

PATIENT

Maggie Corbin

PRESENTING CLINICAL SIGNS

Epilepsy well controlled on zonisamide

SPECIES

Canine

Recent history of frequent vomiting and poor appetite for several days. Unremarkable blood work and radiographs.

Mistakenly declined to send SonoPath at time of scan. Currently in hospital for re-evaluation

BREED

Shih Tzu

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 3 cm 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.

SEX

FS

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. Bilateral areas of pinpoint medullary mineralization were present. The left kidney measured 3.6 cm in length. The right kidney measured 4.2 cm in length.

AGE

10yr

WEIGHT

13lb

The area of the aortic trifurcation was free of pathology.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.57 cm width at the caudal pole and 1.8 cm length. The right adrenal gland contained a discrete non-disruptive nodule in the cranial pole measuring 0.77 cm at the cranial pole and 0.45 at the caudal pole. Overall, the right adrenal gland measured 0.57 cm width at the caudal pole and 1.8 cm length.

INTERPRETED BY

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

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.

IMAGING PERFORMED BY

Dr. Brady

HOSPITAL NAME

Shiloh Veterinary
Hospital

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 mild dependent to non-dependent echogenic mobile debris. The cystic and common bile ducts were normal.

REFERRING VET

Dr. Schneider

INVOICE

11496ag

Gastrointestinal

The stomach presented intact yet mildly prominent wall layering with a normal wall layer ratio. The lumen of the stomach was empty with no signs of ileus, obstruction or foreign material. The gastric body wall measured 0.37 cm in width.

DATE

08-30-22



PATIENT

Maggie Corbin

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 measured 0.44 cm in width. The jejunum measured 0.32 cm in width.

SPECIES

Canine

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

Pancreas

The pancreas was normal in size and contour with isoechoic to heterogeneous parenchyma compared to adjacent omentum. No signs of active inflammation or neoplasia.

BREED

Shih Tzu

Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

SEX

FS

ULTRASONOGRAPHIC FINDINGS

Primary

AGE

10yr

- Age related renal changes with pinpoint medullary mineral
- Discrete non-disruptive right adrenal nodule-probable adenoma
- Mild gastritis pattern-sonographically unremarkable small bowel
- Minor pancreatic remodeling-potential for patient variant or low grade to chronic pancreatitis
- Mild gallbladder debris (non-mucocele)

WEIGHT

13lb

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

INTERPRETED BY

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

The pancreas was non-specific and may indicate patient/ age variant, remodeling owing to previous inflammatory episode or mild to chronic pancreatitis possible. This potential may be considered if evidence of cranial abdominal or subxiphoid discomfort on palpation. Correlation with a spec cPL or a GI panel to include PLI/TLI/Cobalamin/Folate is recommended.

IMAGING PERFORMED BY

Dr. Brady

Overall, excluding mild sonographic evidence of gastritis, no evidence of significant GI pathology, mechanical/metabolic ileus or obstructive pattern was noted. As needed GI support should prove beneficial.

HOSPITAL NAME

Shiloh Veterinary
Hospital

Sonographic monitoring of the discrete right adrenal nodule with initial recheck in 2-3 months would be ideal.

REFERRING VET

Dr. Schneider

Hepatosupportive medications including Denamarin and Ursodiol may prove beneficial if evidence of cholestasis.

INVOICE

11496ag

DATE

08-30-22



PATIENT

Maggie Corbin

SPECIES

Canine

BREED

Shih Tzu

SEX

FS

AGE

10yr

WEIGHT

13lb

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Brady

HOSPITAL NAME

Shiloh Veterinary
Hospital

REFERRING VET

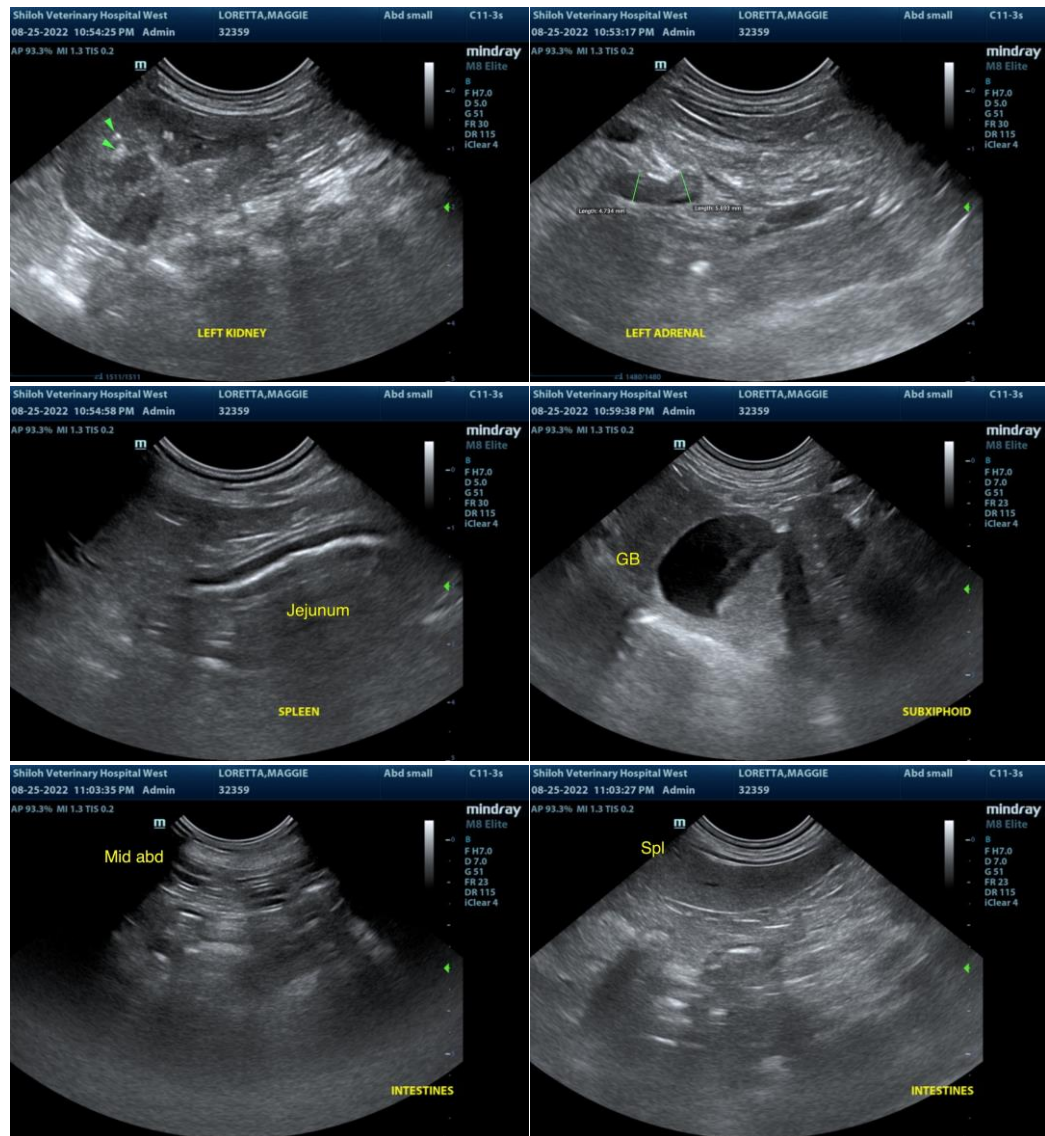
Dr. Schneider

INVOICE

11496ag

DATE

08-30-22





PATIENT

Maggie Corbin

SPECIES

Canine

BREED

Shih Tzu

SEX

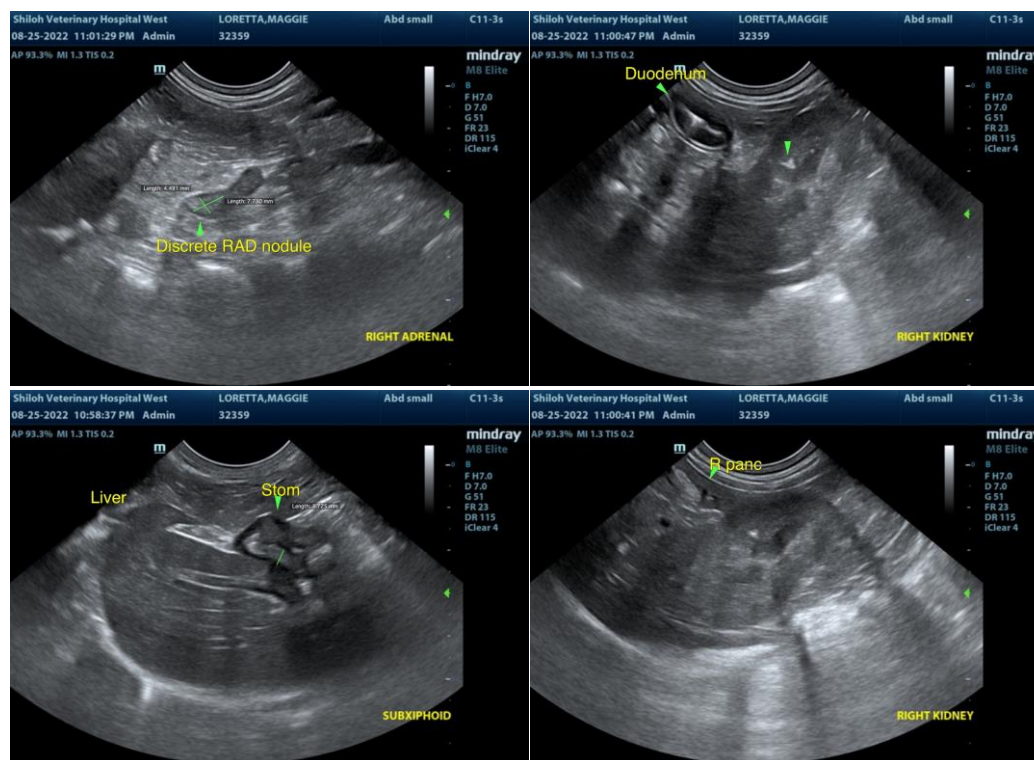
FS

AGE

10yr

WEIGHT

13lb



INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Brady

HOSPITAL NAME

Shiloh Veterinary
Hospital

REFERRING VET

Dr. Schneider

INVOICE

11496ag

DATE

08-30-22

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