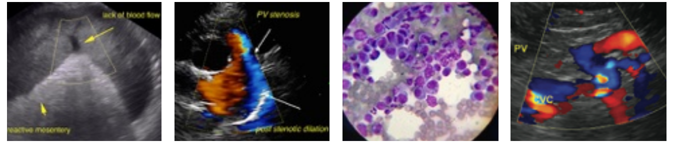
SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™



SonoPath.com™
1-800-838-4268 info@sonopath.com

PATIENT

Samson Bennett

SPECIES

Canine

BREED

Yorkshire Terrier

SEX

Intact Male

AGE

9y 8m

WEIGHT

1.95 kgs

INTERPRETED BY

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

IMAGING PERFORMED BY

Jolee Stegemoller, DVM

HOSPITAL NAME

North Idaho Animal Hospital (VCA)

REFERRING VET

Richard Morgan, DVM

INVOICE

10330

DATE

7/14/2023

PRESENTING CLINICAL SIGNS

A month ago, presented for vomiting, loss of appetite.... full blood panel done (normal top to bottom) and abdominal rads done...no evidence of obstructive disease, but on lateral view possible gastric mass, FB? Owner opted to monitor, and pet received Cerenia injection and SQ fluids...took about 3 days and pet started eating but will only eat pureed baby food....no ongoing vomiting or diarrhea but losing weight...3 days ago had watery diarrhea, progressing to pasty dark, melenic stool, then vomiting and inappetence. Opted to perform abdominal ultrasound to assess for gastric mass, obvious ulcer, other possible cause for GI symptoms.

Abnormal PE/Chem/CBC/UA Results: No abnormal blood results...urine not run.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of - cm exhibited normal thickness and tone. Primarily anechoic urine was present in the lumen. Non-dependent particulate sediment was present without evidence of calculus formation. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic mural changes was noted.

The prostate was enlarged in size with intact, symmetrical capsule contour. The margins of the gland were intact and able to be differentiated from the surrounding tissue. The prostatic parenchyma was mildly echogenic to heteroechoic without parenchymal mineralization. The prostate measured 3.0 cm in diameter.

The area of the aortic trifurcation was free of pathology.

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 mild loss of corticomedullary symmetry and definition expected for the age of the patient. Mild focal medullary mineral in both kidneys. No pyelectasia noted. No evidence of pelvic dilation was present. The left kidney measured 3.1 cm in length. The right kidney measured 3.6 cm in length.

Adrenal Glands

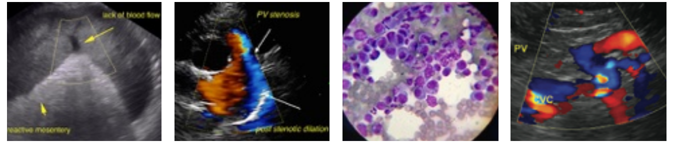
The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 1.5 cm in length x 0.29 cm in width at the caudal pole. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 1.6 cm in length x 0.34 cm in 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 subjectively normal in size, structure, and contour. The liver parenchyma was uniform and hypoechoic to the spleen with a mild coarse echotexture. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content. Moderate variably hyperechoic congealed, gallbladder



PATIENT
Samson Bennett

SPECIES
Canine

BREED
Yorkshire Terrier

SEX
Intact Male

AGE
9y 8m

WEIGHT
1.95 kgs

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

IMAGING PERFORMED BY
Jolee Stegemoller, DVM

HOSPITAL NAME
North Idaho Animal Hospital (VCA)

REFERRING VET
Richard Morgan, DVM

INVOICE
10330

DATE
7/14/2023

sediment. Potential for emerging gallbladder sediment mineralization, although no evidence of definitive choleliths. No evidence of gallbladder or peripheral gallbladder inflammatory criteria. The cystic and common bile ducts were normal.

Gastrointestinal

The stomach presented intact mildly prominent wall layering with mild retained anechoic pyloric fluid without evidence of mechanical pyloric outflow obstruction or gastric distention with retained ingesta, fluid, or foreign material. No evidence of loss of gastric wall layering or gastric mass. The pylorus wall measures 0.30 cm.

The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. No evidence of mechanical/metabolic ileus, loss of intestinal wall layering, or intestinal mass. The lumen of the small intestine was empty with no signs of obstruction, or foreign material. The duodenum wall measured 0.27 cm width. The jejunum wall measured 0.25 cm width.

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 were evident.

Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

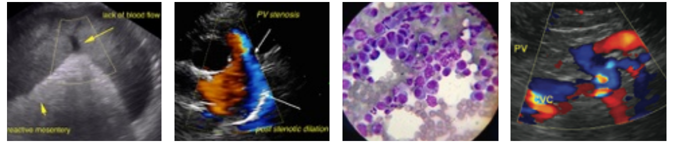
ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Mild hypermobile gastritis pattern
- Structurally unremarkable small bowel
- Soft fecal matter in the colon
- Mild age-related kidneys with focal mild medullary mineral
- Urinary bladder sediment
- Enlarged nonhomogeneous prostate – likely benign prostatic hyperplasia but potential for prostatitis.
- Variably hyperechoic gallbladder sediment (non-mucocele)

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The urinary bladder sediment may suggest cellular / crystalline debris or mucus. Cystocentesis for UA +/- C/S if evidence of inflammatory cells is recommended. Prostatic sampling required for further assessment. Gastritis/gastroenteritis emerging inflammatory bowel, occult infiltrative gastrointestinal neoplasia, (thought less likely) low grade to chronic pancreatitis which may present sonographically normal, non-obvious gastrointestinal ulceration all potentials. Resting cortisol level to rule out occult



SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Samson Bennett

SPECIES

Canine

BREED

Yorkshire Terrier

SEX

Intact Male

AGE

9y 8m

WEIGHT

1.95 kgs

INTERPRETED BY

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

IMAGING PERFORMED BY

Jolee Stegemoller, DVM

HOSPITAL NAME

North Idaho Animal Hospital (VCA)

REFERRING VET

Richard Morgan, DVM

INVOICE

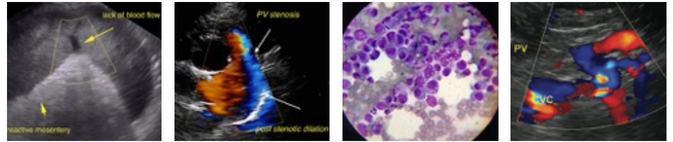
10330

DATE

7/14/2023

Addison's disease as well as a GI panel to include PLI/TLI/Cobalamin/Folate warranted for further assessment. Gastro protectant protocol Omeprazole 1mg per kg PO SID along with Sucralfate. Dietary therapy which may include novel protein or hydrolyzed diet trial and high colony count probiotic with assessment of gastrointestinal response would be reasonable. Gastrointestinal endoscopic biopsies may be required for definitive diagnosis. No evidence of gastrointestinal mass, foreign body, or obstructive criteria.

SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™



SonoPath.com™
1-800-838-4268 info@sonopath.com

PATIENT

Samson Bennett

SPECIES

Canine

BREED

Yorkshire Terrier

SEX

Intact Male

AGE

9y 8m

WEIGHT

1.95 kgs

INTERPRETED BY

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

IMAGING PERFORMED BY

Jolee Stegemoller, DVM

HOSPITAL NAME

North Idaho Animal Hospital (VCA)

REFERRING VET

Richard Morgan, DVM

INVOICE

10330

DATE

7/14/2023

Lt Kidney Cine

Lt Adrenal Cine

Bladder Cine

Bladder Cine

Lt Adrenal Measurement

Rt Adrenal Measurement

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