



PATIENT PRESENTING CLINICAL SIGNS

Lila Jarick MCT on right front leg. Medication: carprofen, Benadryl CBC Chem wnl

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

SPECIES

Canine

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.

BREED

Beagle

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 minor loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. Bilateral discrete medullary mineral was present. The left kidney measured 5.5 cm in length. The right kidney measured 5.9 cm in length.

SEX
FS

AGE

2012

The area of the aortic trifurcation was free of pathology.

Adrenal Glands

The bilateral adrenal glands were borderline prominent in size based on caudal pole width measurement in light of body weight with symmetrical contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.67 cm width at the caudal pole and 0.82 cm width at the cranial pole. The left adrenal gland measured 0.81 cm width at the caudal pole and 0.67 cm width at the cranial pole.

WEIGHT

33

INTERPRETED BY

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

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.

IMAGING PERFORMED BY

Rebekah Jakum, CVT
ARDMS/RVT

Liver/Gallbladder

The liver presented mildly enlarged in size. The parenchyma of the liver was subjectively normal in echogenicity compared to the spleen and renal cortices. The liver parenchyma was uniform with a mildly coarse echotexture. The capsule of the liver was symmetrically rounded to mildly swollen in margination. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended in size with primarily anechoic luminal content. The cystic and common bile ducts were normal.

HOSPITAL NAME

White Haven VH

REFERRING VET

NA

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.

INVOICE

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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.

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

Pancreas



PATIENT

Lila Jarick

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.

Free Abdomen

SPECIES

Canine

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

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ULTRASONOGRAPHIC FINDINGS

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- Mild hepatomegaly-subjectively benign.
- Normal spleen.
- Minor to early age related renal changes.
- Non-specific prominent adrenal glands.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

AGE

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No evidence of intra-abdominal primary neoplastic or metastatic criteria. The liver presentation is sonographically suggestive of mild benign hepatomegaly. A full adrenal workup with LDDST could be considered if strong clinical concern for non-obvious Cushing's syndrome. However, given no reported clinical signs the borderline prominent adrenal glands may be patient variant. No anesthetic contraindications.

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Assuming normal clotting status a hepatic FNA for screening cytology could be considered to ensure only benign hepatomegaly is present or if hepatic enzyme elevations are noted. Sonographic monitoring of the abdomen ideally based on oncology recommendations would be reasonable.

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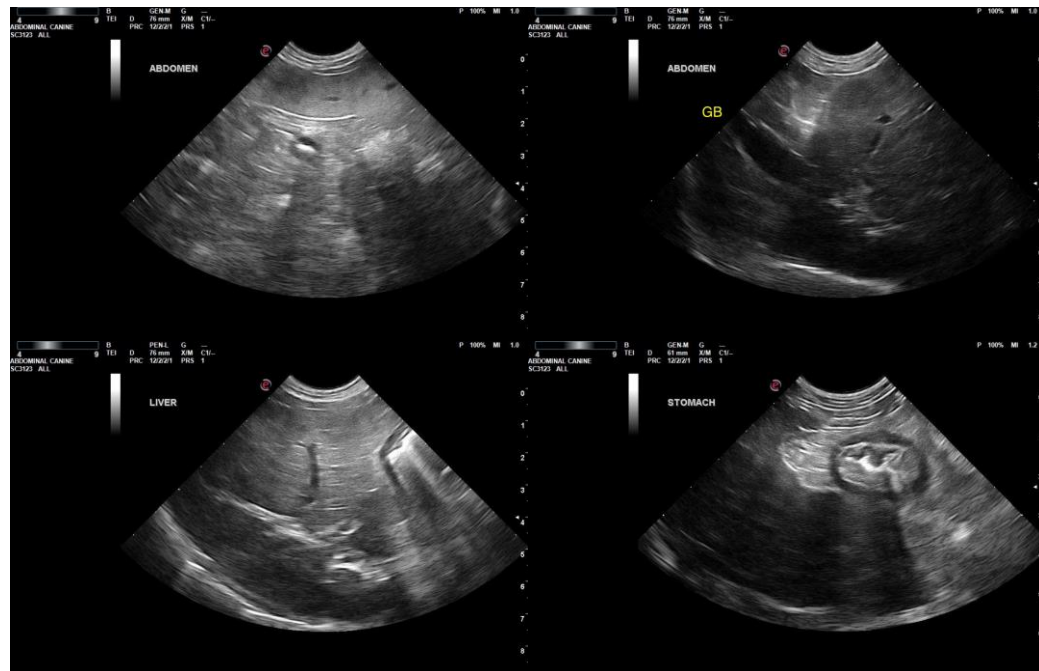
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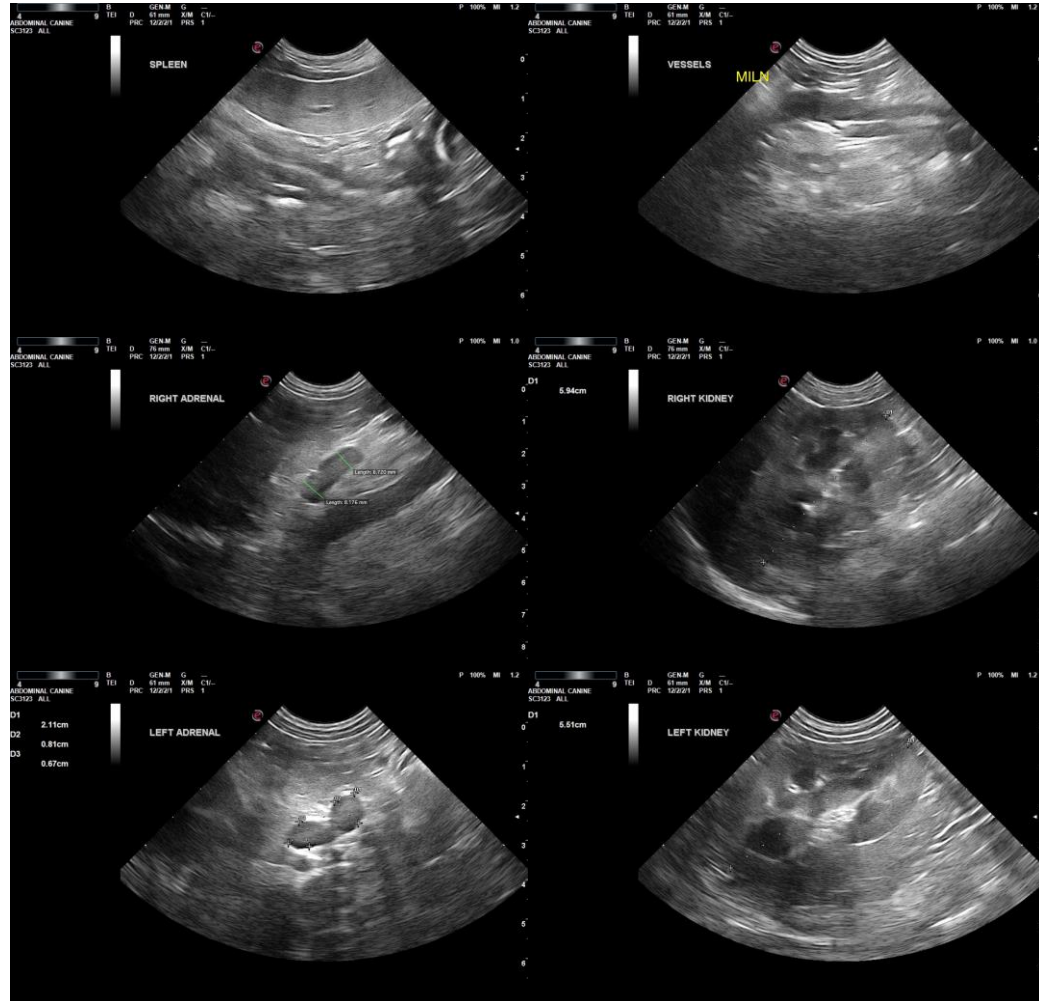
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

HOSPITAL NAME

White Haven VH

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.

REFERRING VET

NA

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