

PATIENT PRESENTING CLINICAL SIGNS

Kyra Samter Per owner, acting "off" recently, more sluggish. Appetite not as usual. Issues with IBD in the past, but well managed on combination home cooked meals and prescription diet. Labwork overall unremarkable - MCH 21.7; MCHC 31; slight eosinophilia. On Gabapentin, Incurin, Provable.

SPECIES

Canine

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

BREED

Husky

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 3.0 cm exhibited normal thickness and tone. Primarily anechoic urine was present in the lumen. Minor, primarily dependent, non-mineralized sediment 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.

SEX

Spayed Female

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 loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The left kidney measured 6.9 cm. The right kidney measured 6.6 cm.

AGE

11 Years

The area of the aortic trifurcation was free of pathology.

Adrenal Glands

WEIGHT

58 Pounds

The adrenal glands were uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.50 cm at the cranial pole and 0.56 cm at the caudal pole. The right adrenal gland measured 0.56 cm at the cranial pole and 0.62 cm at the caudal pole.

INTERPRETED BY

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

Spleen

The spleen exhibited primarily finely textured parenchyma which was hyperechoic to the liver and renal cortical parenchyma. Mild generalized parenchyma heterogeneity was present. A solitary, non-expansive, isoechoic to non-homogeneous was present. The nodule measured 0.9 cm in width. 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. The parenchymal heterogeneity is likely consistent with benign changes such as extramedullary hematopoiesis or age related remodeling with minor potential for inflammatory or neoplastic disease.

IMAGING PERFORMED BY

Pamela Harrigan, RDCS

HOSPITAL NAME

Wood River AH

Liver

The liver was subjectively normal in size, structure, and contour. The liver parenchyma was uniform and hypoechoic to the spleen with a mild coarse echotexture. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.

REFERRING VET

Dr. Leah Fischer

Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. Mild luminal gas was present. No evidence of retained ingesta, fluid or foreign material.

INVOICE

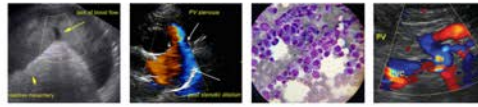
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The small intestine presented intact wall layering with subjective propensity for mildly prominent to echogenic submucosa and segmental mildly prominent muscularis layer. The lumen of the small intestine was empty with no signs of ileus, obstruction or foreign material. Duodenum wall measured 0.63 cm. Jejunum wall measured 0.37-0.42 cm. Ileum wall measured 0.38 cm.

DATE

8/30/21

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



PATIENT *Pancreas*

Kyra Samter 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 was evident.

SPECIES

Canine

Several mildly prominent to enlarged mid abdominal mesenteric nodes were present. Example measured 0.55 cm in width. The lymph nodes were essentially isoechoic to adjacent omentum without evidence of peripheral inflammation and maintaining a normal width: length ratio (<0.5).

BREED

Husky

ULTRASONOGRAPHIC FINDINGS

- Minor urinary bladder sediment
- Chronic enteropathy
- Intermittent, subjectively reactive mesenteric lymphadenopathy
- Solitary non-expansive splenic nodule

SEX

Spayed Female

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

AGE

11 Years

The urinary bladder sediment may suggest cellular / crystalline debris or mucus. Cystocentesis for UA +/- C/S if evidence of inflammatory cells is recommended.

WEIGHT

58 Pounds

Although not definitive, the presentation of the small intestine is suggestive of chronic inflammatory bowel disease given the mildly prominent to echogenic submucosa layer, which tends to be more affected in dogs with chronic inflammatory enteropathy. Further assessment may include GI panel to include PLI, TLI, cobalamin and folate. The subjectively reactive mesenteric lymphadenopathy is suspected to be owing to the chronic enteropathy without evidence of inflammatory or neoplastic lymphatic criteria.

INTERPRETED BY

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

The solitary splenic nodule was not overtly suggestive of neoplastic criteria, with considerations including focal hyperplasia, hematopoiesis, small hematoma, infarction, or other. Sonographic monitoring of this nodule with initial recheck in 4-6 weeks to assess for evidence of progression +/- ultrasound guided FNA (assuming normal clotting status) is recommended.

IMAGING PERFORMED BY

Pamela Harrigan, RDCS

Although considered unlikely, adrenal screening with resting cortisol may be considered to rule out occult Addison's disease given the patient's vague clinical signs and presence of slight eosinophilia.

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Wood River AH



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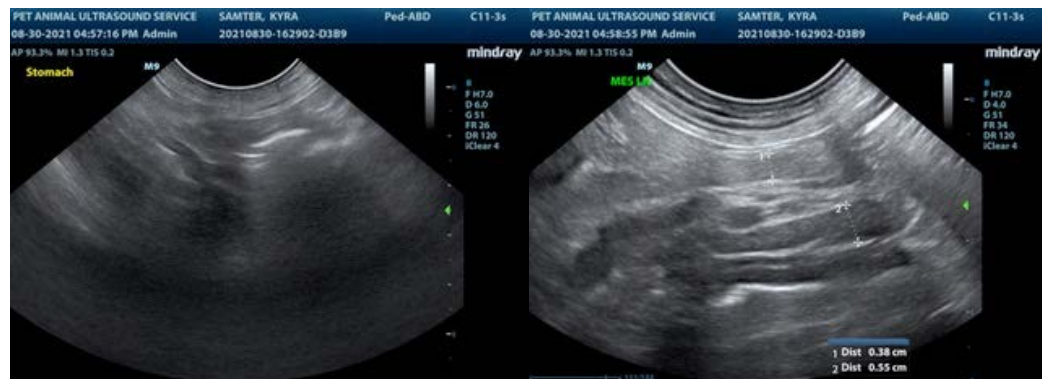
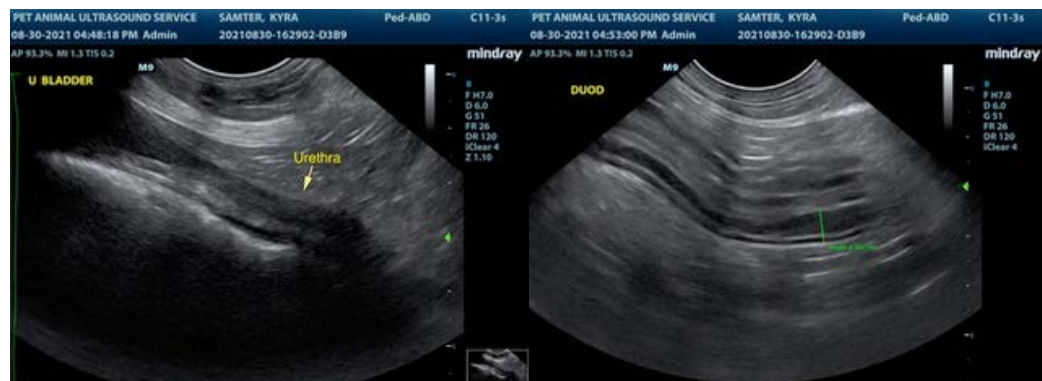
Dr. Leah Fischer

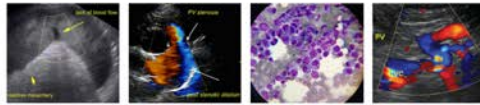
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PATIENT

Kyra Samter

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.

SPECIES

Canine

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.

BREED

Husky

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info@SonoPath.com

SEX

Spayed Female

AGE

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WEIGHT

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