



PATIENT

Betsy Metchulkaus

SPECIES

Canine

BREED

Miniature Pincher

SEX

MN

AGE

10 years old

WEIGHT

15.2 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Kim Liedberg

HOSPITAL NAME

SVS Imaging WI

REFERRING VET

Dr. Khatter

INVOICE

14479

DATE

8/2/22

PRESENTING CLINICAL SIGNS

Presented on 7/30/22 for not eating or drinking well. Mucus in stool. Previously dx with right side anal gland mass. No radiographs. Base line abdominal scan for cancer. Sedated with .3ml dexdomitor IM
Abnormal PE/Chem/CBC/UA Results: Globulin 37 BUN 37 creatinine 1.8

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, and cystourethral junction 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 was noted.

No evidence of pathology in the area of the iliac trifurcation or sublumbar space including no evidence of medial Iliac or sublumbar lymphadenopathy/masses.

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 3.9 cm in length. The right kidney measured 4.0 cm in length.

Adrenal Glands

The left adrenal gland was indistinctly visualized owing to subjective isoechoic left adrenal parenchyma compared to adjacent omentum without overt pathology subjectively measuring 0.20 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 0.34 cm width at the caudal pole. No overt pathology associated with the left or right adrenal gland was noted.

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/ 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 sonographically normal gallbladder walls. Anechoic content was present primarily with minor nondependent mildly hyperechoic luminal debris in the gallbladder. The cystic and common bile ducts were normal.



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Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. Minor retained nonshadowing ingesta/chyme was present. The ventral gastric body wall width measured 0.36 cm.

The small intestine presented intact yet generalized prominent to mildly thickened walls. No evidence of loss of intestinal wall layering or intestinal masses were noted. The duodenum wall measured 0.57 cm width. The jejunum wall measured 0.48 cm width.

Normal visible colon wall layers were present with formed to semi-formed fecal matter.

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 were evident.

Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

- Intact yet generalized mildly prominent to thickened small bowel walls
- Mild vacuolar hepatopathy pattern - benign
- Minor gallbladder debris (non-mucocele)
- Mild age-related kidneys

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Although potential for patient variant, the small intestine exhibited mild mural changes, which may suggest underlying inflammatory enteropathy or potential inflammatory bowel episode. Potential for mild possibly resolving colitis, given the reported mucus stool. Dietary indiscretion / food hypersensitivity or low grade to chronic pancreatitis, which may present as sonographically normal, could be considered. Further assessment may include a GI panel to include PLI/TLI/Cobalamin/Folate.

No evidence of intraabdominal neoplastic metastatic criteria or lymphadenopathy.

Empirically, as-needed gastrointestinal support and conservative therapy for enterocolitis would be reasonable. Resting cortisol level to rule out occult Addison's Disease could be considered. Further renal staging to include urine C/S and protein: creatinine ratio on sterile urine sample may be considered. Recheck sonogram is recommended to assess for progressive inflammatory intestinal mural changes if clinical signs continue.



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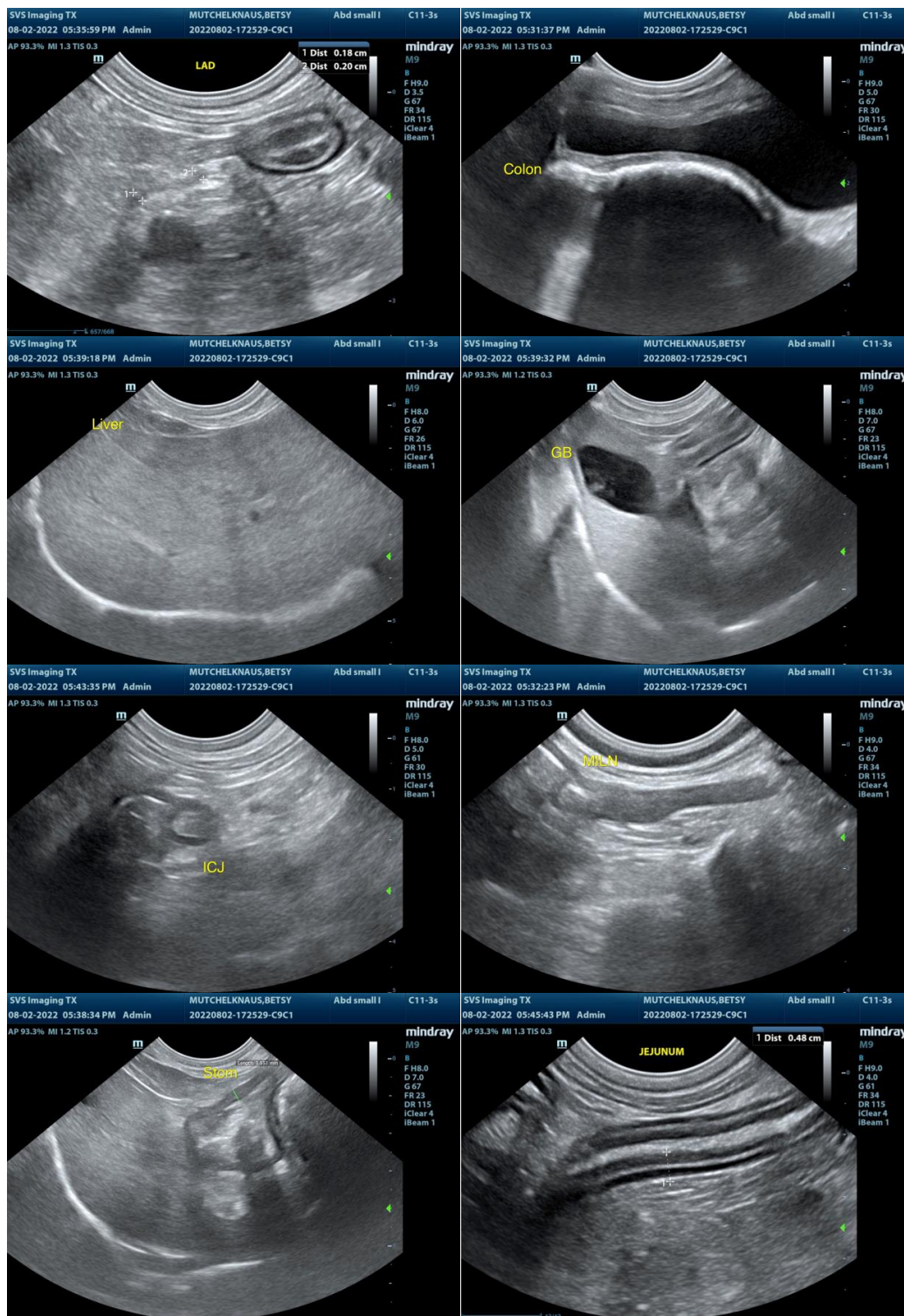
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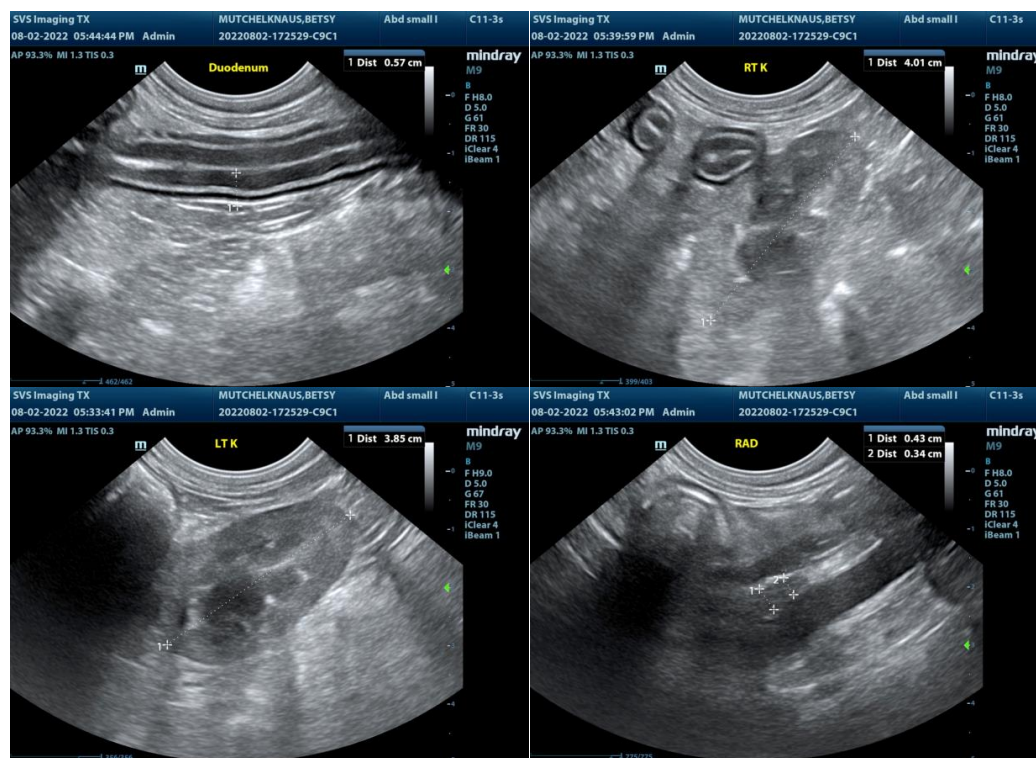
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)
info@SonoPath.com