



PATIENT

Mazie Kallinteris

PRESENTING CLINICAL SIGNS

History: History of heart disease, pulmonary hypertension, acute onset weakness, abdominal pain, febrile

SPECIES

Canine

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 nondependent particulate sediment was present, which likely indicates minor cellular or crystalline debris or possible mucus. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes was noted.

BREED

Chinese Crested

SEX

FS

The area of the aortic trifurcation was free of pathology.

AGE

12 years

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. No evidence of pelvic dilation was present. The left kidney measured 4.0 cm in length. The right kidney measured 4.3 cm in length.

WEIGHT

12.8 Pounds

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 1.7 cm length x 0.56 cm 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 2.0 cm length x 0.45 cm width at the caudal pole.

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

HOSPITAL NAME

Barton Heights VH

Liver/ Gallbladder

The liver presented normal in size. The hepatic parenchyma revealed diffuse reduced echogenicity compared to the spleen and renal cortical parenchyma with a mild coarse echotexture. A solitary, nonspecific, nonhomogeneously echogenic nodule was noted in the deep mid to right liver, measuring 2.2 cm in diameter. Increased portal vein prominence was evident. The capsule of the liver was normal in margination. Distinct masses or nodules were not evident. The hepatic and portal vasculature were normal in appearance. The gallbladder was non-distended in size with primarily anechoic luminal content. The cystic and common bile ducts were normal.

REFERRING VET

Dr. Bienkowski

INVOICE

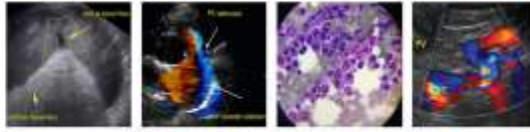
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Gastrointestinal

DATE

8.13.2021

The stomach presented intact wall layering with generalized gastric distention secondary to retained anechoic to echogenic fluid. The pylorus wall width measured 0.37 cm.



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The intestinal walls demonstrated intact wall layering and maintained 1:3 muscularis / mucosa ratio. The mucosa exhibited mild decreased echogenicity with occasional mucosal speckling. A segmental to diffuse ileus pattern consisting of mild fluid accumulation in the intestinal lumen was present without obstruction or foreign material. Mild duodenojejunal mucosal speckling was present. The duodenum wall width measured 0.52 cm. The jejunum wall width measured 0.31 cm.

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

Pancreas

The pancreas exhibited generalized prominent size with mild asymmetrical to swollen contour and hypoechoic to heterogeneous parenchyma compared to adjacent echogenic peripancreatic omentum.

Free Abdomen

Generalized increased omental echogenicity with mild to moderate peritoneal free fluid was present.

A solitary cystic omental structure was noted mid-abdomen measuring approximately 1.0 cm in diameter subjectively containing anechoic fluid. No evidence of significant lymphadenopathy was noted.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Pancreatitis
- Hypoechoic liver with nonspecific parenchymal nodule
- Acute gastroenteritis pattern with gastric hypomotility
- Generalized peritonitis with mild to moderate peritoneal free fluid
- Suspect focal omental cyst vs. cystic lymph node

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The free fluid may indicate non-septic (increased vascular permeability, decreased hydrostatic pressure) or septic effusion. Effusion secondary to pancreatitis possible. Further assessment including effusion analysis, cytology +/- C/S if evidence of inflammatory cells is recommended.

Acute hepatitis, hepatic congestion, reactive hepatopathy or less likely occult hepatic neoplasia possible, given the hypoechoic liver. The hepatic parenchymal nodule, although nonspecific, may indicate nodular hyperplasia or lipogranuloma. No overt evidence of overt increased hepatic vascular volume. Correlation with a hepatic enzyme evaluation as well as assessment of albumin levels is suggested.

Empirically, hospitalization with medical therapy for pancreatitis, broad-spectrum antibiotics, as-needed gastrointestinal support with recheck sonogram, ideally in 2-3 days would be appropriate.



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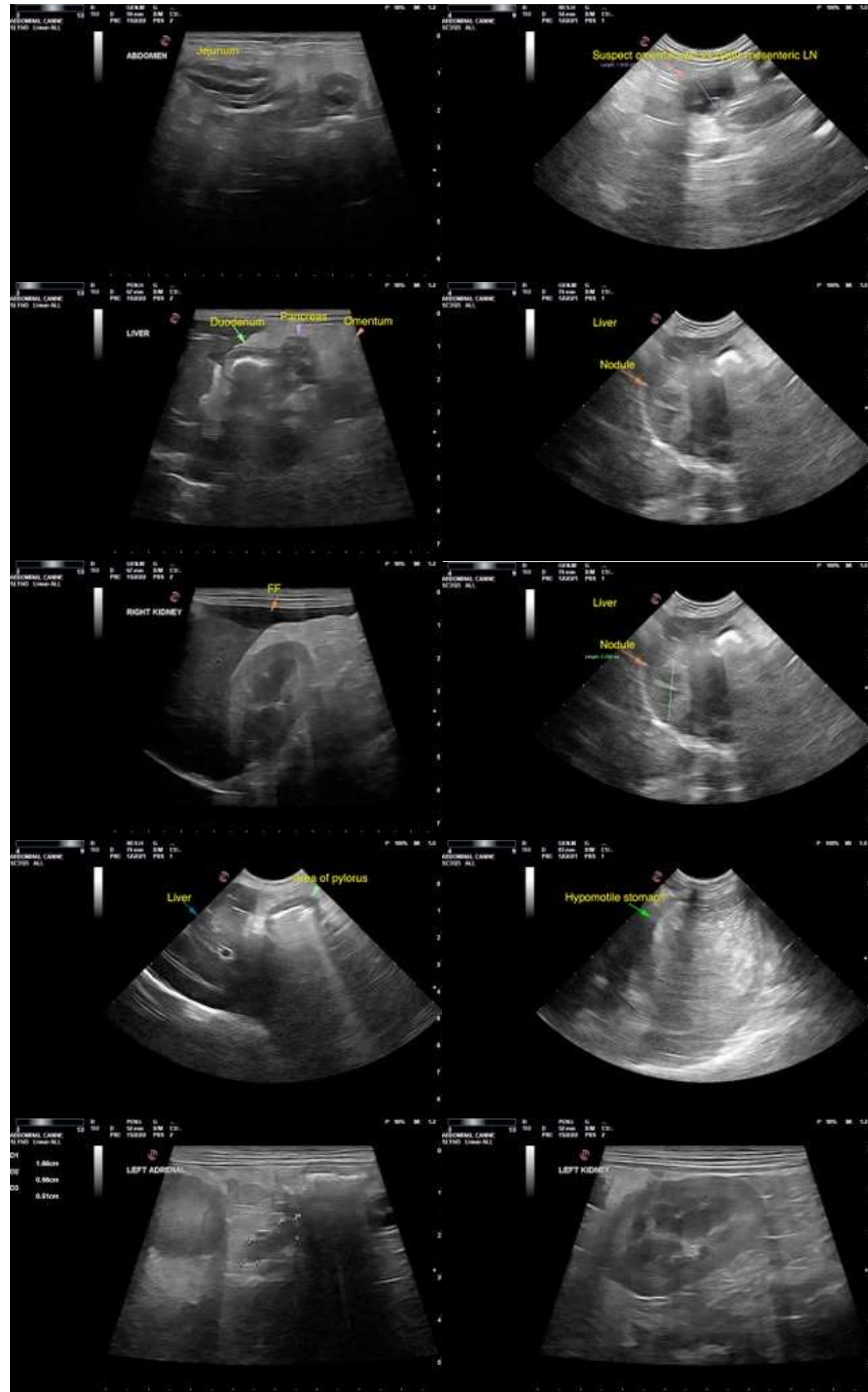
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

BREED

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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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R. McKenzie Daniel, DVM, DABVP (Canine/Feline Practice)
mac.daniel@sonopath.com

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