



PATIENT PRESENTING CLINICAL SIGNS

Lola Cunha panting, gas filled intestines calcification in cranial abd

SPECIES ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Canine 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 were noted.

BREED

Maltese X

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. No evidence of pelvic dilation was present. The left kidney measured 3.7 cm. The right kidney measured 3.4 cm.

SEX

Spayed Female

The area of the aortic trifurcation was free of pathology.

AGE

9 Years

Adrenal Glands

The adrenal glands were uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.51 cm at the cranial pole and 0.49 cm at the caudal pole. The right adrenal gland measured 0.79 cm at the cranial pole and 0.53 cm at the caudal pole.

WEIGHT

10

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.

INTERPRETED BY

R. McKenzie Daniel,
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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 focal mild, inspissated, non-mineralized debris. The common bile duct was normal.

IMAGING PERFORMED BY

Jenn

HOSPITAL NAME

Rockaway AH

Gastrointestinal

REFERRING VET

Dr. Maniar

The stomach presented intact wall layering with a normal wall layer ratio. Mild luminal gas present. No evidence of retained ingesta, fluid or foreign material. Gastric body wall measured 0.25 cm.

The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. Mild segmental non-obstructive gas pattern present. Jejunum wall measured 0.33 cm.

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

Pancreas

DATE

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The pancreas was normal in size with mild subjective asymmetrical pancreatic contour with heterogeneous to isoechoic parenchyma compared to adjacent omentum.



PATIENT

Free Abdomen

Lola Cunha

No overt lymphadenopathy or peritoneal effusion was present.

SPECIES

Canine

BREED

Maltese X

SEX

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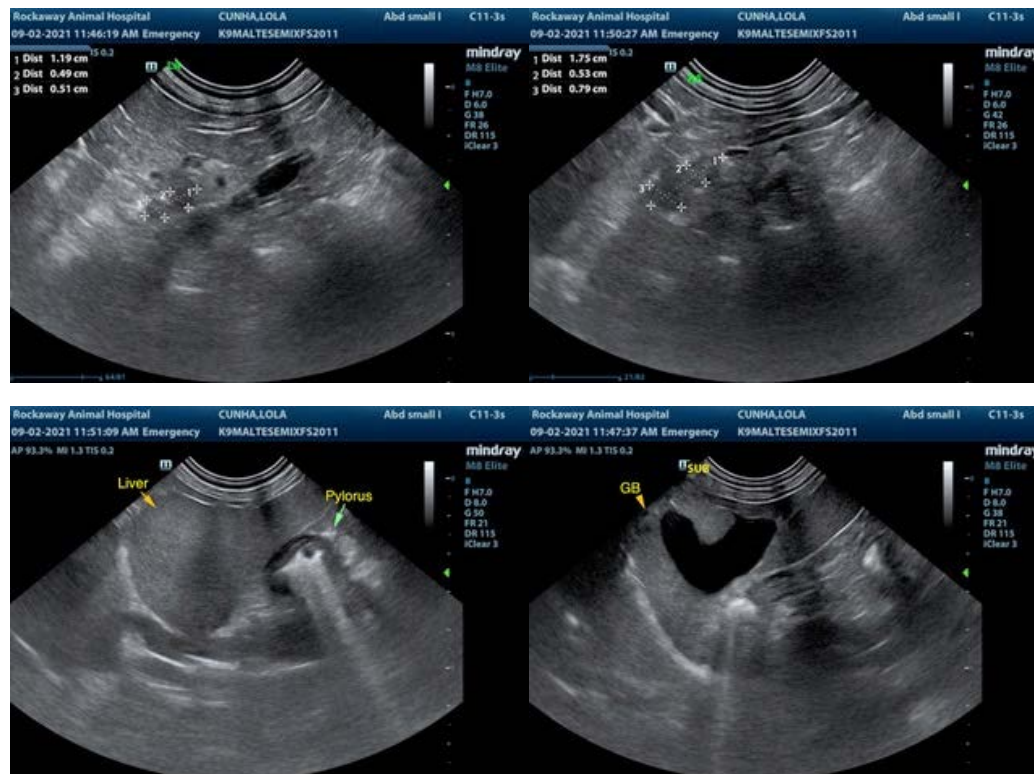
Dr. Maniar

ULTRASONOGRAPHIC FINDINGS

- Mild age related kidneys
- Mild inspissated non-mineralized gallbladder debris, no cholelithiasis
- Mild vacuolar hepatopathy pattern
- Sonographically unremarkable gastrointestinal tract with mild gastric and segmental non-obstructive intestinal gas pattern.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Overall, largely mild geriatric abdomen without evidence of significant visceral pathology. An obvious area of calcification and/or mass within the cranial abdominal organs was not definitively evident. Mild gastroenteritis possible. Concurrently, low-grade pancreatic inflammation may be present, yet essentially ultrasonographically normal. As-needed supportive care indicated.



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PATIENT

Lola Cunha

SPECIES

Canine

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Maltese X

SEX

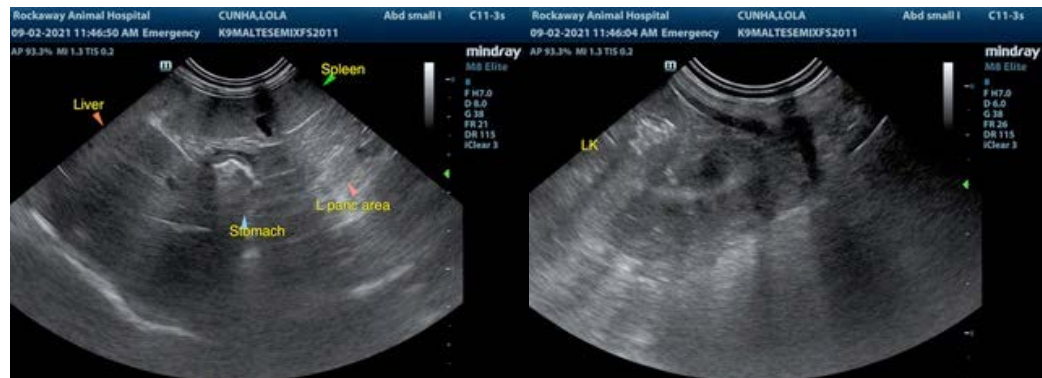
Spayed Female

AGE

9 Years

WEIGHT

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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.

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