



PATIENT

Piper Forrester

SPECIES

Canine

BREED

Havanese

SEX

FS

AGE

14 years

WEIGHT

12 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Jessica Miller

HOSPITAL NAME

Willowbrook AC

REFERRING VET

Dr. Palescandolo

INVOICE

17248

DATE

7/14/23

PRESENTING CLINICAL SIGNS

Urinary accidents. Current meds: Proin 25mg

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. 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 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 moderate loss of corticomedullary symmetry and definition expected for the age of the patient. Minor bilateral pyelectasia was present. The left kidney measured 3.2 cm in length. The right kidney measured 4.2 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 1.5 cm length x 0.47 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 1.5 cm length x 0.42 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/ Gallbladder

The liver was normal to possibly borderline enlarged in size with a symmetrical capsule contour maintained. Generalized nonhomogeneous hyperechoic hepatic parenchyma was present exhibiting moderate coarse echotexture and parenchymal remodeling. Several to multiple, variably sized, non-disruptive, nonhomogeneously hypoechoic hepatic nodules were present with an example measuring 1.1 cm in diameter. Normal hepatic vascular volume was noted. The gallbladder was non-distended in size containing primarily anechoic content with mild, nonorganized, echogenic gallbladder sediment. No evidence of inflammatory criteria was noted. The cystic and common bile ducts were normal.

Gastrointestinal

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.

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.

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Pancreas

SPECIES

The pancreas was normal in size and contour with isoechoic to heterogeneous parenchyma compared to adjacent omentum, consistent with age-related pancreatic changes and incidental. No signs of active inflammation or neoplasia.

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BREED

Free Abdomen

Havanese

No overt lymphadenopathy or peritoneal effusion was present.

SEX

ULTRASONOGRAPHIC FINDINGS

FS

- Sonographically unremarkable urinary bladder and visible proximal urethra

AGE

- Bilateral moderate chronic renal changes

14 years

- Nonhomogeneous mildly nodular liver - nonspecific, vacuolar hepatopathy, inflammatory / immune-mediated disease, hyperplasia, hematopoiesis, fibrosis, infiltrative neoplasia (thought less likely), or other possible

WEIGHT

- Mild gallbladder sediment (non-mucocele)

12 lbs.

INTERPRETED BY

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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

Further renal staging to include urine C/S and protein: creatinine ratio on sterile urine sample may be considered. No evidence of overt lower urinary tract structural pathology as an obvious cause or contributing factor to the urinary accidents. Continued Proin trial with an assessment of systemic BP would be reasonable. Correlation with hepatic enzyme assessment +/- screening hepatic FNA cytology, assuming normal clotting status and using a 25-gauge needle, is recommended.

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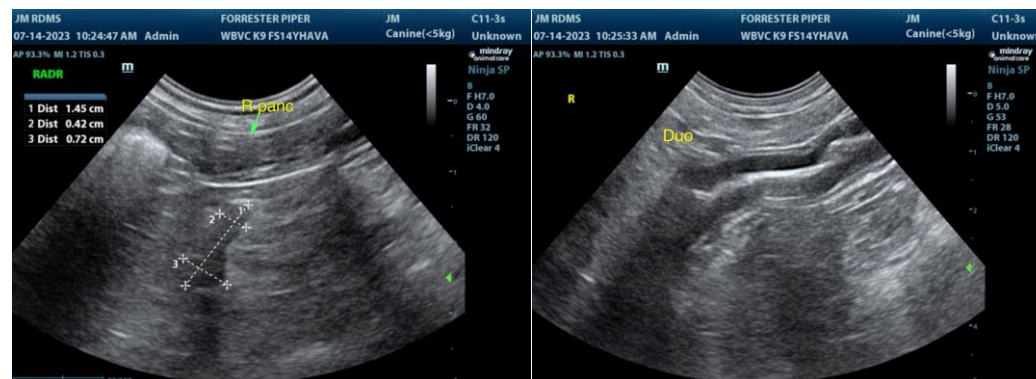
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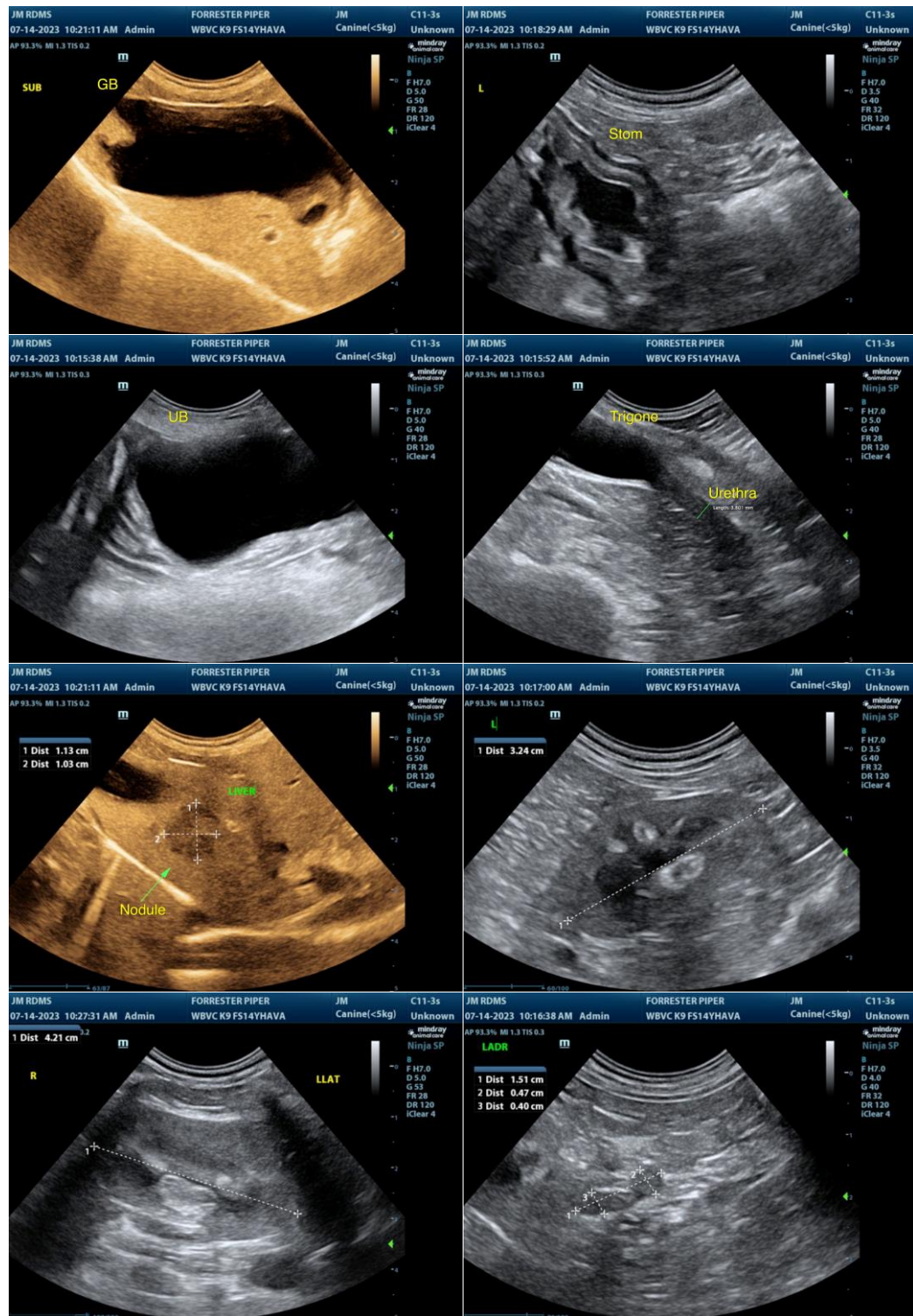
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.



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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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