm width at the caudal pole and 1.6 cm length. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.76 cm width at the caudal pole.

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 exhibited subjective mild enlargement with normal structure and contour. Generalized decreased hepatic parenchyma echogenicity with minor increased prominence of portal vascular borders was present. Intermittent subtle hyperechoic nondisruptive nodules an example measuring 0.70 cm in diameter were present.



PATIENT

The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.

Stella Cancilla

Gastrointestinal

SPECIES

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.

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.

BREED

Hungarian Puli

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

Pancreas

SEX

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.

FS

Free Abdomen

AGE

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

11yr

Transdiaphragmatic view revealed comet tail lung pattern, which is echogenic sound wave interface with microconsolidations within the caudal lung field. The lung field should not be visualized by sonogram unless pathology is present. Chest radiographs are recommended to rule out alveolar/lung disease such as neoplasia, thromboembolic disease, chronic inflammatory disease with microconsolidation.

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ULTRASONOGRAPHIC FINDINGS

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R. McKenzie Daniel,
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(Canine and Feline)

- Mild hepatomegaly exhibiting decreased parenchyma echogenicity and intraparenchymal nodules-nodules are suggestive of benign lipogranulomas
- Transdiaphragmatic comet tail artifact
- Sonographically unremarkable GI tract
- Mild age related kidney changes

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Chest radiographs are recommended to rule out alveolar/lung disease such as neoplasia, thromboembolic disease, chronic inflammatory disease with microconsolidation.

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The hepatic presentation was nonspecific with potential for age related variant, acute hepatitis, noncardiogenic congestion, reactive hepatopathy while the possibility of hepatic neoplasia cannot be excluded. Assuming normal clotting status a hepatic FNA could be considered for screening cytology. No evidence of post hepatic obstructive or inflammatory biliary criteria was observed. A leptospirosis titer/PCR could be considered if endemic to the area.

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Monitoring of PLT level is suggested. Empirical GI support would be reasonable.

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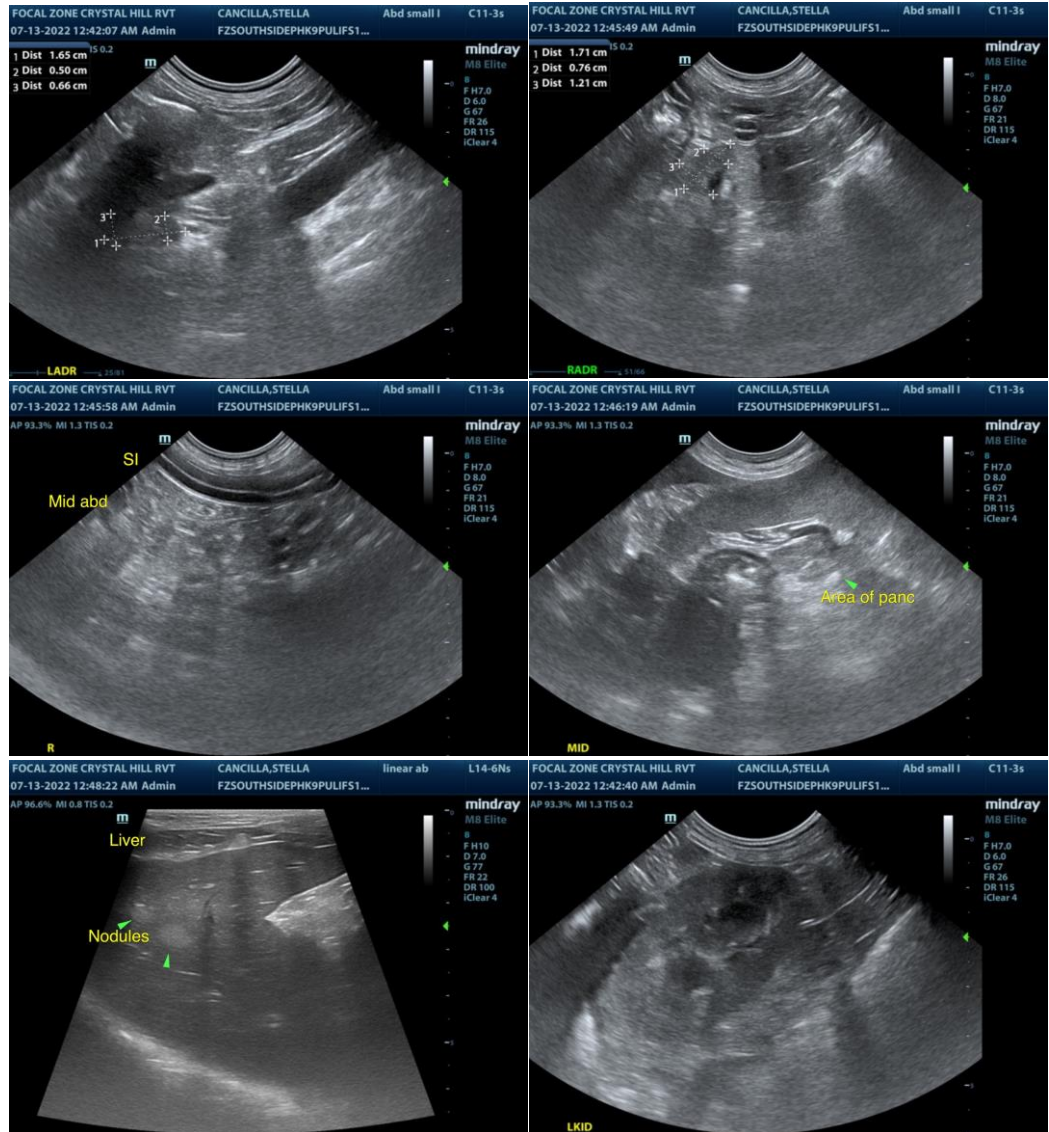
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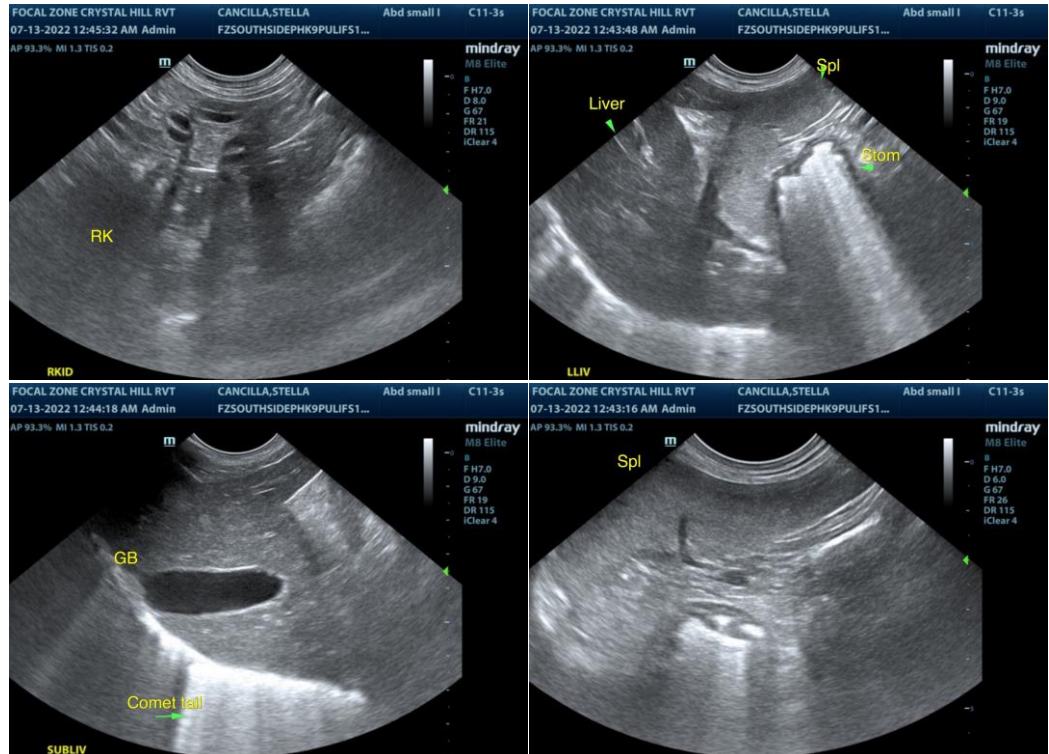
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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