



PATIENT PRESENTING CLINICAL SIGNS

PATIENT Kiara Squillante
SPECIES Canine
BREED Bichon Frise
SEX FS
AGE 12yr
WEIGHT 16.1lb

Presented for annual exam and owner reports PU/PD and seems to have been vomiting more frequently (bile). Has history of GI issues in the past (pancreatitis/Gastroenteritis). Acting normal otherwise. Urinalysis revealed Protein 3+, Coarse Granular Casts, Inadequate specific gravity 1022. Concern for Cushing's disease vs underlying kidney disease/ glomerulonephritis. Blood work shows mild ALP 222 elevation.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2 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.

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. Focal mineralization to small renolith present in the left kidney medulla.

The left kidney measured 4.5 cm in length. The right kidney measured 4.7 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 subtly non-homogeneous parenchyma. The left adrenal gland measured 0.61 cm width at the caudal pole and 0.40 cm width at the cranial pole. The right adrenal gland was uniform in size and contour with a subtly non-homogeneous parenchyma. The right adrenal gland measured 0.52 cm width at the caudal pole and 0.44 cm width at the cranial 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

The liver presented mildly increased in size. The parenchyma of the liver was subjectively uniform mild increased in echogenicity compared to the spleen and renal cortices. A solitary nondisruptive discrete intraparenchymal nodule was present measuring 0.79 cm in diameter. The echotexture of the liver parenchyma was uniform with a mild coarse echotexture. The capsule of the liver was symmetrical 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 and mild non-dependent non-organized debris. 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.

INTERPRETED BY

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

IMAGING PERFORMED BY

Pamela Harrigan, RDCS

HOSPITAL NAME

Wood River Animal Hospital

REFERRING VET

Dr. Schuelke

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. The duodenum wall measured 0.48 cm in width. The jejunum wall measured 0.30 cm in width.

SPECIES

Canine

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

Pancreas

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

BREED

Bichon Frise

Free Abdomen

No omental masses, lymphadenopathy or peritoneal effusion was present.

SEX

FS

ULTRASONOGRAPHIC FINDINGS

- Vacuolar hepatopathy pattern with focal benign nodule-consistent with regenerative hyperplasia or potential lipogranuloma
- Gallbladder debris (non-mucocele)
- Non-specific chronic mild renal changes with left kidney focal mineral/small renolith
- Mild pancreatic remodeling

AGE

12yr

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

WEIGHT

16.1lb

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

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 DABVP (Canine and Feline)

No evidence of adrenomegaly or adrenal neoplastic criteria. A full adrenal work up with LDDST could be considered if clinical suspicion of Cushing's syndrome.

IMAGING PERFORMED BY

Pamela Harrigan, RDCS

The appearance of the liver was nonspecific but may indicate steroid or other vacuolar hepatopathies, chronic hepatitis/cholangiohepatitis, lipidosis, or fibrosis. Leptospirosis titer/PCR could be considered if endemic to the area. Hepatosupportive medications including Denamarin and Ursodiol may prove beneficial.

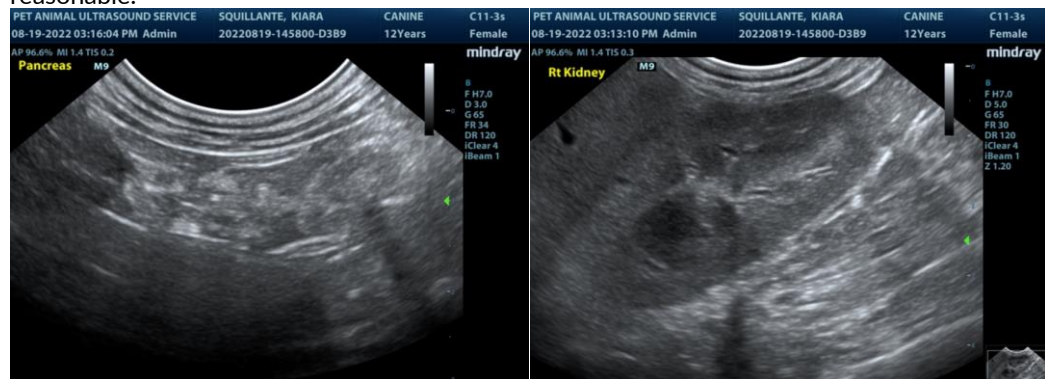
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A spec cPL to assess for chronic pancreatitis is recommended. As needed GI support would be reasonable.

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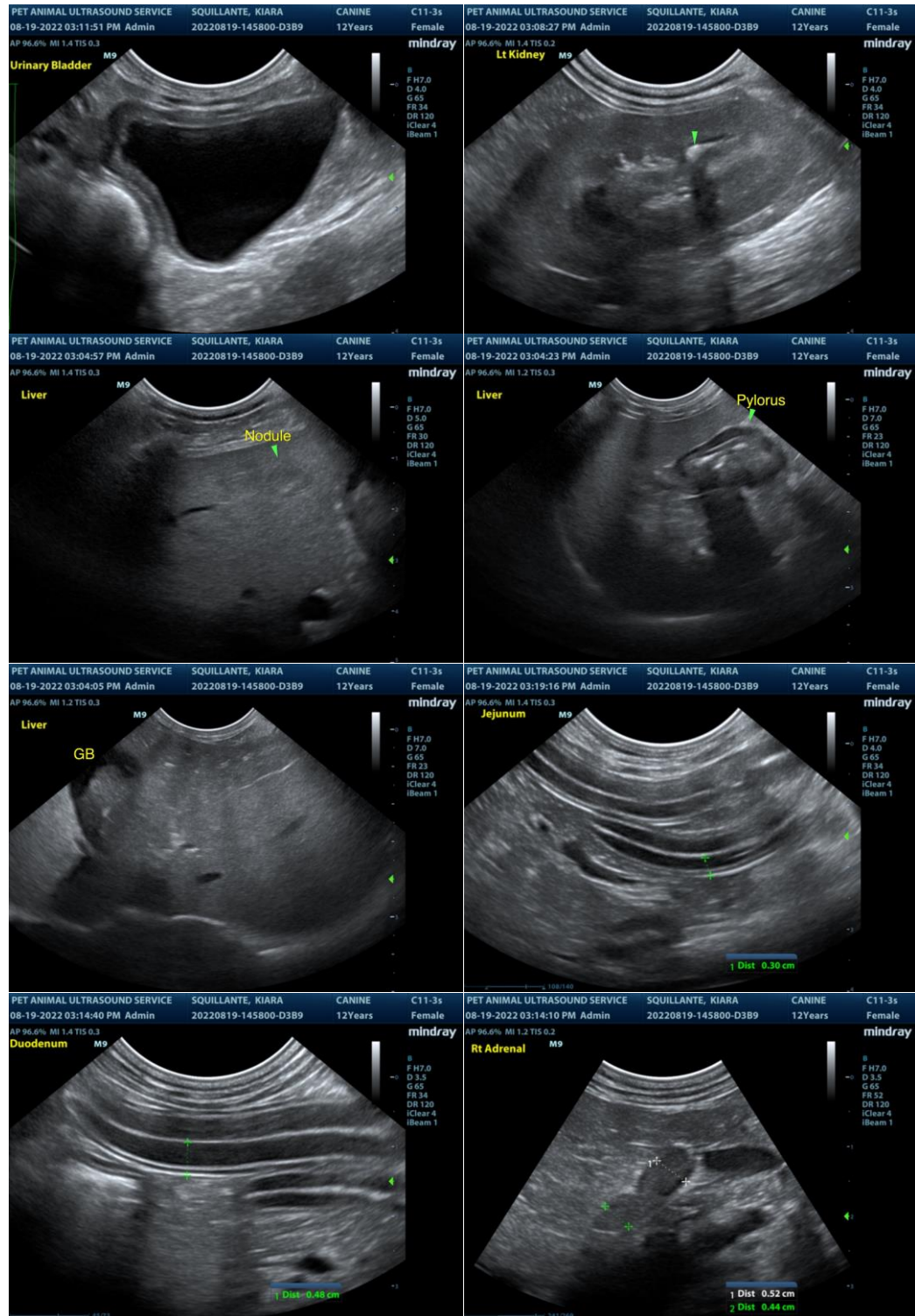
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

R. McKenzie Daniel, DVM, DABVP (Canine / Feline Practice)
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