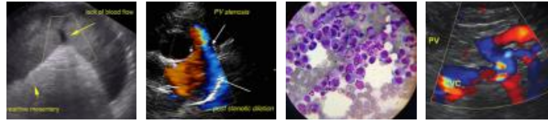


PATIENT

Stella Mickelsen

SPECIES

Canine

BREED

Heeler

SEX

FS

AGE

12 years

WEIGHT

45.8 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Jenna Walsh, CVT

HOSPITAL NAME

Reid Veterinary Hospital

REFERRING VET

Dr. Gonzales

INVOICE

14778

DATE

8/2/23

PRESENTING CLINICAL SIGNS

Patient previously consumed 44 tablets of Rimadyl (6/30/23) and completed successful emesis at Reid Veterinary Epistaxis Weight loss Abdomen pendulous Current Medications Prednisone, Cephalexin, possibly Rimadyl Radiographic Findings - Possible mass effect in mid abdomen displacing intestines ventrally and caudally. - Spleen appears displaced caudal to left kidney. No free fluid in abdomen. Unable to determine origin of mass. Difficult to assess liver and intestines d/t low quality ultrasound.

Abnormal PE/Chem/CBC/UA Results: Please see email CBC: Moderate thrombocytosis. Stress leukogram (neutrophilia, monocytosis, lymphopenia, eosinopenia). HCT WNL. Chem: Mild ALT elevation (improved from 3 weeks ago). Moderate ALP elevation (consistent with 3 weeks ago). Coagulation profile: aPTT high normal, PT normal

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 5.0 cm exhibited normal thickness and tone. Primarily anechoic urine was present in the lumen. Minor, non-dependent particulate sediment, which may indicate minor cellular debris / protein, crystalline debris, or mucus, was present without evidence of calculus formation. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic mural changes were noted.

The area of the aortic trifurcation was free of pathology.

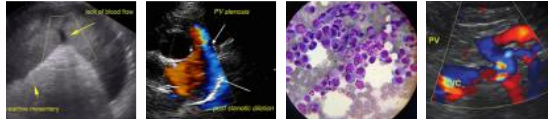
Normal size and margination were present in the kidneys. A normal 1:3 cortex / medulla ratio was maintained. The medulla and cortices were uniform in texture with some increased echogenicity and mild loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation or pyelectasia was present. The left kidney measured 7.0 cm in length. The right kidney measured 7.5 cm in length.

Adrenal Glands

Bilateral adrenal gland enlargement was present with symmetrical contour of the left adrenal gland and mild asymmetrical contour of the right adrenal gland. Both adrenal glands exhibited primarily homogeneous, mildly hypoechoic parenchyma. There was no evidence of adrenal nodules or tumors. The left adrenal gland measured 3.2 cm length x 1.1 cm width at the caudal pole. The right adrenal gland measured 2.6 cm length x 0.9 cm width at the caudal pole.

Spleen

The spleen exhibited primarily finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. Nondisruptive, well-demarcated, hyperechoic, primarily perihilar nodules were present primarily in the medial parenchyma. An example measured 0.6 cm diameter. 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



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inflammatory or neoplastic changes were not noted. The hyperechoic nodules tend to trend benign and are most consistent with benign hyperplasia or myelolipomas.

Liver/ Gallbladder

The liver exhibited moderate enlargement. 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 a normal appearance to the gallbladder wall. The gallbladder contained anechoic content with mild, nonorganized gallbladder sediment. No evidence of gallbladder or peripheral gallbladder inflammatory criteria was noted. The cystic and common bile ducts were normal.

Gastrointestinal

The lumen of the stomach contained moderate, variably echogenic ingesta exhibiting progressive distal acoustic shadowing. Overtly normal visualized gastric walls were present without overt evidence of mechanical pyloric outflow obstruction.

The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. Similar-appearing segmental, nonshadowing, intestinal ingesta / chyme was present.

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

Pancreas

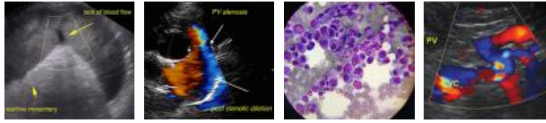
The parenchyma of the left limb, body, and right limb of the pancreas presented isoechoic to the adjacent omental fat. A normal curvilinear capsule contour of the pancreas was present. The visible pancreatic duct was normal. No signs of active inflammation or neoplastic disease were evident.

Free Abdomen

No omental lymphadenopathy or masses were noted. Very scant perihepatic and caudal abdominal free fluid was present.

ULTRASONOGRAPHIC FINDINGS

- Moderate hepatomegaly
- Mild gallbladder sediment (non mucocele)
- Minor urinary bladder sediment
- Mild chronic renal changes
- Benign splenic nodules - consistent with benign myelolipomas
- Bilateral adrenomegaly



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- Sonographically unremarkable gastrointestinal tract with gastrointestinal ingesta - ingesta sonographically suggestive of food

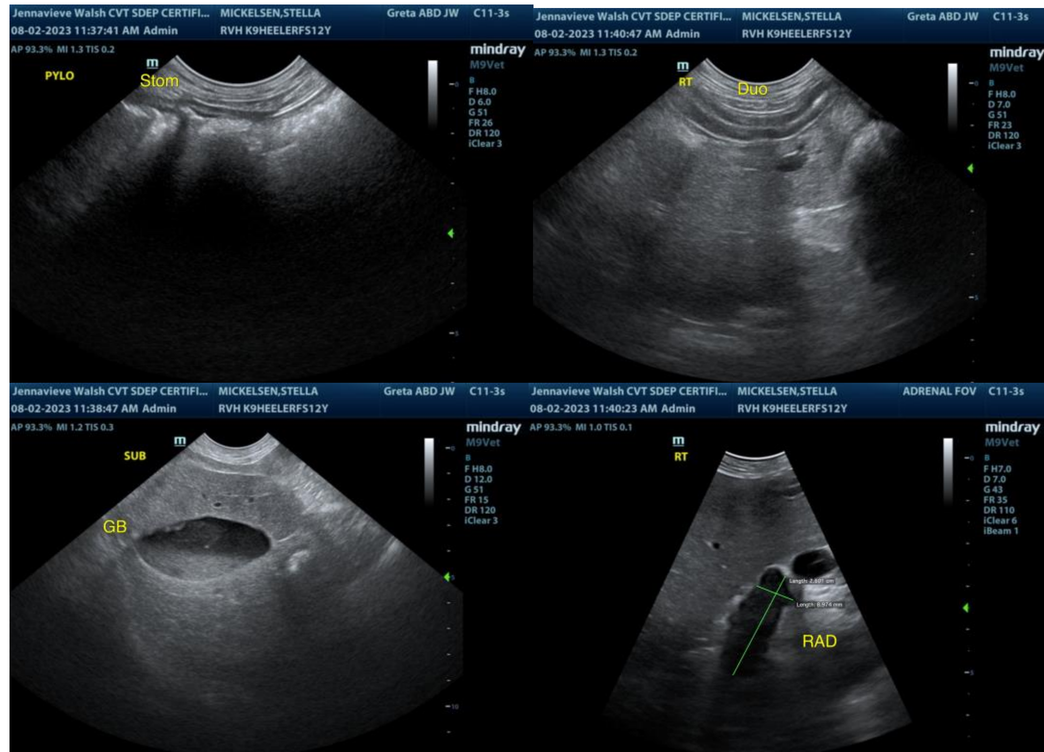
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There is no evidence of intrabdominal masses noted.

The liver is nonspecific with considerations including vacuolar hepatopathy, which may be idiopathic or secondary to Prednisone therapy, inflammatory disease i.e., cholangiohepatitis, hyperplasia, hematopoiesis, or other hepatopathy with infiltrative neoplasia thought less likely.

The bilateral adrenomegaly is of unclear clinical significance, given the current clinical signs. Screening blood pressure to assess for evidence of hypertension, given the bilateral adrenomegaly and reported epistaxis, is recommended.

With normal clotting status, and using a 25-gauge needle, screening hepatic FNA cytology could be considered for further clarification. A GI panel to include PLI/TLI/Cobalamin/Folate as well as three view chest radiographs and neurological / musculoskeletal examination are recommended to assess for or rule out occult disease which may cause weight loss.



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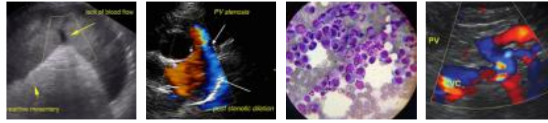

ANIMAL SOUNDS NW
MOBILE VETERINARY ULTRASOUND
IMAGING PERFORMED BY
AnimalSoundsNW.com 541-357-9423

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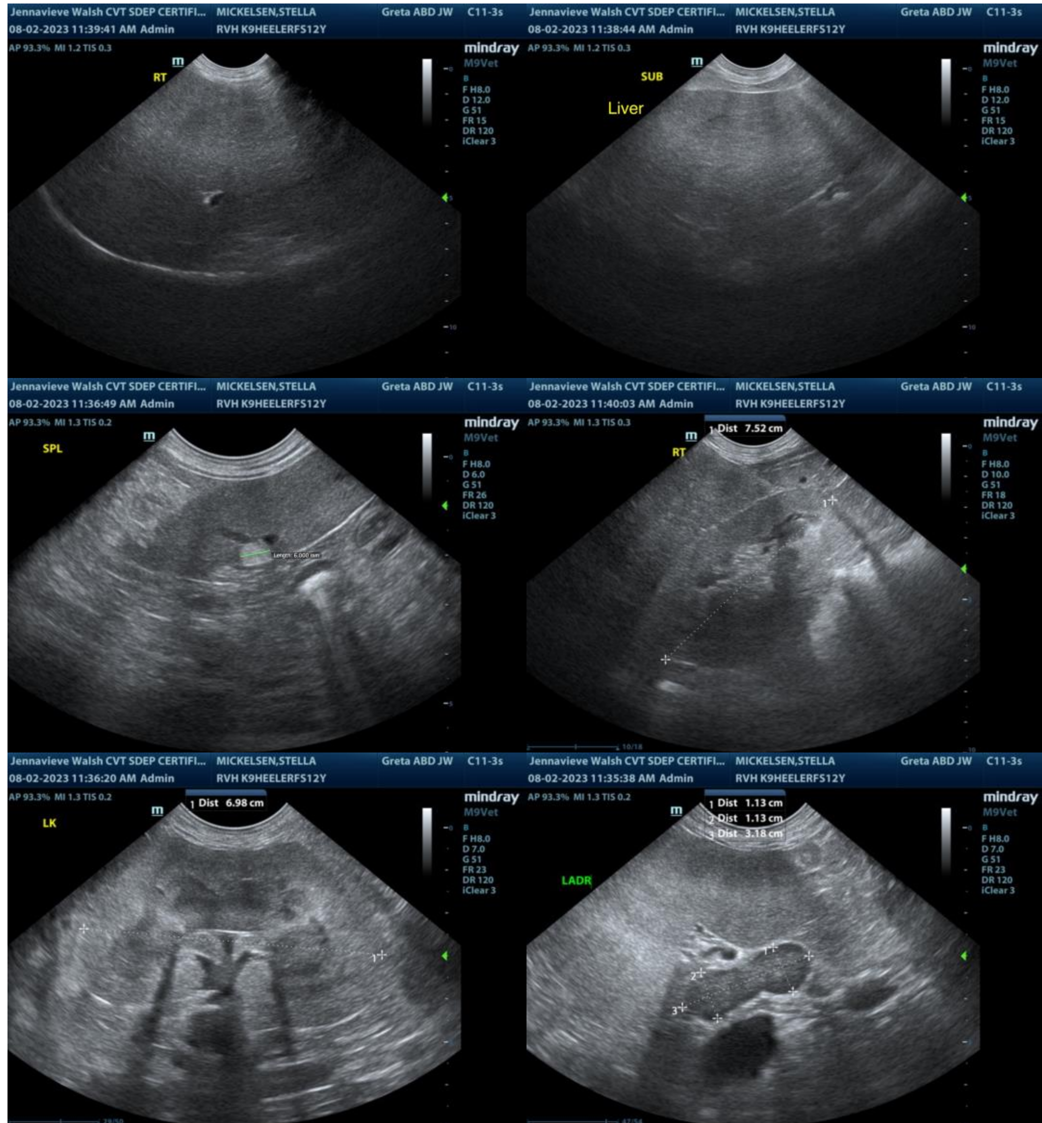

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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