


PATIENT PRESENTING CLINICAL SIGNS

Cubby Hill History: Has lost weight, but owners had cut down on and changed feeding for both dogs. Seems quieter. Unsure but may have palpated enlarged Spleen.

SPECIES Abnormal PE/Chem/CBC/UA Results: Liver changes on bloodwork, elevated Bilirubin, CBC normal, T4 mid normal. No meds.

Canine

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN
BREED *Urinary System*

Border Collie Mix 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.

SEX

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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. The left kidney measured 5.3 cm in length. The right kidney measured 6.4 cm in length.

AGE

11yr

The area of the aortic trifurcation was free of pathology.

WEIGHT

44.1lb

Adrenal Glands

The bilateral adrenal glands were normal in size. Mild parenchyma heterogeneity and mild capsule asymmetry was present without suspicion for overt neoplasia.

INTERPRETED BY

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

The left adrenal gland measured 0.55 cm width at the caudal pole and 2.0 cm width at the cranial pole. The right adrenal gland measured 0.69 cm width at the caudal pole and 2.0 cm width at the cranial pole.

Spleen

The spleen exhibited subtle parenchyma heterogeneity with no masses or nodules. 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.

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HOSPITAL NAME

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Liver

The liver was subjectively normal in size, structure, and contour. Nonhomogeneous to mildly mixed echogenic parenchyma exhibiting moderate coarse echotexture was noted. Evidence of parenchymal remodeling was present along with intermittent hypoechoic nodules, an example measured 2.2 cm in diameter. 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 with mild congealed yet nonorganized debris. The cystic and common bile ducts were normal.

REFERRING VET

Dr. Kazienko

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Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. Areas of shadowing gastric ingesta along with mild retained chyme was present, the shadowing gastric ingesta measured 1.8 cm in diameter. No signs of ileus, obstruction or foreign material.

DATE

07/25/2022



PATIENT The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. The lumen of the small intestine contained minor segmental nonshadowing chyme with no signs of ileus, obstruction or foreign material.
Cubby Hill

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

Canine
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.

BREED

Border Collie Mix

Free Abdomen

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

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ULTRASONOGRAPHIC FINDINGS

AGE

11yr

- Mildly irregular to nonhomogeneous discretely nodular liver
- Mild gallbladder debris (non-mucocele)
- Overtly normal GI tract with mild focally shadowing gastric ingesta
- Mild chronic renal changes

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

WEIGHT

44.1lb

Overall the appearance of the liver was nonspecific with changes possibly consistent with vacuolar hepatopathy, chronic inflammatory disease, hematopoiesis, nodular hyperplasia, early to mild fibrosis, potential for hepatic neoplasia cannot be definitively excluded. No overt evidence of post hepatic obstructive criteria was noted although some degree of nonobstructive cholestasis is suspected.

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Further assessment of the liver may include ultrasound guided FNA for screening cytology assuming normal clotting status.

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No evidence of splenic pathology.

The shadowing gastric ingesta may correlate with recent meal ingestion. If documented NPO, some degree of gastric hypomotility or delayed gastric emptying may be possible. The potential for gastric foreign material cannot be definitively excluded. Monitoring for evidence of normal gastric emptying following documented 12-24 hour fast could be considered if clinically indicated.

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A GI panel to include PLI/TLI/Cobalamin/Folate as well as three view chest radiographs and neurological / musculoskeletal examination are recommended to assess for or rule out occult disease which may cause weight loss.

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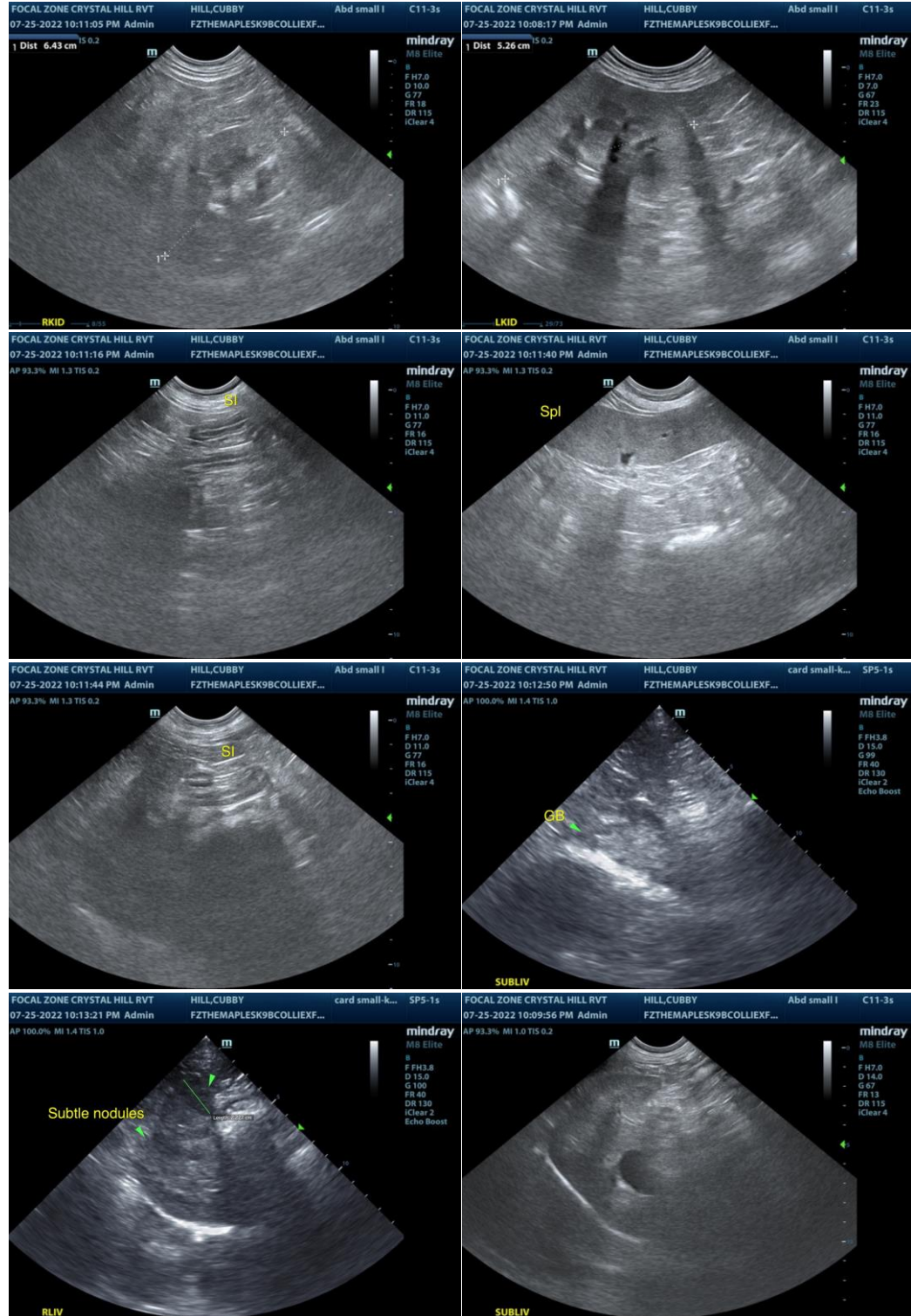
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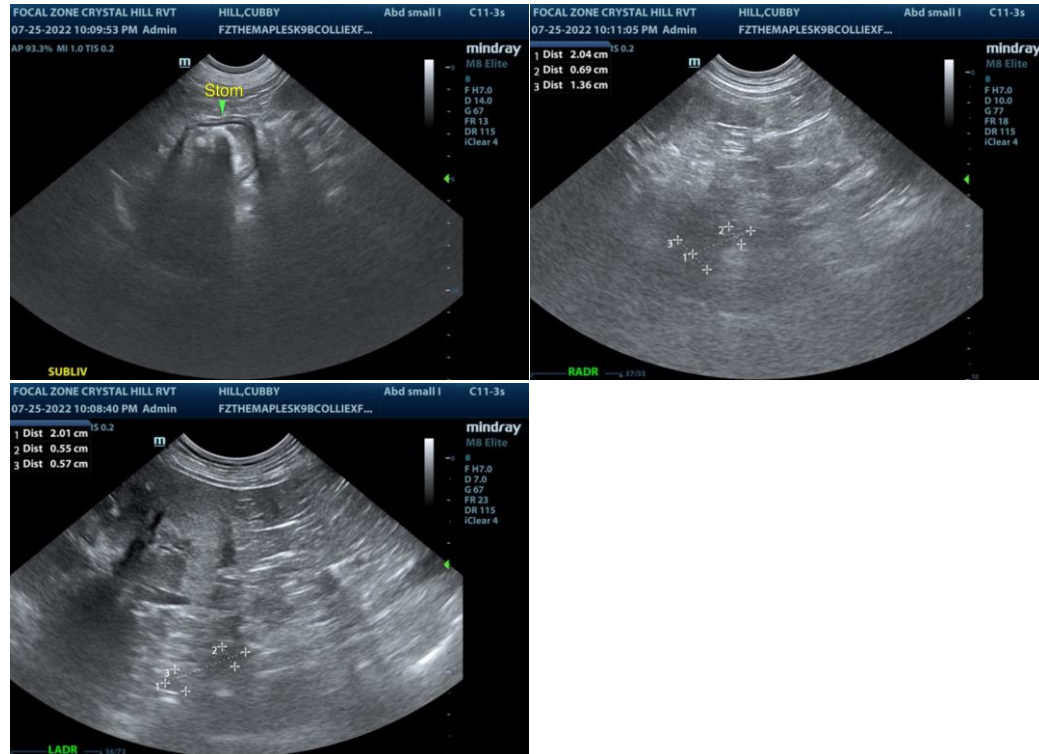
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)

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