



PATIENT

Laney Johnson

SPECIES

Canine

BREED

Collie

SEX

Spayed Female

AGE

7

WEIGHT

70.5

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

Jenn

HOSPITAL NAME

Rockaway AH

REFERRING VET

Dr. Maniar

INVOICE

12144

DATE

9/1/21

PRESENTING CLINICAL SIGNS

gastric thickening, abnormal stool patterns, irregular times

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 3.0 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 was noted.

The area of the aortic trifurcation was free of pathology.

No overt pathology was noted in the area of the uterine remnant.

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 6.1 cm in length. The right kidney measured 6.7 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 1.8 cm length x 0.51 cm width at the caudal pole. The right adrenal gland was not definitively visualized.

Spleen

The spleen exhibited primarily finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. Intermittent, with two visualized hypoechoic splenic nodules, were present. An example of the splenic nodules measured 0.75 cm in width. The nodules were non-expansive without distortion of the splenic capsule. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis.

Liver/ Gallbladder

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 mild to moderate echogenic nonorganized gallbladder debris. The cystic duct and common bile ducts were normal without evidence of dilation.

Gastrointestinal

The stomach exhibited intact yet subjective mild prominent wall layering. The gastric body wall width measured 0.56 cm. No evidence of loss of gastric wall layering or infiltrative mural pathology. The stomach was primary empty with minor retained chyme.



PATIENT	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.
Laney Johnson	
SPECIES	The visualized colon was sonographically unremarkable with subjective formed feces.
Canine	Pancreas
BREED	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.
Collie	Free Abdomen
SEX	No overt lymphadenopathy or peritoneal effusion was present.
Spayed Female	ULTRASONOGRAPHIC FINDINGS
AGE	Primary Findings
7	<ul style="list-style-type: none"> • Nonspecific splenic nodules • Possible mild gastritis • Moderate gallbladder debris (non-mucocele)
WEIGHT	
70.5	INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS
INTERPRETED BY	Potential etiologies for the hypoechoic splenic nodules may include benign processes such as nodular hyperplasia, extramedullary hematopoiesis, hematoma, infection, infarction, or neoplasia. Ultrasound guided FNA of the nodule using 25-gauge needle and assuming normal coagulation parameters may be considered. Otherwise, sonographic monitoring of the splenic nodules for any changes in size or appearance with initial recheck in 3-4 weeks would be a more conservative approach.
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	
IMAGING PERFORMED BY	Gastroprotectant protocol or some or all of the following protocol may be considered if evidence of inappetence or vomiting. If evidence of cholestasis, Ursodiol may be considered, although the moderate gallbladder debris may be an incidental finding.
Jenn	
HOSPITAL NAME	A clinical trial of Zithromax (Dogs: 5-10 mg/kg p.o. q24h. May increase dosing interval to q48h after 3-5 days of treatment), Metronidazole (10-20 mg/kg p.o. b.i.d.), Pepcid (0.5-1 mg/kg s.i.d.) and Sucralfate (0.5-2 g/dog PO) or Omeprazole (1 mg/kg p.o. s.i.d.) over the next 3 weeks along with a novel-protein or hydrolyzed diet with slurry feeding b.i.d./t.i.d. over the next 2-4 days and then increase to canned diet bid. Dry food should be avoided over the next 4 weeks. A recheck sonogram to assess GI improvement or progression would be ideal in 4 weeks.
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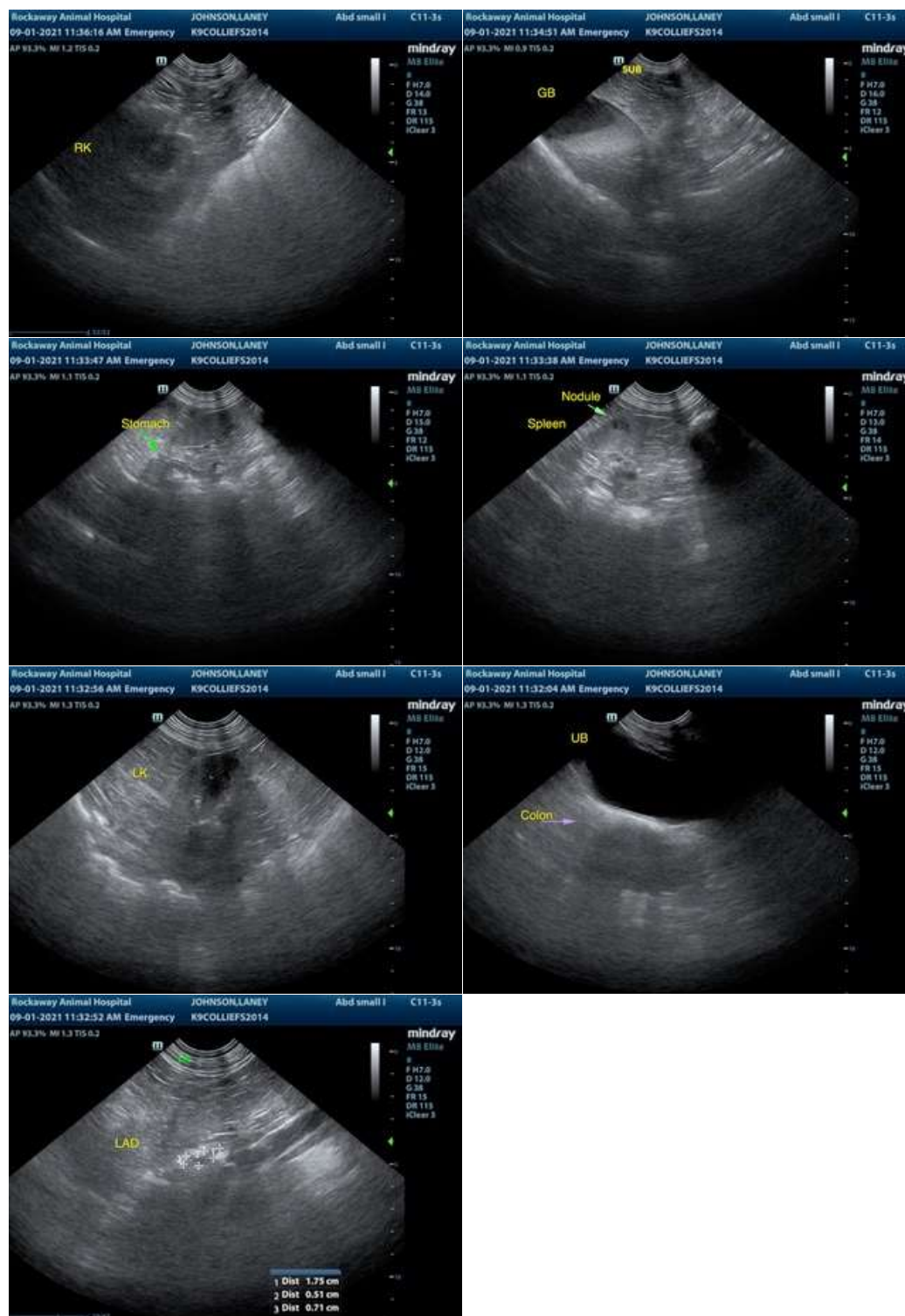
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.



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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.

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info@SonoPath.com

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