



PATIENT

Mika Thobani

SPECIES

Canine

BREED

Bichon Frise Mix

SEX

M/N

AGE

13 years

WEIGHT

9.68 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Dave Stasiuk RDMS,
RDCS

HOSPITAL NAME

McKnight 24/7

REFERRING VET

Dr. Vanessa Gruffydd

INVOICE

14700

DATE

8/24/22

PRESENTING CLINICAL SIGNS

Hypothyroid. Diarrhea. Hx of pancreatitis. Elevated lipase.

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.

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 to moderate loss of corticomedullary symmetry and definition expected for the age of the patient. Pinpoint areas of medullary mineralization and small cortical cysts were present. No evidence of pelvic dilation was present. The left kidney measured 5.2 cm in length. The right kidney measured 5.3 cm in length.

Adrenal Glands

Mild parenchyma heterogeneity and mild capsule asymmetry was present without suspicion for overt neoplasia. The left adrenal gland was mildly prominent in size measuring 0.77 cm width in the cranial pole and 0.83 cm width in the caudal pole. The right adrenal gland was normal in size measuring 0.61 cm width in the caudal pole.

Spleen

The spleen exhibited generalized mild parenchyma heterogeneity. Small, nondisruptive echogenic nodules were present primarily around the hilus. 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.

Liver/ Gallbladder

The liver exhibited subjective mild 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 containing anechoic content with mild gallbladder debris primarily along the inner luminal wall. No evidence of gallbladder or peripheral gallbladder inflammation was noted. The cystic and common bile ducts were normal.

Gastrointestinal

The visualized gastric walls were sonographically normal. The lumen of the stomach contained moderate variably echogenic, yet nonshadowing ingesta most consistent with post prandial presentation without



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signs of ileus, obstruction or foreign material. No evidence of mechanical pyloric outflow obstruction was noted. The gastric body wall width measured 0.45 cm.

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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 0.40 cm width. The jejunum wall measured 0.36 cm width.

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

Pancreas

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The parenchyma of the pancreas was hyperechoic to adjacent omental fat with diffuse parenchyma remodeling. The capsule of the pancreas was mildly asymmetrical in contour without evidence of peripancreatic inflammation. These changes may suggest chronic inflammation, fibrosis, or saponification if previous history of pancreatitis. No overt signs of pancreatic neoplasia.

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Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

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ULTRASONOGRAPHIC FINDINGS

Primary Findings

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- Bilateral chronic renal changes with pinpoint medullary mineral and cortical cysts
- Chronic pancreatitis
- Vacuolar hepatopathy pattern - benign
- Mild gallbladder debris (non-mucocele)
- Overtly normal gastrointestinal tract with moderate gastric ingesta
- Nonspecific mildly prominent left adrenal gland

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Secondary Findings

- Mildly heterogeneous spleen with benign nodules - nodules consistent with probable myelolipomas, no evidence of neoplastic criteria was noted

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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The presence of gastric ingesta is nonspecific and likely indicates post-prandial presentation. Correlation with most recent meal ingestion is recommended. If documented NPO prior to the ultrasound, the presence of gastric ingesta may indicate some degree of gastric hypomotility or metabolic stasis. The sonographic presentation of the ingesta was most consistent with food, without evidence of foreign material. No overt evidence of structural gastroenterocolic pathology was noted. Dietary intolerance / food hypersensitivity, dysbiosis, occult parasitism, inflammatory bowel disease, chronic pancreatitis, or less likely infiltrative neoplasia are all potential contributing factors to the diarrhea.

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Fresh fecal analysis to rule out parasitic ova/Giardia +/- a GI panel is recommended. Empirically, a limited antigen or hydrolyzed diet trial with potential long term dietary therapy, prophylactic deworming (Panacur 50 mg/kg SID x 5 consecutive days with repeat protocol in 3 weeks even if fecal testing is



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negative), high colony count probiotic (Provable or Visbiome), antibiotic trial and as needed gastrointestinal support with assessment of clinical response may prove beneficial.

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The mildly prominent left adrenal gland is suspected to be a patient variant without evidence of neoplastic criteria. Screening BP is recommended. Sonographic monitoring of the left adrenal gland with initial recheck in 4-6 weeks would be ideal.

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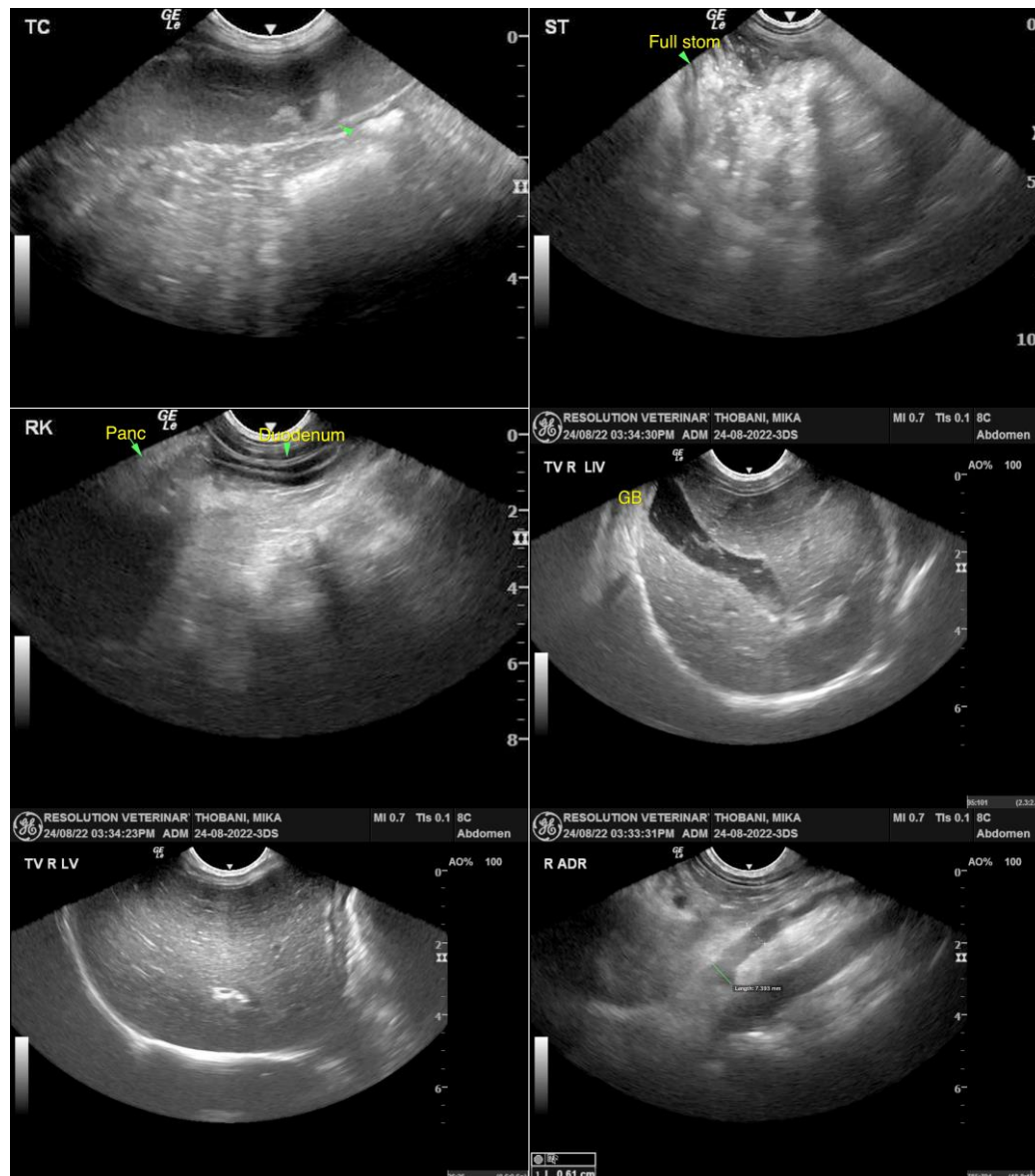
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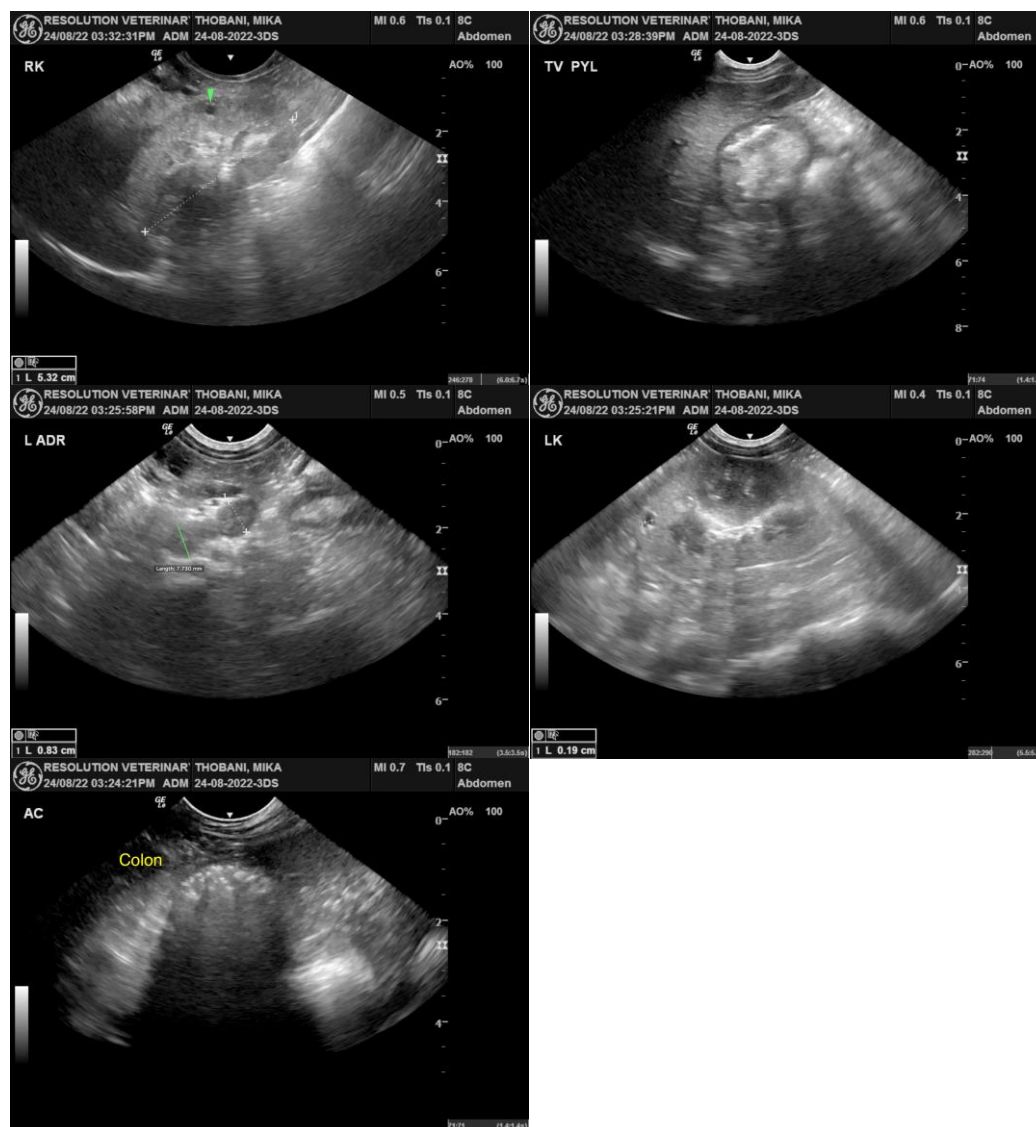
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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