



PATIENT PRESENTING CLINICAL SIGNS

Kimmie O'Grady

the patient is bright and active with no clinical symptoms Bloodwork suggestive of chronic inflammation not responsive to antibiotics no active infection noted other than mild-moderate periodontal disease - dental surgery postponed due to changes noted on CBC Hx of trauma/Lymph node enlargement in May diagnosed on histopathology as cellulitis (not Lymph node tissue) which has since resolved. treated with marbofloxacin in July

SPECIES

Canine

Abnormal PE/Chem/CBC/UA Results: Please see attached labs Changes to CBC noted - elevated WBCs, Neuts (with bands suspected) Pathologist cannot rule out chronic leukemia vs an inflammatory response without flow cytometry - will consider this add on test based on results of ultrasound

BREED

Shih Tzu

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

SEX

Spayed Female

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 1.0 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.

AGE

9 Years

Normal size and margination were present in the kidneys. A normal 1:3 cortex / medulla ratio was maintained. Both kidneys exhibited subtle cortical hypertrophy with mild reduced medullary volume and pinpoint to minor medullary mineralization. No evidence of pelvic dilation or overt pyelonephritis in either kidney. The right kidney measured 3.4 cm. The left kidney measured 3.3 cm.

WEIGHT

5.6 kg

No evidence of pathology in the area of the uterine stump or aortic trifurcation.

Adrenal Glands

INTERPRETED BY

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

The adrenal glands were uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.46 cm at the cranial pole and 0.41 cm at the caudal pole. The right adrenal gland measured 0.63 cm at the cranial pole and 0.39 cm at the caudal pole.

Spleen

IMAGING PERFORMED BY

Crystal Hill

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.

HOSPITAL NAME

Oxford County VC

Liver

REFERRING VET

Dr. Halfon

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.

Gastrointestinal

INVOICE

25096

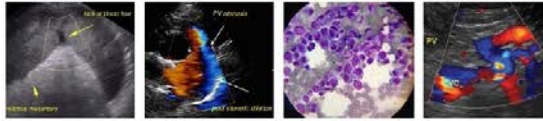
The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach was empty with no signs of ileus, obstruction or foreign material.

The 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.

DATE

8/31/21

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



PATIENT *Pancreas*

Kimmmie O'Grady The left pancreatic limb exhibited minor prominent size with asymmetrical contour and subtle hypochoic parenchyma compared to adjacent non-reactive or inflamed peripancreatic omentum.

SPECIES *Free Abdomen*

Canine No evidence of intraabdominal masses, abscessation, lymphadenopathy or effusion.

ULTRASONOGRAPHIC FINDINGS

- BREED**
- Mildly prominent to hypochoic left pancreas
- Shih Tzu
- Bilateral mild age related to early chronic renal changes with pinpoint to minor medullary mineral

SEX

Spayed Female

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

AGE

9 Years

The pancreas was non-specific with considerations including patient variant or age related pancreatic changes with potential for low-grade chronic active inflammation. However, subjectively the degree of potential pancreatic inflammation was not overtly significant, and not consistent with significant pancreatitis, which may obviously result in reported CBC changes. Assessment for evidence of cranial abdominal or subxiphoid discomfort on palpation and correlation with spec cPL may be considered. Aside from potential low-grade chronic active pancreatitis, no overt evidence of additional visceral pathology as an obvious cause of the CBC abnormalities. 3-view chest radiographs suggested if not recently done.

WEIGHT

5.6 kg

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Feline)

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HOSPITAL NAME

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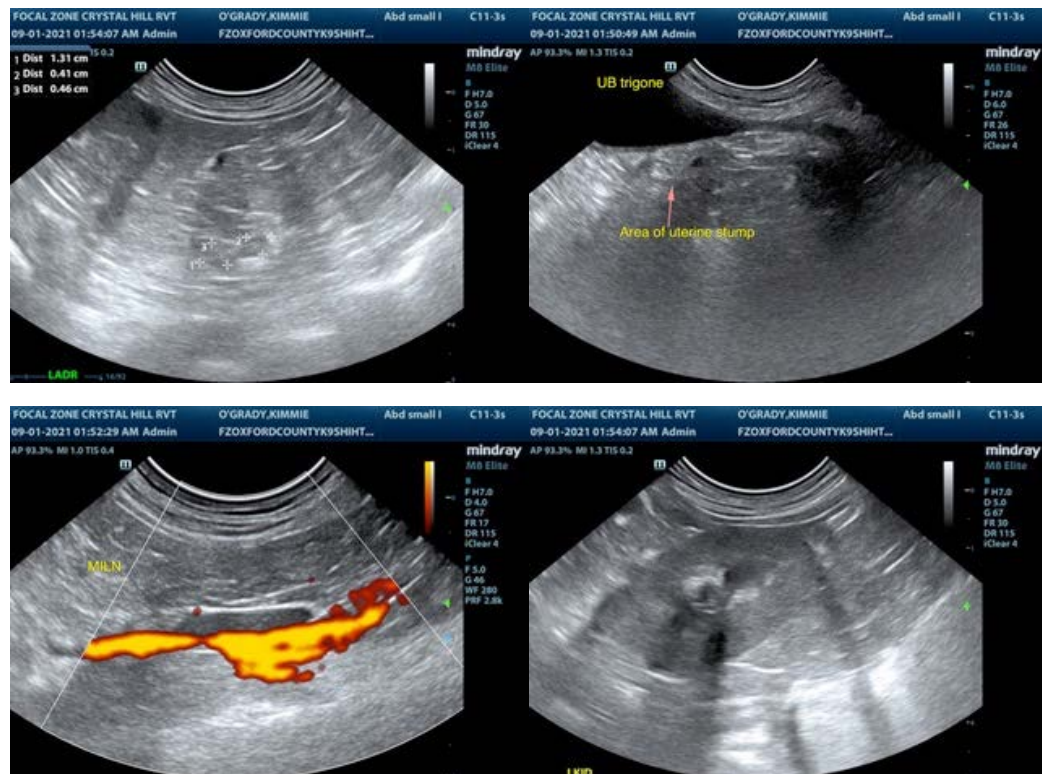
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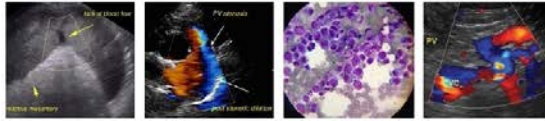
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PATIENT

Kimmie O'Grady

SPECIES

Canine

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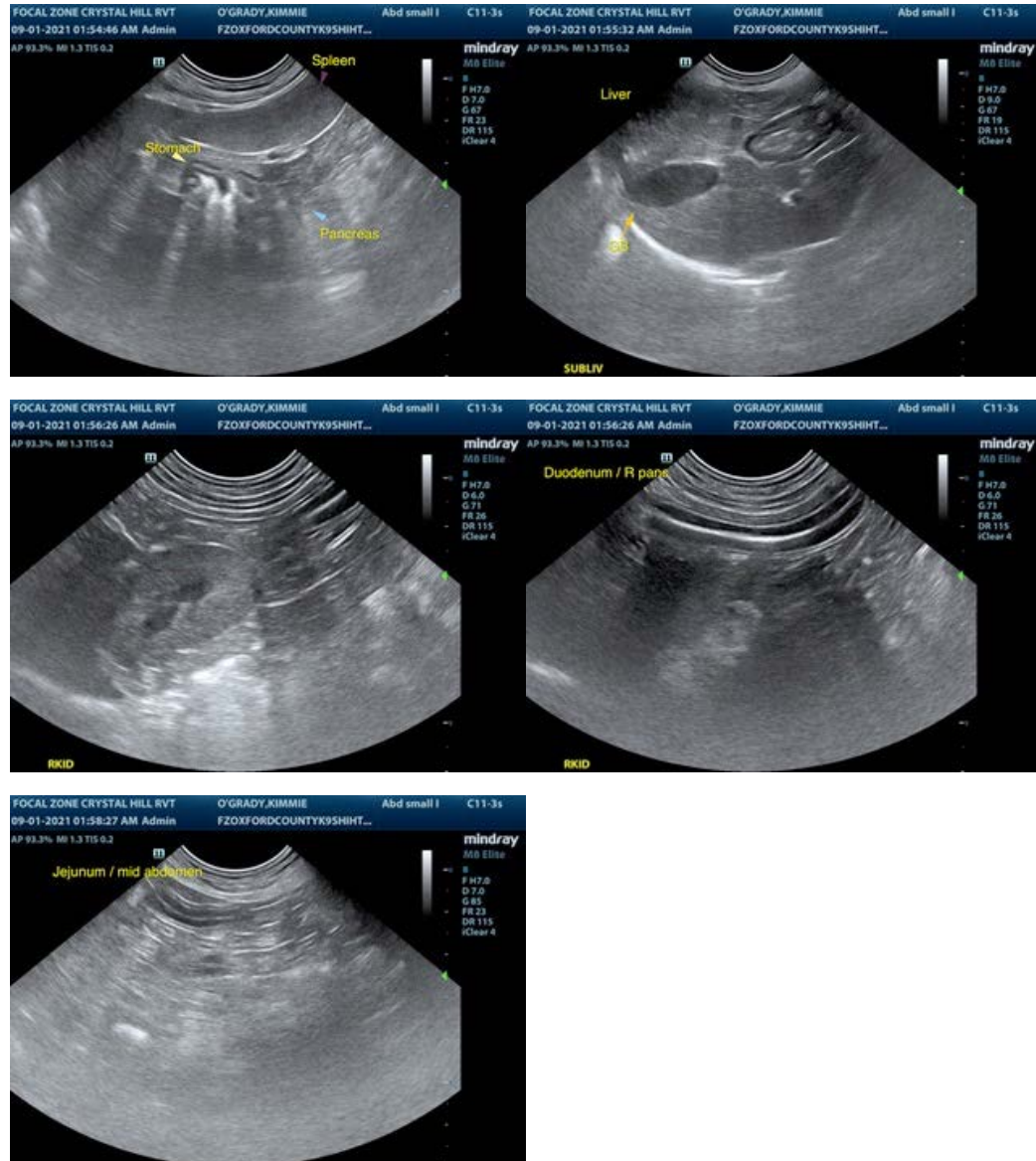
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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