



PATIENT

Cosmo Cedrone

SPECIES

Canine

BREED

Bichon Frise

SEX

MN

AGE

13yr

WEIGHT

5.4kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr Sarah Barthelemy

HOSPITAL NAME

Aspen Animal
Hospital

REFERRING VET

Dr. Ross

INVOICE

14387ag

DATE

07/17/2023

PRESENTING CLINICAL SIGNS

AUS in Feb 2023 showed mild duodenal muscularis thickening with mild mucosal speckling, steatitis, scant free fluid, hepatopathy, bilateral chronic renal changes. Recently he's been vomiting once daily for past 3 days. Repeat labs cpl elevation

Abnormal PE/Chem/CBC/UA Results: Spec cpl elevation marked

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra 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 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. No evidence of pelvic dilation was present. Bilateral cortical cysts were present, an example measured 0.68 cm in the left kidney. The left kidney measured 3.9 cm in length. The right kidney measured 3.8 cm in length.

The area of the aortic trifurcation was free of pathology.

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 0.45 cm width at the cranial pole. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.46 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 borderline to mildly enlarged with symmetrical contour and mild non-homogenous generalized parenchyma. Mild to moderate coarse echotexture was present. No masses or nodules present. Normal vascular volume. 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. 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.



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The duodenum presented intact mildly prominent wall layering with subjective prominent duodenal mucosa layer with concurrent mild hypoechoic duodenal mucosal speckling. Subjective mildly prominent jejunal mucosa was present. No overtly visualized jejunal mucosal speckling. The lumen of the small intestine was empty with no signs of ileus, obstruction or foreign material. The duodenum wall measured 0.52 cm width. The jejunum wall measured 0.40 cm width.

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

Pancreas

BREED

Bichon Frise

The pancreas was normal in size with asymmetric contour and isoechoic to heterogeneous parenchyma compared to adjacent omentum. No signs of active inflammation or neoplasia.

Free Abdomen

SEX

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

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ULTRASONOGRAPHIC FINDINGS

- Intact prominent duodenum wall with mild non-specific duodenal mucosal speckling.
- Mildly heterogenous to remodeled pancreas.
- Chronic renal changes with cortical cysts.
- Borderline/mild hepatomegaly with mild non-uniform parenchyma- subjectively benign.

WEIGHT

5.4kg

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The appearance of the pancreas is not consistent with active pancreatitis. Assessment for evidence of cranial abdominal/subxiphoid discomfort on palpation or elevated spec cPL which may allude to low grade pancreatitis is recommended.

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The duodenum is suggestive of duodenitis criteria. No evidence of intra-abdominal or GI neoplastic criteria. As needed GI support and empirical therapy for chronic pancreatitis if GI signs are present would be reasonable.

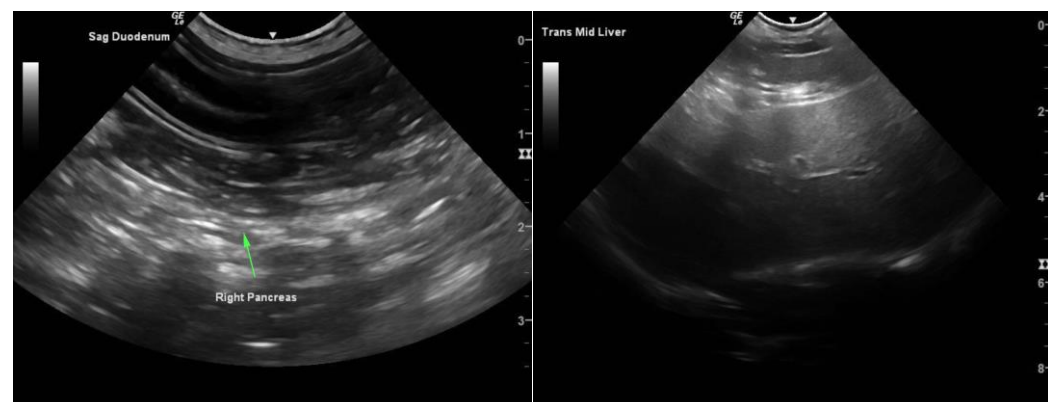
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Further renal staging to include urine C/S and protein: creatinine ratio on sterile urine sample may be considered.

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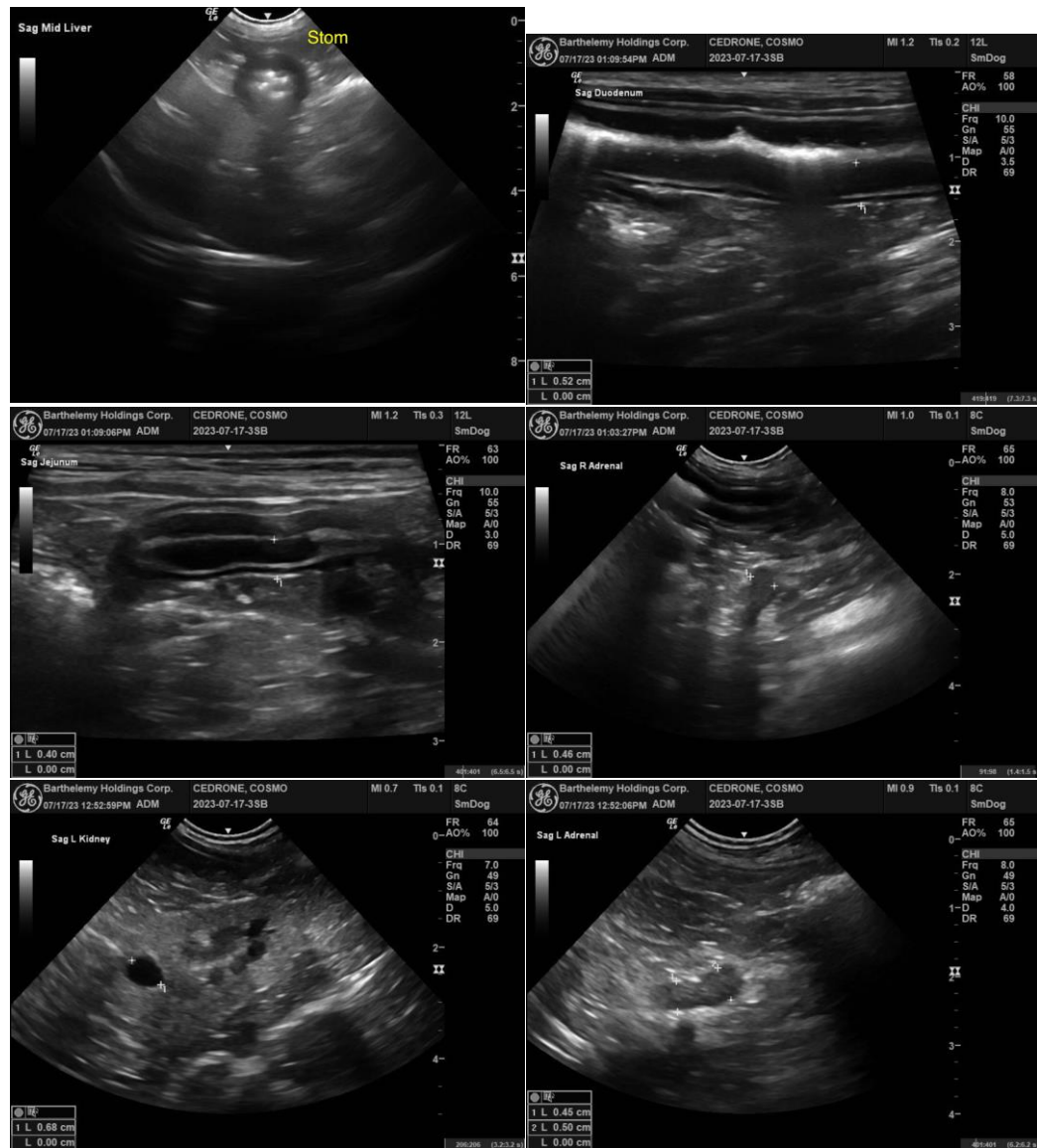
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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



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