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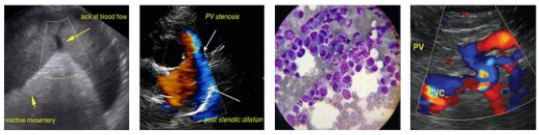


SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™
1-800-838-4268 info@sonopath.com SonoPath.com

PATIENT

Gizmo Golley

SPECIES

Canine

BREED

Terrier Mix

SEX

MN

AGE

2012

WEIGHT

13.5

INTERPRETED BY

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

IMAGING PERFORMED BY

Rebekah Jakum, CVT ARDMS/RVT

HOSPITAL NAME

Maple Hills VH

REFERRING VET

Dr. Eckman

INVOICE

14858

DATE

9/13/22

PRESENTING CLINICAL SIGNS

-Inappetance, back pain, improvement with steroids Gabapentin, Prednisolone

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 residual prostate was free of overt pathology.

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 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. Pinpoint to focal minor medullary mineral was noted in the left kidney. No evidence of pelvic dilation was present. The left kidney measured 3.8 cm in length. The right kidney measured 4.1 cm in length.

Adrenal Glands

The left adrenal gland was subnormal in size likely owing to Prednisone therapy, without overt pathology. The left adrenal gland measured 0.33 cm width at the caudal pole and 0.32 cm width at the cranial pole. The right adrenal gland was not definitively visualized, likely owing to subnormal size secondary to Prednisone therapy.

Spleen

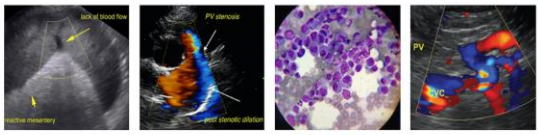
The spleen exhibited a finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. The capsule was smooth and regular without apparent expansion. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis. Acute to chronic inflammatory or benign parenchyma changes were not noted. No evidence of splenic neoplastic criteria was noted.

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 thin walls and primarily anechoic luminal content. 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 mild to possible moderate luminal gas. No evidence of gastric distention with retained ingesta, fluid, or foreign material.



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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.

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

Pancreas

The pancreas was normal in size and contour with isoechoic to heterogeneous parenchyma compared to adjacent omentum. No signs of active inflammation or neoplasia. This is likely consistent with age-related pancreatic change and incidental.

Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

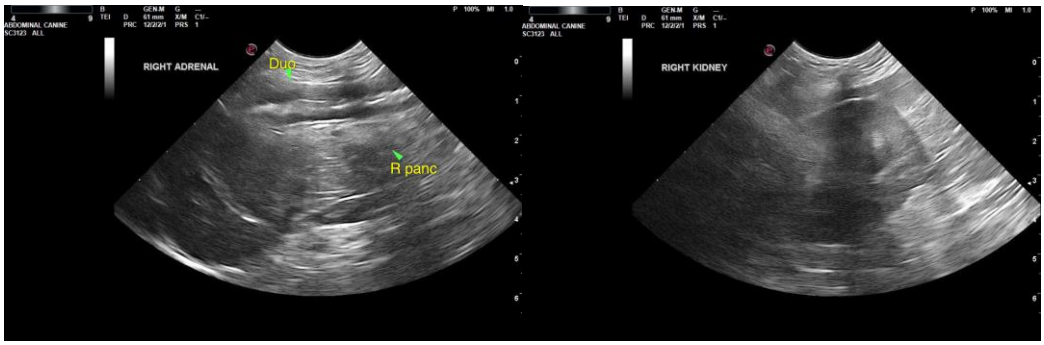
- Age-related renal changes exhibiting pinpoint minor medullary mineral
- Sonographically unremarkable gastrointestinal tract
- Mild heterogeneous pancreas - age-related pancreatic changes likely

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Largely mild geriatric abdomen without evidence of overt visceral pathology as a definitive cause of the patient's inappetence.

Potential for low-grade to chronic pancreatitis may be suspected if cranial abdominal or subxiphoid discomfort on palpation. Correlation with a Spec cPL could be considered if clinically indicated.

Potential non-abdominal component to the inappetence i.e., back pain, is suspected. Correlation with pending gastrointestinal support and clinical response to corticosteroid therapy is suggested.



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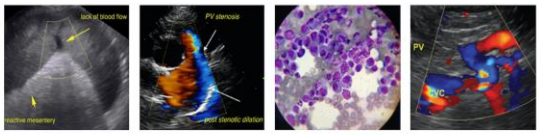

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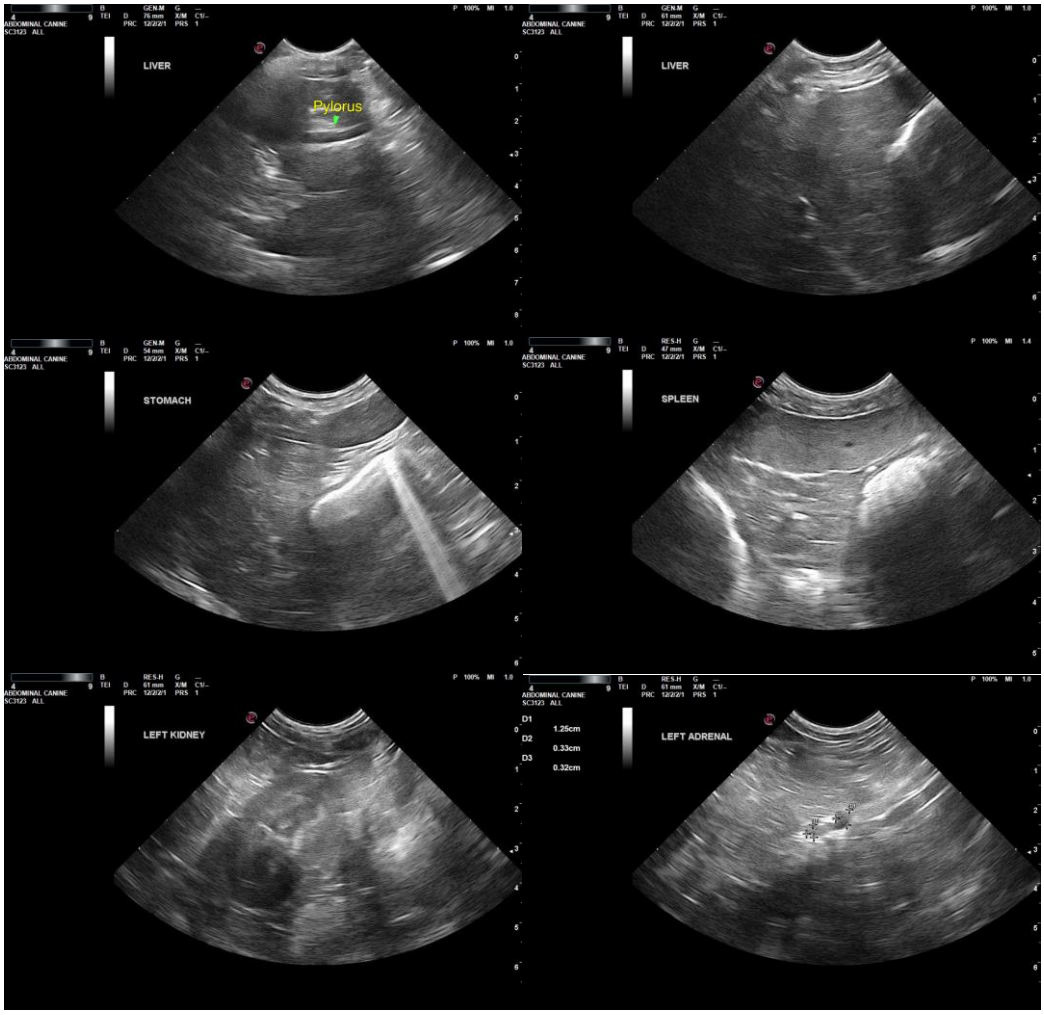

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)
mac.daniel@sonopath.com