



PATIENT PRESENTING CLINICAL SIGNS

Lilli Bagen History: History of Diabetes Insipidus that was controlled with Desmopressin, recent increase thirst, history of urinary bladder calculi

SPECIES Medication: Desmopressin .1mg every 8 hours, Cerenia

Canine Unremarkable CBC

BREED Chemistry Panel- ALP 194, AST 94, Albumin 4.6, Globulin 4.1, Glucose 255, GGT not read

Bichon Frise Mix Urine Specific Gravity 1.036, 2+Protein, 1+Glucose

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

SEX *Urinary System*

FS 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, sediment, or calculi. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes was noted.

AGE
 7 years

The area of the aortic trifurcation was free of pathology.

WEIGHT

20 Pounds

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 4.5 cm in length. The right kidney measured 4.8 cm in length.

INTERPRETED BY

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

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 0.49 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 1.5 cm length x 0.38 cm width at the caudal pole.

IMAGING PERFORMED BY

Rebekah Jakum, CVT
 ARDMS/RVT

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, neoplastic, or benign parenchyma changes were not noted.

HOSPITAL NAME

Easton AH

REFERRING VET

Dr. Nankman

Liver/ Gallbladder

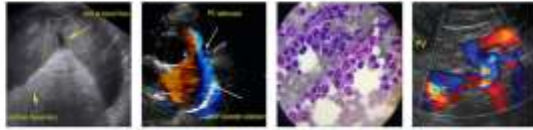
INVOICE

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The liver presented increased in size. The parenchyma of the liver was subjectively increased in echogenicity compared to the spleen and renal cortices. The echotexture of the liver parenchyma was uniform with a mild coarse echotexture. The capsule of the liver was symmetrical in margination. The hepatic and portal vasculature were normal in appearance without signs of congestion. The

DATE

9.14.2021



PATIENT gallbladder was non distended in size with mild, echogenic, nonmineralized biliary sludge. The cystic duct and common bile ducts were normal without evidence of dilation.

Lilli Bagen

Gastrointestinal

SPECIES 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.

Canine

The duodenum exhibited intact yet mildly prominent wall layering. The lumen of the small intestine was empty with no signs of ileus, obstruction, or foreign material. The duodenum wall width measured 0.44 cm.

BREED

Bichon Frise Mix

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

SEX

Pancreas

FS

The right pancreatic limb of the pancreas presented hypoechoic to heterogeneous echogenicity compared to adjacent omental fat. Mild asymmetrical contour was present with variable parenchymal swelling and mild peripancreatic reactivity / inflammation. No overt evidence of neoplasia.

AGE

7 years

Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

WEIGHT

20 Pounds

ULTRASONOGRAPHIC FINDINGS

Primary Findings

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- Hepatomegaly with generalized parenchyma hyperechogenicity
- Mild gallbladder debris (non-mucocele)
- Right pancreatitis with regional peripancreatic reactive mesentery and possible associated mild duodenitis

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IMAGING PERFORMED BY

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Rebekah Jakum, CVT
 ARDMS/RVT

Further renal staging to include urine C/S and protein: creatinine ratio on sterile urine sample may be considered.

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The appearance of the liver was nonspecific but may indicate steroid or other vacuolar hepatopathies, chronic hepatitis/cholangiohepatitis, lipidosis, or fibrosis while round cell hepatic neoplasia cannot be excluded. Assuming normal coagulation parameters, ultrasound guided FNA of the liver using a 25-gauge needle would be warranted for cytology, primarily to assess for evidence of inflammatory cells and to rule out round cell neoplasia. Vitamin K administration would be suggested prior to FNA if elected.

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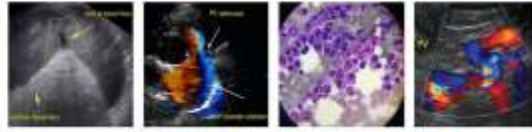
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Assessment for evidence of right cranial abdominal or subxiphoid discomfort on palpation is recommended. Correlation with a Spec cPL may be considered. Potential for right pancreatic limb nodular hyperplasia or less likely emerging neoplasia cannot be definitively excluded. Continued as-needed GI support would be appropriate.

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PATIENT

For an additional charge, internal medicine consult can be utilized through Sonopath.com. You can select the internal medicine drop down at <http://spa.sonopath.com/>.

Lilli Bagen

SPECIES

One of the world's top internists & SonoPath associate Dr. Remo Lobetti BVSc, MMedVet, PhD, DECVIM can evaluate your case through SonoPath. <https://sonopath.com/resources/sonopath-services/internal-medicine-teleconsultation-services>

Canine

BREED

Bichon Frise Mix

SEX

FS

AGE

7 years

WEIGHT

20 Pounds

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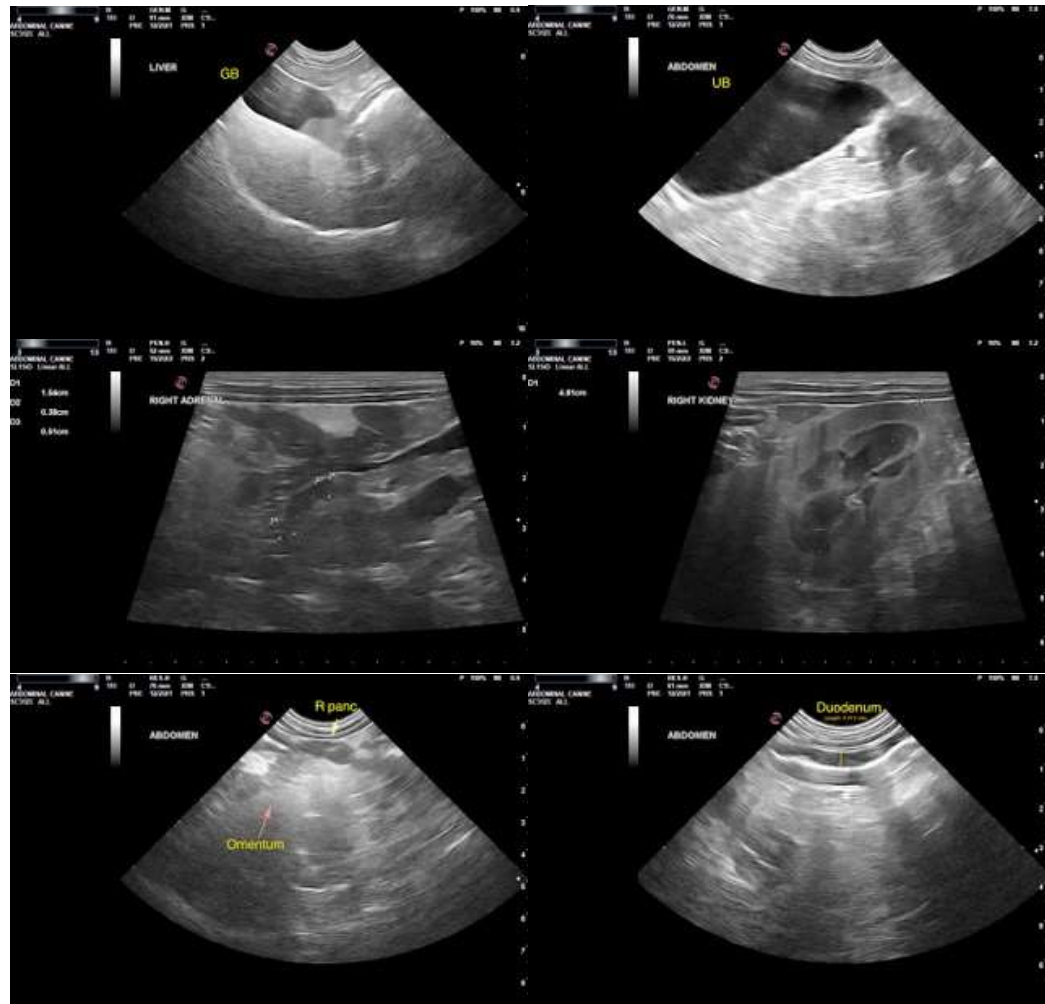
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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