



PATIENT

Marley Shapley

SPECIES

Canine

BREED

Australian Shepherd

SEX

Spayed Female

AGE

13 Years

WEIGHT

27 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Sarah Pender, CVT

HOSPITAL NAME

SVS Imaging QC

REFERRING VET

Dr. Kim Flickinger &
Dr. Christy Skoglund

INVOICE

13040

DATE

9/15/21

PRESENTING CLINICAL SIGNS

History: 9/14/21 restless, drooling, nauseous, not eating 9/15/21 vomiting, not eating, lethargic

Abnormal PE/Chem/CBC/UA Results: pacemaker put in at Wisc several years ago blood work WNL
Abdominal radiographs - possible mass effect on liver, stomach is very small difficult to see on the lateral view but looks normal on vd. No obstructive pattern noted with the intestinal tract. Significant spondylosis noted along thoracic spine and mild spondylosis noted in lumbar spine. Pacemaker visible. All else looks normal.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 4.0 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 were noted. aortic trifurcation was normal.

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 mild to moderate increased echogenicity and loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The left kidney measured 7.4 cm in length. The right kidney measured 6.5 cm in length. Pinpoint medullary mineral and small cortical cyst present in both kidneys.

Adrenal Glands

The left adrenal gland was normal in size. Mild parenchyma heterogeneity and mild capsule asymmetry present without suspicion for overt neoplasia. The left adrenal gland measured 2.2 cm length x 0.43 cm caudal pole width.

The right adrenal gland was mildly enlarged in size yet maintained capsular integrity and overall symmetrical capsule margination with non-homogenous right adrenal parenchyma without evidence of mineralization. Focal parenchymal cysts were present, an example of right adrenal cyst measured 0.7 cm in diameter. The overall right adrenal gland measured 2.6 cm length x 2.0 cm at the cranial pole and 0.77 cm caudal pole width. No evidence of parenchymal escape or overt vascular invasion.

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.

Liver

The liver presented enlarged in size. The parenchyma of the liver was subjectively normal in echogenicity compared to the spleen and renal cortices. The liver parenchyma was uniform with a mildly coarse echotexture. The capsule of the liver was symmetrically rounded to mildly swollen in margination. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended in size with primarily anechoic luminal content. The cystic and common bile ducts were normal. The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.



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Gastrointestinal

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The stomach exhibited intact yet subjective mild prominent wall layering. The gastric lumen was empty with mild luminal gas. No evidence of retained gastric ingesta or foreign material. The gastric body wall measured 0.47 cm. The pylorus wall measured 0.57 cm.

SPECIES

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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. The duodenum wall measured 0.40 cm. The jejunum wall measured 0.39 cm.

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

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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 was evident.

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Free Abdomen

No omental/intraabdominal masses, lymphadenopathy or effusion noted.

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ULTRASONOGRAPHIC FINDINGS

- Bilateral chronic renal changes with pinpoint medullary mineral and small cortical cyst
- Subjective mild hepatomegaly
- Possible mild gastritis/gastroenteritis
- Mild right adrenomegaly with parenchymal cyst

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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Given the lack of reported hepatic enzyme elevations, the potential mild hepatomegaly is not specific yet not overtly consistent with neoplastic criteria and without evidence of hepatic mass lesions-patient variant, vacuolar/reactive hepatopathy or acute hepatic inflammation may be possible. Assuming normal clotting status, hepatic FNA for screening cytology may be considered.

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The mild right adrenomegaly with parenchymal cysts may indicated adenomatous or age-related change- hyperplasia with emerging adrenal neoplasia possible yet considered less likely differential diagnosis. Screening blood pressure to assess for hypertension suggested. Sonographic monitoring of the right adrenal gland for evidence of progressive enlargement is indicated.

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Overall, an obvious cause of the patient's gastrointestinal signs and lethargy was not definitively evident. 3 view chest radiographs recommended if not done to rule out occult thoracic or esophageal pathology. Continued as need gastrointestinal support is recommended.

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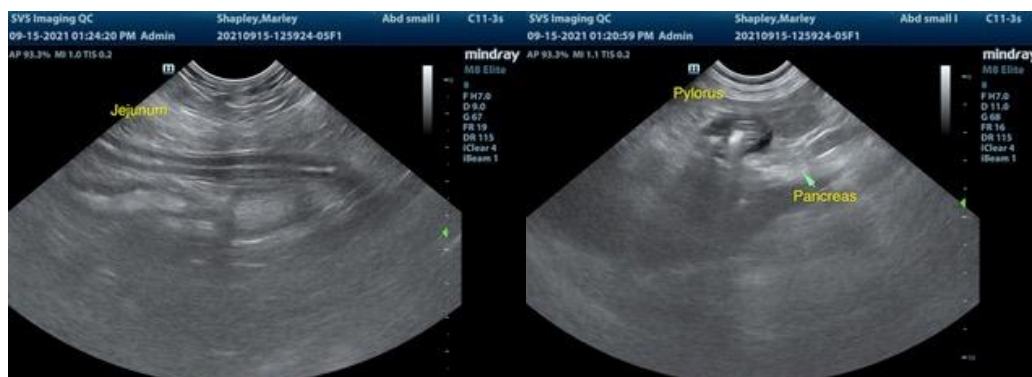
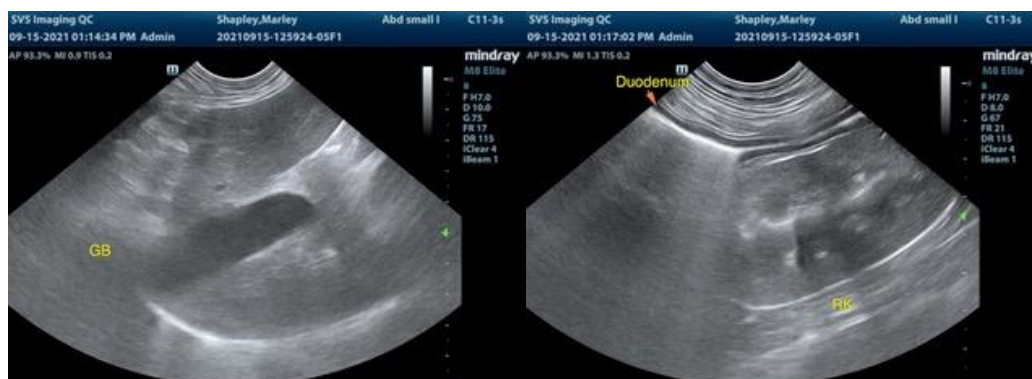
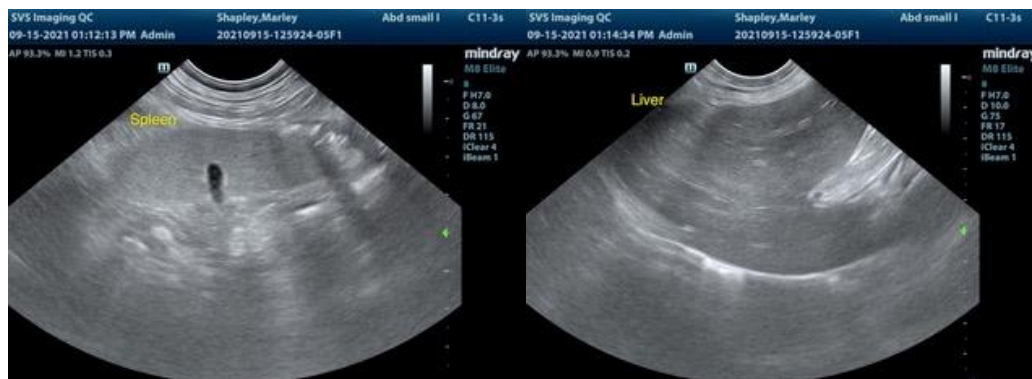
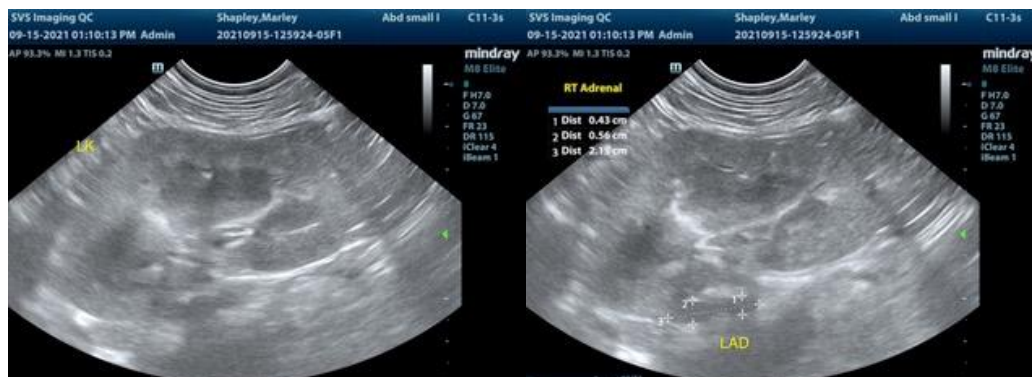
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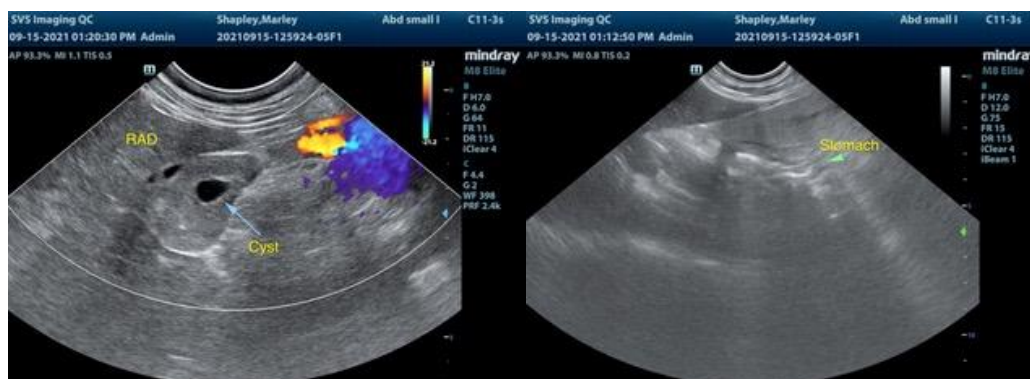
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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