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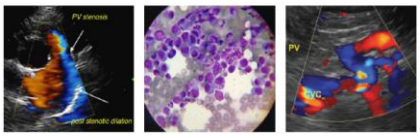

SonoPath
Clinical Sonography & Telecytology
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PATIENT

Mega Payne

SPECIES

Canine

BREED

Chihuahua

SEX

FS

AGE

8 yrs

WEIGHT

8.9 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Rachel Runnells, RVT

HOSPITAL NAME

SVS Imaging KC

REFERRING VET

Dr. Shannon Weber

INVOICE

14540

DATE

8/9/22

PRESENTING CLINICAL SIGNS

Doing some coughing and gagging, non-productive. Had a decreased appetite recently but that resolved. Per O, licking lips more and have more gas, both belching and farting.
Abnormal PE/Chem/CBC/UA Results: Rads showed mildly enlarged liver. Bloodwork done in July showed milk leukocytosis and chemistry/electrolytes were unremarkable.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder was normal in size and tone containing anechoic urine primarily with possible polyp vs. accumulated nondependent sediment in the area of the mid ventral and mid dorsal urinary bladder wall was present. The potential polyp vs. accumulated nondependent sediment appearing adjacent to the mid ventral urinary bladder wall extending into the urinary bladder lumen measured 1.3 cm length. Power doppler assessment did not obviously pick up blood flow within the polyp vs. accumulated nondependent sediment. No calculi were noted. The urethra exhibited normal structure and tone to a depth of 3.0 cm. No overt evidence of neoplastic urinary bladder criteria.

The area of the aortic trifurcation was free of pathology.

Normal size and margination were 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 left kidney measured 3.8 cm in length. The right kidney measured 3.6 cm in length.

Adrenal Glands

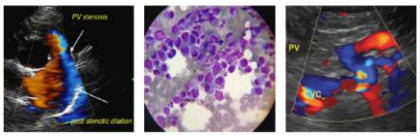
The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.58 cm width at the caudal pole and 0.42 cm width at the cranial pole. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.53 cm width at the caudal pole and 0.46 cm width at the cranial pole.

Spleen

The spleen exhibited primarily finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. An echogenic nodule was present in the mid spleen in the area of the hilus. The spleen was otherwise normal. 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/ Gallbladder

The liver exhibited subjective borderline to mild enlargement with normal 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



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gallbladder contained mild to moderate nondependent yet nonorganized mildly hyperechoic gallbladder debris. The gallbladder walls were sonographically unremarkable. No evidence of gallbladder or peripheral gallbladder inflammatory criteria was noted. The cystic and common bile ducts were normal.

Gastrointestinal

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 gastric body wall was normal. The pylorus wall width measured 0.38 cm.

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 0.37 cm width. The jejunum wall measured 0.23 cm width.

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

Pancreas

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 were evident.

Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Mid ventral and dorsal urinary bladder polyp vs. accumulated sediment - subjectively benign
- Sonographically unremarkable gastrointestinal tract
- Borderline to minor benign hepatomegaly
- Mild to moderate gallbladder debris (non-mucocele)

Secondary Findings

- Benign splenic myelolipoma

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Given the lack of hepatic enzyme elevations yet the presence of gallbladder debris, monitoring for evidence of cholestasis +/- empirical Ursodiol therapy could be considered.

Urine C/S, if evidence of Inflammatory cells on urinalysis, is suggested. Sonographic monitoring of the urinary bladder polyp or accumulated sediment, which was not suggestive of overt pathology or neoplastic criteria, could be considered.

No obvious evidence of gastrointestinal structural pathology was noted. Potential for GERD or esophagitis could be a consideration in this patient. Omeprazole at appropriate dose with

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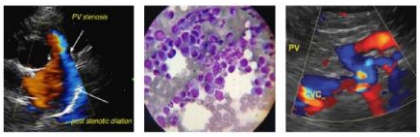

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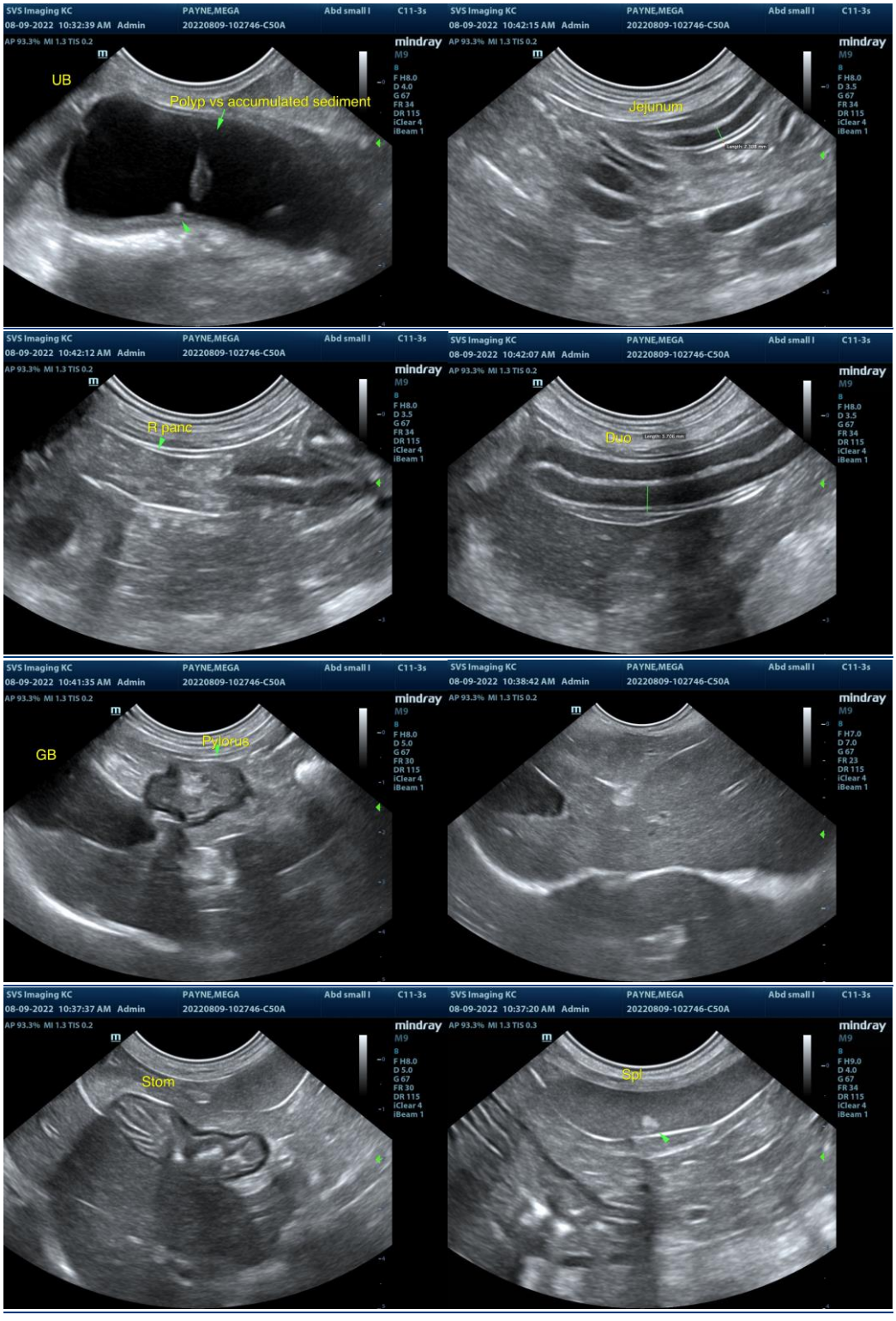
assessment of clinical response could be considered. Likewise, given minor potential for gastrointestinal signs, hydrolyzed diet trial may prove beneficial. Three-view chest radiographs are suggested to rule out occult esophageal pathology as a contributing factor.



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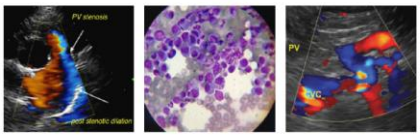

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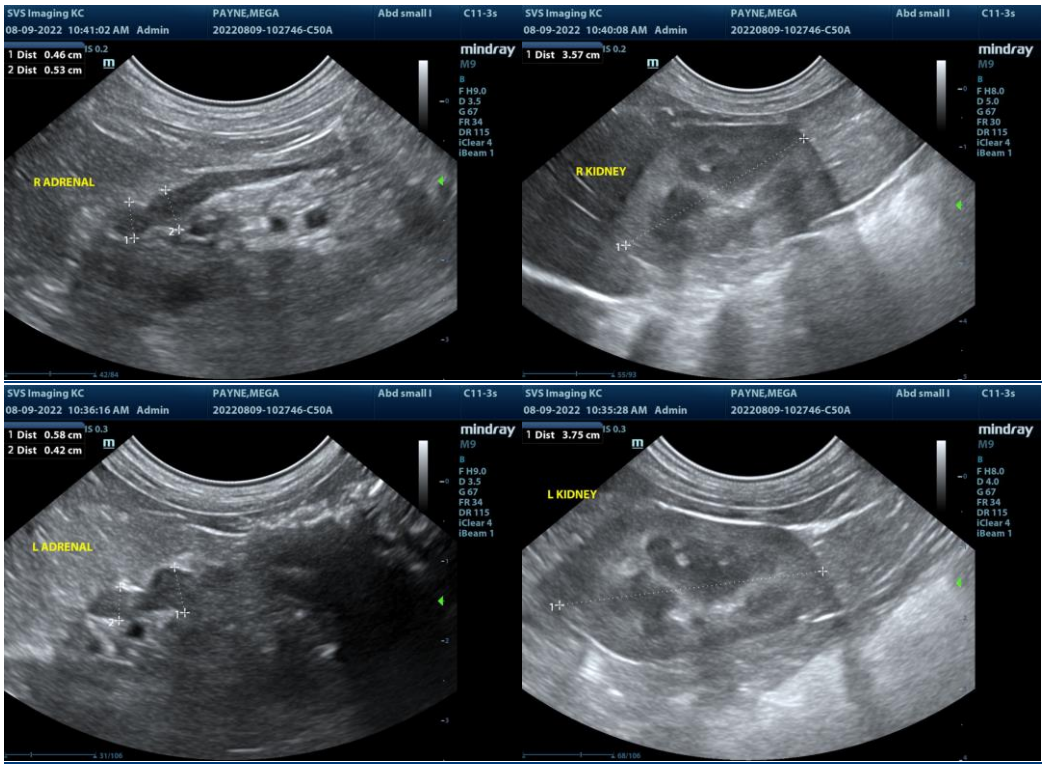

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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