



PATIENT

Nellie Bove

PRESENTING CLINICAL SIGNS

Collapse/seizures and anemia.

SPECIES

Canine

Abnormal PE/Chem/CBC/UA Results: RBC: 1.45, HCT:11, Retic: 16, WBC: 13.1, Lymphj: 7991, plat: 701,

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

BREED

Shih-Tzu

Urinary System

The urinary bladder presented mildly subnormal in size owing to lack of urine distention. The trigone, cystourethral junction, and visible pelvic urethra to a depth of 2 cm exhibited normal thickness and tone. Minimal 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.

SEX

FS

Normal size and margination was 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 loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The left kidney measured 3.6 cm in length. The right kidney measured 3.6 cm in length.

AGE

13yr

The area of the aortic trifurcation was free of pathology.

WEIGHT

10lb

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 1.5 cm length. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.39 cm width at the caudal pole and 1.4 cm length.

INTERPRETED BY

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

Spleen

The spleen exhibited potential subnormal splenic size owing to volume contraction and normal parenchymal echogenicity and coarse echotexture. 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.

IMAGING PERFORMED BY

A. Rodriguez

HOSPITAL NAME

Foxfield Veterinary
Services

Liver

The liver was subjectively normal in size, structure, and contour. The liver parenchyma was mildly nonuniform and hypoechoic to the spleen with a moderate coarse echotexture and subjective mild to benign parenchymal remodeling. 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 with moderate non-dependent congealed non-organized luminal debris. The cystic and common bile ducts were normal.

REFERRING VET

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Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained mild hyperechoic to focally shadowing ingesta with no signs of ileus, obstruction or foreign material.

DATE

09/19/2022



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The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. The lumen of the small intestine contained minor segmental non-shadowing ingesta/chyme with no signs of ileus, obstruction or foreign material.

SPECIES

Canine

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 was evident.

BREED

Shih-Tzu

Free Abdomen

No omental masses, overt lymphadenopathy or peritoneal effusion was present.

SEX

FS

ULTRASONOGRAPHIC FINDINGS

Primary

AGE

13yr

- Mild age-related kidney changes
- Possible mild volume contracted spleen
- Minor hepatic parenchymal remodeling-benign
- Minor gallbladder debris (non-mucocele)
- Mild gastric ingesta

WEIGHT

10lb

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Largely a mild geriatric abdomen without evidence of significant visceral pathology. An obvious cause of the collapse, seizures or anemia was not overtly evidence within the abdominal cavity. A CBC pathology review, assessment for evidence of hemolysis and/or autoagglutination and full neuro exam if not done could be considered.

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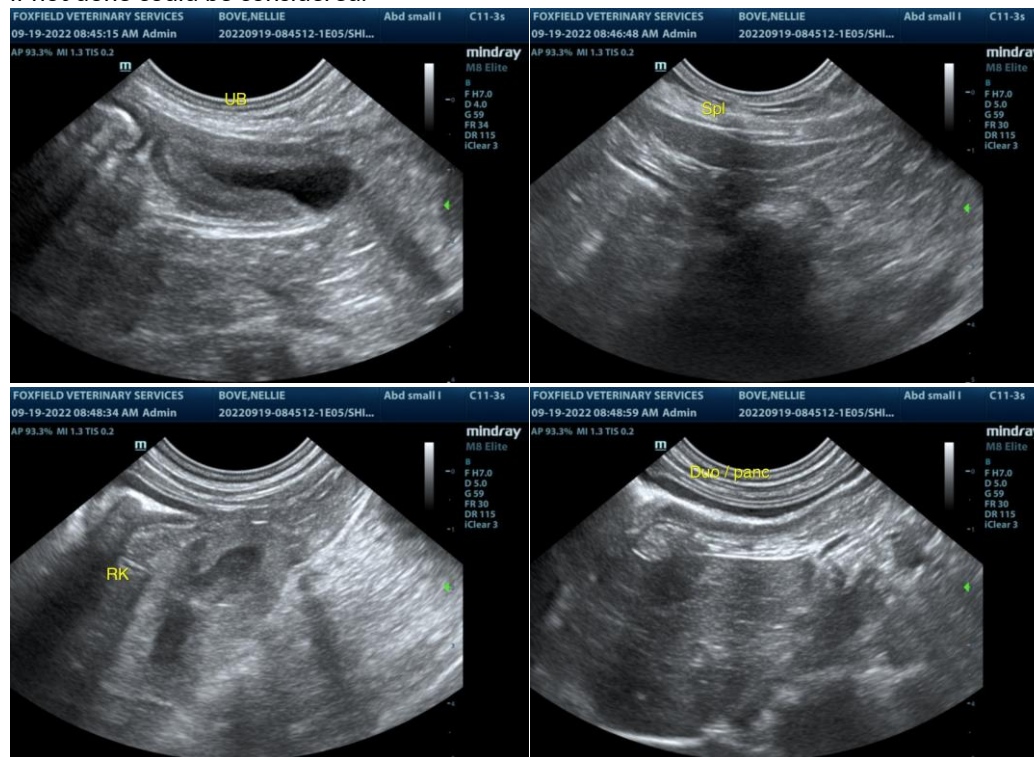
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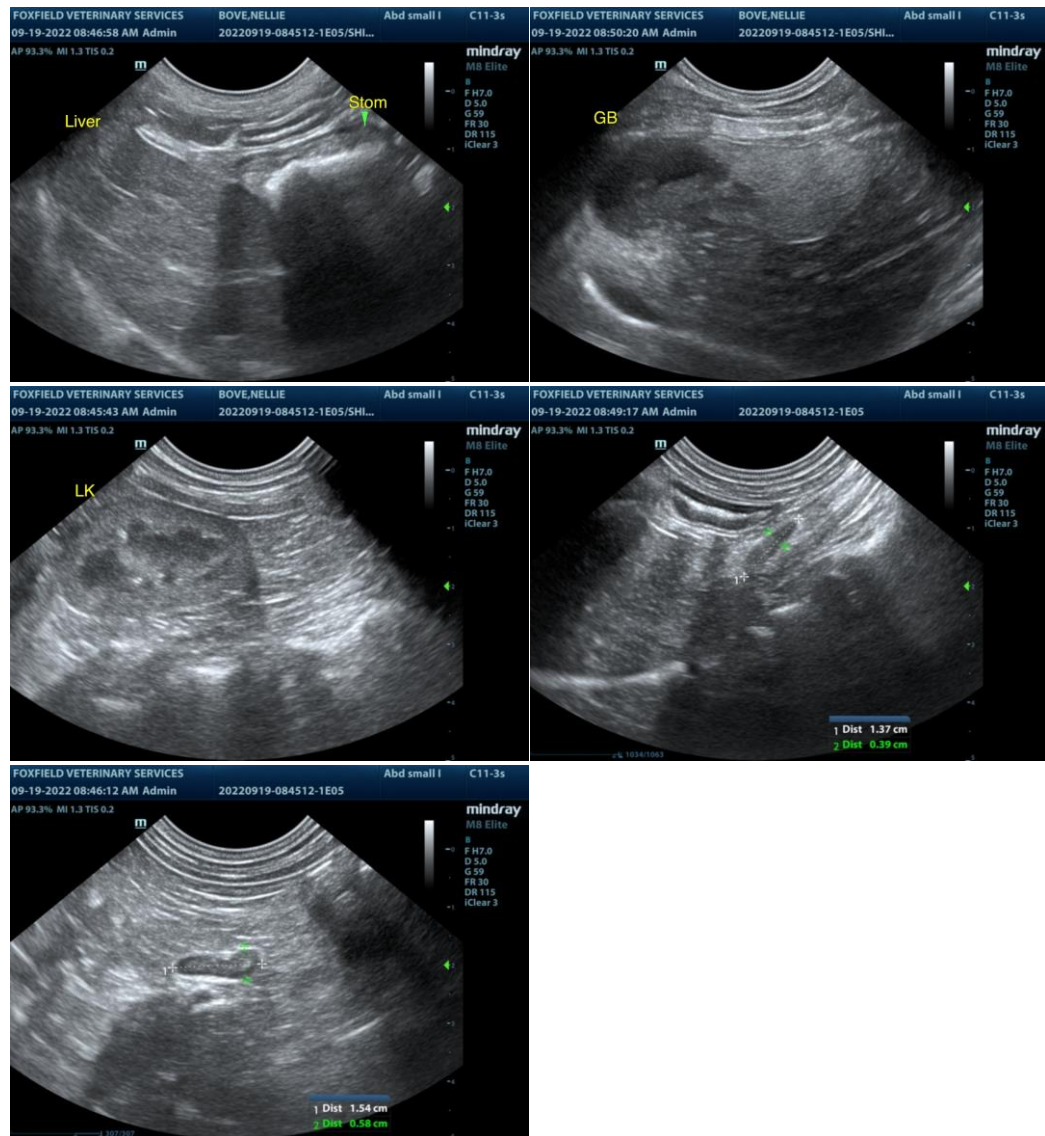
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)

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