



PATIENT

Jude Splain

SPECIES

Canine

BREED

Yorkipoo

SEX

Neutered Male

AGE

14 years

WEIGHT

12 lbs.

PRESENTING CLINICAL SIGNS

previous IMHA 1 yr ago - treat and doing well until this relapse, PCV dropped to 15, lethargic, wt loss, bloody, tarry stool, did have blood transfusion last night and PCV up to 46

Abnormal PE/Chem/CBC/UA Results: see attached BW, no metastasis on rads, ecoli in urine, previous ultrasound on 9/27/20

ALP 537, GGT 30, TBili 0.1, BUN 49, Precision PSL 334, WBC 7.7, Hematocrit 27

Specific gravity 1.014, Urine culture- E.coli

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2.0 cm exhibited normal thickness and tone. Minor particulate sediment suggestive of minor cellular, crystalline debris, or possible mucus, was present. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes was noted.

The area of the aortic trifurcation was free of pathology.

INTERPRETED BY

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

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. Minor medullary mineral was present. No evidence of pelvic dilation was present. The left kidney measured 3.8 cm in length. The right kidney measured 4.2 cm in length.

IMAGING PERFORMED BY

Adrienne Ligenza

Adrenal Glands

The bilateral adrenal glands were normal in size. Mild parenchyma heterogeneity and mild capsule asymmetry was present without suspicion for overt neoplasia. The left adrenal gland measured 0.42 cm width in the cranial pole and 0.47 cm width in the caudal pole. The right adrenal gland measured 0.78 cm width in the cranial pole and 0.63cm width in the caudal pole. No overt evidence of adrenal tumors or neoplasia.

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Urgent Care

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D.r Lori Milot

Spleen

The spleen exhibited primarily finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. Hyperechoic, multifocal, variably sized nodules were present throughout the cranial to caudal 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 or neoplastic changes were not noted. The echogenic nodules tend to trend benign and are most consistent with benign hyperplasia or myelolipomas.

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Liver/ Gallbladder

The liver presented 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



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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. Moderate, echogenic, nondependent yet nonorganized gallbladder debris was present. The gallbladder wall was thickened in appearance consisting of an echogenic double rim corresponding to the inner and outer portions of the wall. The gallbladder wall measured 0.32 cm width. This is consistent with gallbladder wall edema. Possible causes may include acute inflammation, edema and anaphylaxis. 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 contained moderate, echogenic ingesta with progressive distal acoustic shadowing.

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.

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

Pancreas

The pancreas exhibited generalized prominent size with asymmetrical to mildly swollen contour and generalized to nonhomogeneous to echogenic parenchyma compared to adjacent omentum.

Free Abdomen

Generalized increased cranial abdominal, primarily peripancreatic mesentery was present. Very minor to scant cranial abdominal free fluid was noted around the pancreas and between the cranial right kidney and caudate liver margins. No overt lymphadenopathy was noted.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Multifocal, hyperechoic splenic nodules - nonspecific, benign myelolipomas, hyperplasia, previous chronic infarction, emerging mineralization, or less likely neoplasia possible
- Hepatopathy
- Gallbladder wall edema with moderate luminal debris (non-mucocele)
- Prominent heterogenous to echogenic pancreas with peripancreatic to cranial abdominal reactive mesentery - suggestive of chronic to mixed pattern pancreatic inflammation
- Gastric ingesta - suspect post prandial presentation, minor potential for gastric stasis if documented NPO

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The gallbladder wall edema in this case may indicate acute inflammation (acute cholecystitis), nonspecific edema potentially owing to hepatic disease (portal hypertension), or potentially anaphylaxis. No overt evidence of hepatic or hepatobiliary neoplasia which is considered a less likely differential diagnosis. Hepatosupportive medications including Ursodiol may prove beneficial.



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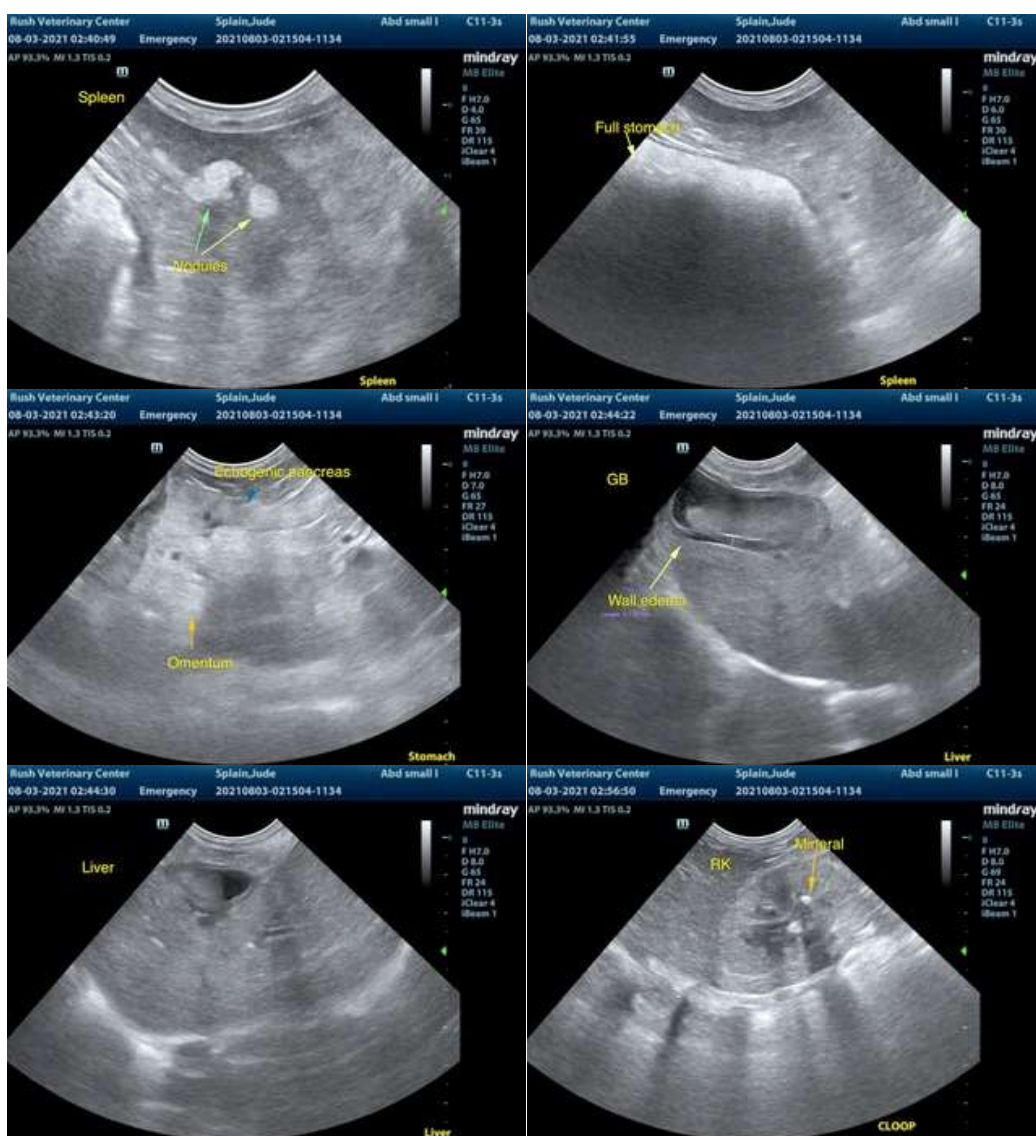
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No overt evidence of structural gastrointestinal mural pathology, although the potential for microulceration cannot be definitively excluded. If not currently instituted, gastroprotectants including Sucralfate are recommended.





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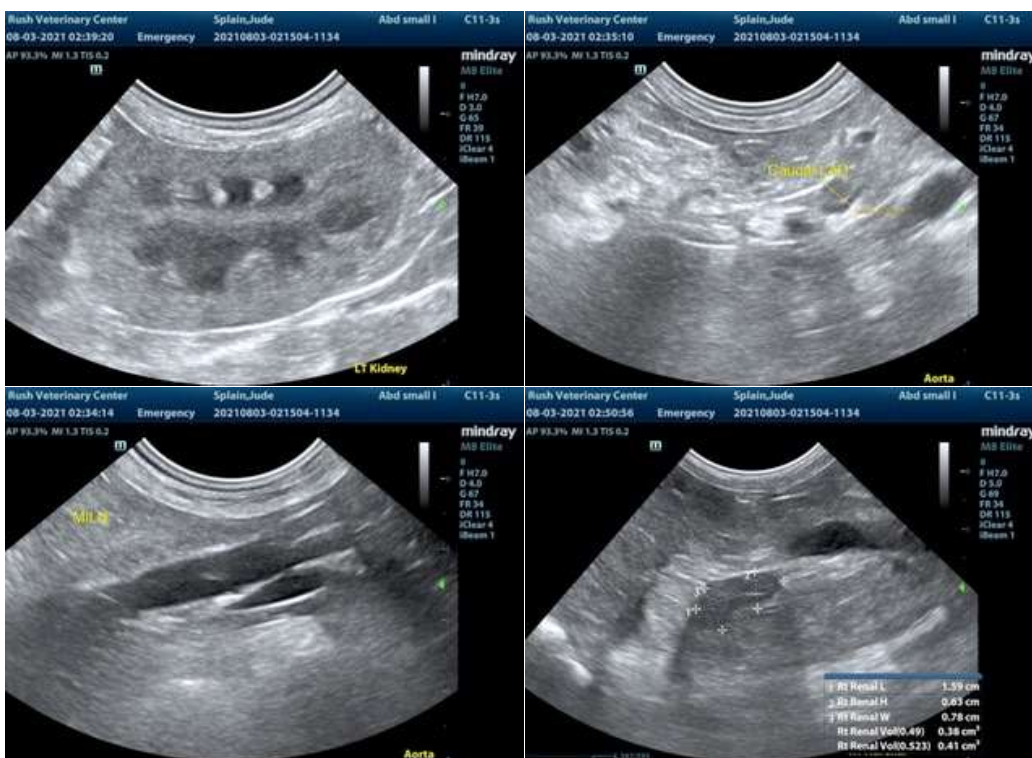
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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