



PATIENT PRESENTING CLINICAL SIGNS

Niles Tosland Has been vomiting, strange behaviour. Weak hind end. Decreased appetite. Lethargic. Intermittent soft stools.

SPECIES Abnormal PE/Chem/CBC/UA Results: Elevated SDMA and BUN, high K and P, low Albumin. Low HCT, non-regenerative anemia. T4 low normal and CPL normal.

Canine

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

BREED

Urinary System

Bichon

The urinary bladder was mildly subnormal in size owing to lack of urine distension which prohibited full evaluation of the urinary bladder walls. The trigone, cystourethral junction, and visible pelvic urethra to a depth of 1.0 cm exhibited normal thickness and tone. Mild asymmetrical luminal surface to micropolyploid changes were present likely associated with age related mural changes. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes were noted.

SEX

MN

The residual prostate was symmetrically normal in size with uniform parenchyma and slight coarse echotexture measuring 1.0 cm in diameter.

AGE

16 Years

No evidence of pathology in the area of the aortic trifurcation.

WEIGHT

4.00 kg

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. Mild pyelectasia was present in the left kidney. The left kidney measured 3.6 cm in length. The right kidney measured 3.4 cm in length.

INTERPRETED BY

Adrenal Glands

R. McKenzie Daniel,
DVM, DABVP

The left adrenal gland was normal in size. Mild parenchyma heterogeneity and mild capsule asymmetry was present without suspicion for overt neoplasia. The left adrenal gland measured 1.6 cm length in the cranial pole and 0.42 cm width in the caudal pole.

IMAGING PERFORMED BY

Crystal Hill

The right adrenal gland was indistinctly visualized yet without overt pathology subjectively measuring 0.58 cm width at the caudal pole.

HOSPITAL NAME

Spleen

Yates Animal Hospital

The spleen exhibited primarily finely textured parenchyma which was hyperechoic to the liver and renal cortical parenchyma. Mild generalized parenchyma heterogeneity was present without evidence of nodular changes. 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.

REFERRING VET

Kait

Liver

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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.

DATE

8-31-21

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.

Gastrointestinal



PATIENT

Niles Tosland

The stomach exhibited intact, yet subjective prominent wall layering noted in the fundus, gastric body, and pylorus. Potential focal pyloric polyp versus ingesta was present. The polyp versus ingesta exhibited similar echogenicity to adjacent pyloric wall measuring approximately 1.4 cm. Moderate retained echogenic to shadowing ingesta was present. The gastric body wall measured 0.38 cm width.

SPECIES

Canine

The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. Minor duodenal ingesta was present with no evidence of mechanical or metabolic small intestinal obstruction or foreign material. The duodenum wall measured 0.40 cm width and the jejunum wall measured 0.38 cm width.

BREED

Bichon

Normal visible colon wall layers were present containing generalized semi-formed to soft feces.

Pancreas

SEX

MN

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.

Free Abdomen

AGE

16 Years

No overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

- Moderate retained echogenic to shadowing gastric ingesta, probable associated gastritis.
- Possible focal nonobstructive pyloric polyp versus ingesta.
- Bilateral chronic renal changes with minor left kidney pyelectasia.
- Mild gallbladder debris (nonmucocele).

WEIGHT

4.00 kg

INTERPRETED BY

R. McKenzie Daniel,
DVM, DABVP

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The presence of echogenic to shadowing gastric ingesta may indicate post-prandial presentation. Correlation with most recent meal ingestion is recommended; however, given the patient's vomiting, some degree of gastric hypomotility potentially owing to gastric inflammation may be possible. Concurrently, the potential for gastric foreign material such as hair, fabric, or similar material cannot be definitively excluded. Sonographic or radiographic monitoring for evidence of abnormal gastric emptying with as needed gastrointestinal support would be ideal.

IMAGING PERFORMED BY

Crystal Hill

HOSPITAL NAME

Yates Animal Hospital

The pyelectasia within the left kidney may be owing to chronic renal changes, potential pelvic scarring possibly owing to previous calculi passage, IV fluid therapy (if applicable). Urine C/S and protein:creatinine ratio on sterile urine sample is recommended.

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Thorough neurological and musculoskeletal examination suggested if not done.

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**IMAGING
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REFERRING VET

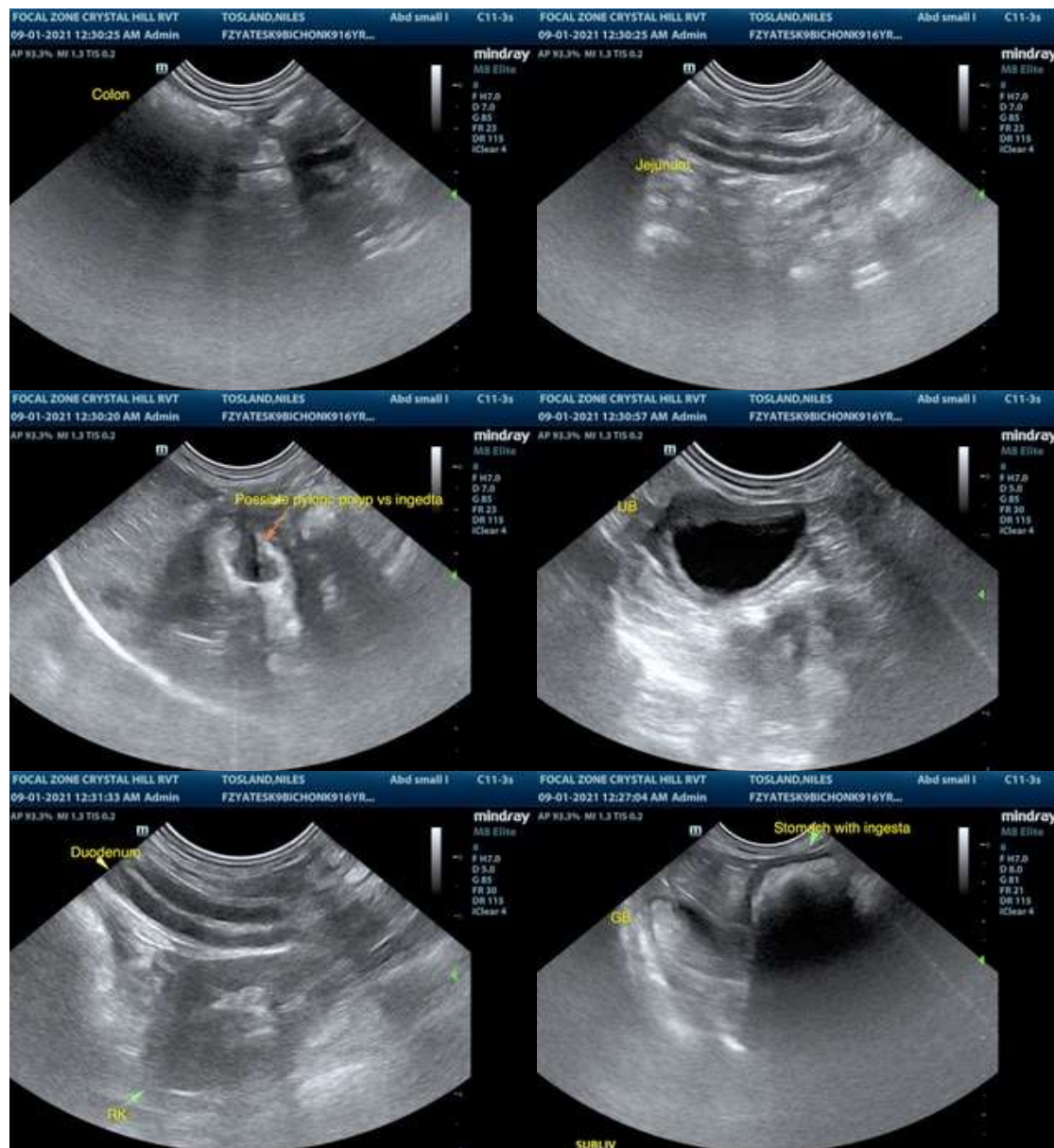
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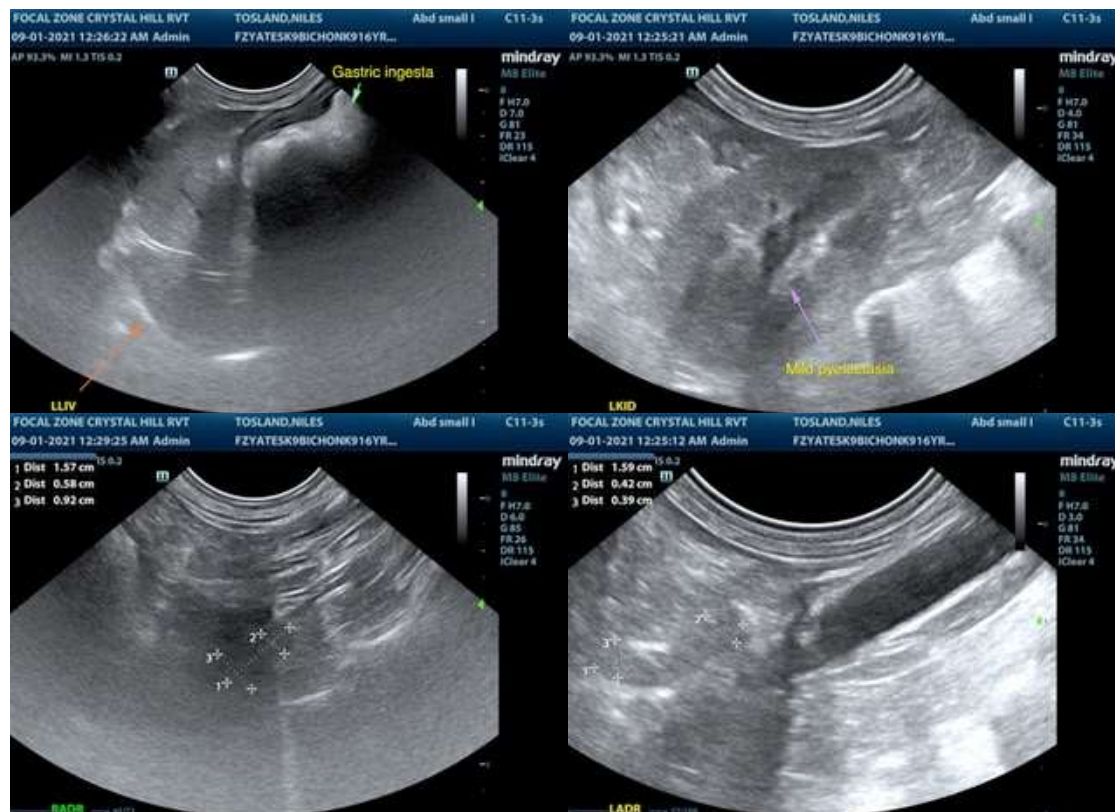
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)

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