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|--|---|
| PATIENT | PRESENTING CLINICAL SIGNS |
| Luckie Aquirre | Hx of pancreatitis and elevated ALP, intermittent vomiting and diarrhea over the past 2wks. Current meds: Metronidazole, pepcid, 1 dose Cerenia 8/30/21. Abnormal PE/Chem/CBC/UA Results: BUN 28, ALP 1400, CPL Abnormal |
| SPECIES | ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN |
| Canine | <i>Urinary System</i> |
| BREED | The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra 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. |
| Schnauzer | |
| SEX | The area of the residual prostate appeared normal and free of pathology. |
| MN | No evidence of pathology in the area of the aortic trifurcation. |
| AGE | 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 mild loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The left kidney measured 5.3 cm in length. The right kidney measured 5.6 cm in length. |
| 12 Years | |
| WEIGHT | <i>Adrenal Glands</i> |
| 24 lbs | The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 1.7 cm length x 0.71 cm width at the caudal pole. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 2.6 cm length x 0.62 cm width at the caudal pole. |
| INTERPRETED BY | <i>Spleen</i> |
| R. McKenzie Daniel, DVM, DABVP (Canine and Feline) | 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 | <i>Liver/ Gallbladder</i> |
| Shari Reffi, CVT | The liver presented enlarged in size. A solitary mildly expansive subtly hypoechoic to nonhomogeneous nodular mass lesion was noted in the caudal mid to right liver adjacent to the but not impinging upon the gallbladder measuring approximately 5.0 cm diameter. 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. |
| HOSPITAL NAME | |
| Rockaway | |
| REFERRING VET | |
| Dr. Gannon | |
| INVOICE | The gallbladder was non distended in size with minor echogenic, nonmineralized gallbladder debris. The cystic duct and common bile ducts were normal without evidence of dilation. |
| 47222 | <i>Gastrointestinal</i> |
| DATE | The visible gastric walls exhibited intact wall layering without mural pathology or hypertrophy. The stomach contained echogenic non-shadowing ingesta without overt evidence of obstruction to pyloric outflow. The gastric body wall measured 0.30 cm width. |
| 8-31-21 | |



PATIENT

Luckie Aquirre

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 and the jejunum wall measured 0.37 cm width.

SPECIES

Canine

The colon walls presented intact yet prominent wall layering with mild thickened to echogenic submucosa. Semi-formed to soft feces was present in the colon lumen with lumen dilation. The descending colon wall measured 0.47 cm width.

Pancreas

BREED

Schnauzer

The parenchyma of the left limb, body and right limb of the pancreas presented normal in size and contour with isoechoic to subtle heterogeneous parenchyma compared to the adjacent omentum. The visible pancreatic duct was normal. No signs of active inflammation or neoplastic disease was evident.

SEX

MN

Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

AGE

12 Years

- Mild retained gastric ingesta - potential for mild gastric hypomotility.

WEIGHT

24 lbs

- Colitis.
- Hepatopathy with caudal mid to right nodular mass lesion.
- Mild gallbladder debris (nonmucocele).
- Subtle heterogeneous pancreas - potential for low grade to chronic inflammation versus patient variant or minor parenchymal remodeling owing to previous pancreatitis.

INTERPRETED BY

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

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Assuming normal clotting status, ultrasound guided FNA of the hepatic nodular mass lesion and hepatic parenchyma warranted for cytology and further clarification.

IMAGING PERFORMED BY

Shari Reffi, CVT

Medical therapy for gastroenterocolic inflammation would be appropriated.

HOSPITAL NAME

Rockaway

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 negative), high colony count probiotic (Provable or Visbiome), antibiotic trial and as needed gastrointestinal support with assessment of clinical response may prove beneficial. Pending hepatic FNA, endoscopic intestinal biopsies may be considered if GI signs continue despite empirical therapy.

REFERRING VET

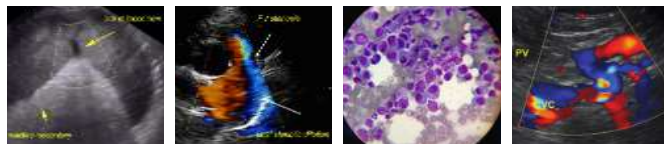
Dr. Gannon

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8-31-21



PATIENT

Luckie Aguirre

SPECIES

Canine

BREED

Schnauzer

SEX

MN

AGE

12 Years

WEIGHT

24 lbs

INTERPRETED BY

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IMAGING PERFORMED BY

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HOSPITAL NAME

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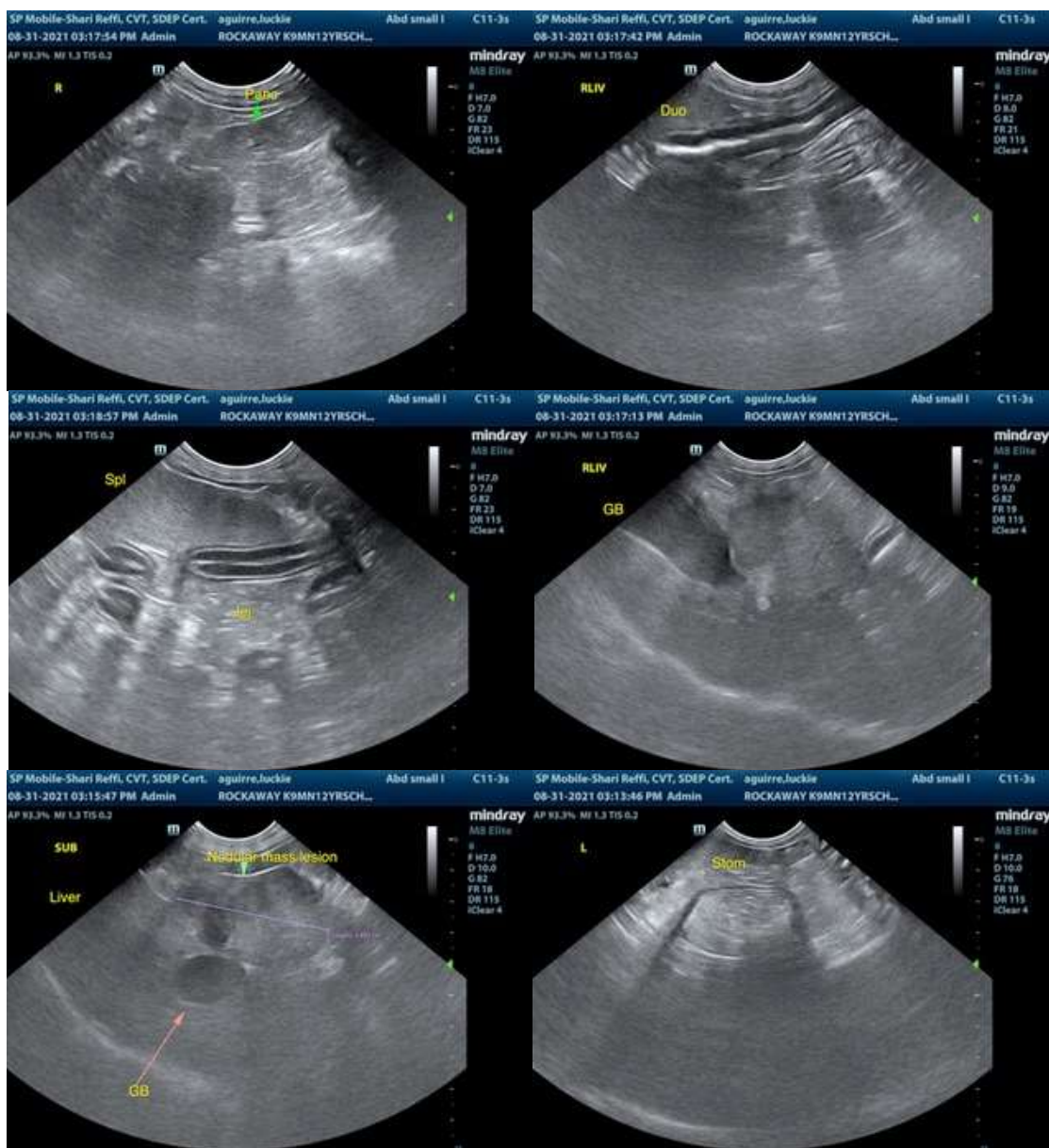
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SPECIES

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HOSPITAL NAME

Rockaway

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.

REFERRING VET

Dr. Gannon

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

INVOICE

47222

DATE

8-31-21