

PATIENT

Sylvie Gernt

SPECIES

Canine

BREED

West Highland Terrier

SEX

Spayed Female

AGE

10 Years

WEIGHT

19.5 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Pamela Harrigan, RDCS

HOSPITAL NAME

Wood River AH

REFERRING VET

Dr. Casey Schuelke

INVOICE

25065

DATE

8/30/21

PRESENTING CLINICAL SIGNS

Presented on 8/19/21 for being "off", just standing around, panting. PU/PD. Slight pain on left elbow extension. On palpation, hepatomegaly noted, confirmed by radiographs. A grade II/VI systolic murmur was noted. Gabapentin started for pain, but patient still acting "off". Query Cushing's based on PU/PD and hepatomegaly. BW all WNL. UA - SG 1.019, inactive sediment. Having bi-cavity ultrasound exams.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder 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 and normal corticomedullary definition were maintained. The echogenicity of the cortex was similar to or slightly less than normal liver parenchyma while the medulla echogenicity was hypoechoic to the cortex with no evidence of pelvic dilation. The right kidney measured 4.4 cm. The left kidney measured 4.0 cm. No evidence of overt pyelonephritis.

The area of the aortic trifurcation was free of pathology.

Adrenal Glands

The adrenal glands were uniform in size and contour with a uniformly hypoechoic parenchyma. No overt evidence of hyperplasia. No evidence of adrenal tumors. The left adrenal gland measured 0.46 cm at the cranial pole and 0.49 cm at the caudal pole. The right adrenal gland measured 0.41 cm at the cranial pole and 0.52 cm at the caudal pole.

Spleen

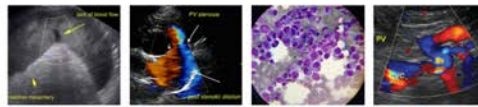
The spleen exhibited primarily finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. Multifocal, well-defined, symmetrical, echogenic to potentially coalescing nodules were present in the medial parenchyma. The capsule was smooth and regular without apparent expansion. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis. Acute to chronic inflammatory or neoplastic changes were not noted. The echogenic nodules tend to trend benign and are most consistent with benign hyperplasia or myelolipomas.

Liver

The liver was mildly enlarged. 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. A focal thinly walled parenchymal cyst containing anechoic fluid was noted dorsal to the gallbladder. This cyst measured 1.3 cm diameter.. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non distended in size with mild, echogenic, nonmineralized biliary sludge. The cystic duct and common bile ducts were normal without evidence of dilation.

Gastrointestinal

The stomach presented intact yet subjective mild prominent wall layering with minor retained anechoic fluid. Gastric body wall measured 0.49 cm. No evidence of retained ingesta or foreign material.



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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. Duodenum wall measured 0.37 cm. Jejunum wall measured 0.35 cm.

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

Pancreas

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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.

PRIMARY FINDINGS

SEX

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- Mild hepatomegaly with focal parenchymal cyst – subjectively benign
- Echogenic medial splenic parenchyma to coalescing nodules – consistent with coalescing benign myelolipomas or potential capsular fibrosis.
- Mild age related kidneys
- Sonographically unremarkable bilateral adrenal glands

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SECONDARY FINDINGS

- Possible mild gastric hypomotility

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Potential for underlying adrenal disease in this patient is considered less likely given the normal sonographic presentation of the bilateral adrenal glands, lack of hepatic enzyme elevation or hepatic presentation suggestive of steroid hepatopathy. However, a screening UCCR +/- LDDST could be considered if there is a strong clinical suspicion of hyperadrenocorticism. Additional diagnostics (given the PU/PD) may include full urinary workup including urine culture and sensitivity +/- baseline urine protein/creatinine ratio if evidence of proteinuria, as well as Leptospirosis titers/PCR to assess for occult Leptospirosis.

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 DABVP (Canine and Feline)

For an additional charge, internal medicine consult can be utilized through Sonopath.com. You can select the internal medicine drop down at <http://spa.sonopath.com/>.

IMAGING PERFORMED BY

Pamela Harrigan, RDCS

One of the world's top internists & SonoPath associate Dr. Remo Lobetti BVSc, MMedVet, PhD, DECVIM can evaluate your case through SonoPath. <https://sonopath.com/resources/sonopath-services/internal-medicine-teleconsultation-services>

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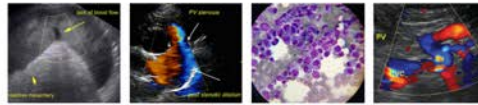
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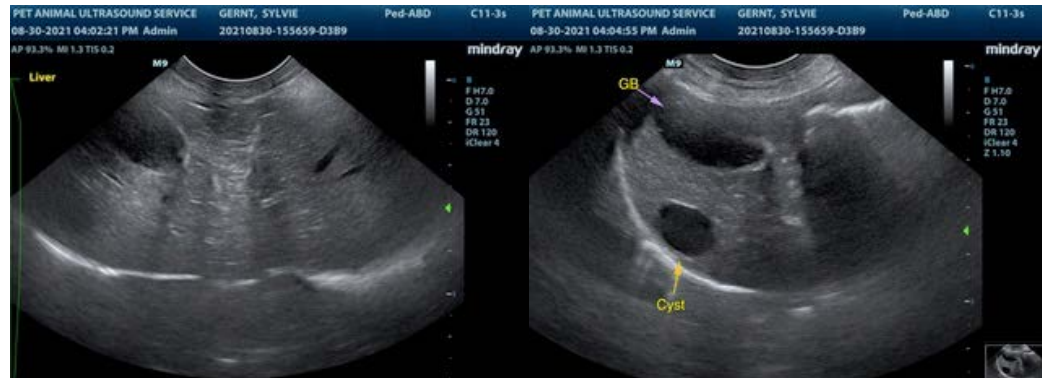
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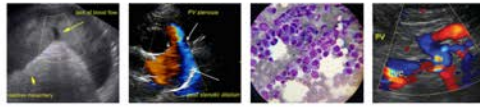
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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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info@SonoPath.com

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